

HOUSING APPLICATION FORM

CENTRAL AUSTRALIAN AFFORDABLE HOUSING

Your Name _____

Signature: _____

Date: _____

Do you need help filling out this form?

Please phone our office on 8952 1266 to book an appointment

We are located at 3/21 Gregory Terrace, enter via Leichardt Terrace, Alice Springs

WE WELCOME YOUR APPLICATION FOR HOUSING

CAAH has several different housing programmes;

- Affordable housing for working people
- Special Rental accommodation for families
- Seniors housing
- Short term accommodation with support for people dealing with domestic violence or mental illness
- Assistance for working people to get private rental
- General community and social housing

PLEASE NOTE

WE DO NOT PROVIDE EMERGENCY ACCOMMODATION

CAAH Use only

Date Received _____

Confirmation of Application

Letter Sent _____

Better Lives start with a Home



1. APPLICANTS DETAILS

Name: _____ Date of Birth: _____

Age: _____

MALE / FEMALE

Nationality: _____

Aboriginal YES / NO

Torres Strait Islander YES / NO

interpreter required YES / NO Language: _____

- Single
- Married
- De Facto
- Divorced
- Separated

2. CONTACT DETAILS

Address: _____

Phone: _____ Email: _____

Please attach proof of identity. (Photo ID or something with your name, address and signature)

3. NEXT OF KIN OR SOMEONE WE CAN CONTACT IN AN EMERGENCY

Name: _____

Address: _____

Phone: _____ Email: _____

4. THE NAMES AND DETAILS OF ALL THE PEOPLE WHO WILL LIVE WITH YOU

Name	Age	Date of Birth	M / F	Relationship to you

5. INCOME DETAILS FOR YOU AND EACH ADULT WHO WILL LIVE WITH YOU

Weekly income per adult			
Name	Centrelink \$	Wages \$	Other income \$
You			

Please attach copies of your last four payslips and/or your most recent Centrelink Statement please see page 5 for details about how we can download your Centrelink Statement if you give us permission

6. SIZE OF HOUSE REQUIRED

- 1 bedroom
- 2 bedroom
- 3 bedroom
- 3+ bedroom

7. WHICH SUBURBS WOULD YOU PREFER TO LIVE IN?

- 1. _____
- 2. _____
- 3. _____

8. DO YOU NEED EXTRA SECURITY IN YOUR HOME?

YES / NO

9. DO YOU OR ANYONE IN YOUR HOUSEHOLD HAVE A DISABILITY OR OTHER NEED WHICH REQUIRES

- Bath Ramps
- Rails Single Story
- Other modifications? *(please describe)* _____

10. WHERE ARE YOU CURRENTLY LIVING?

Address: _____

Is this place?

- A home that I own
- Caravan Park
- Car
- Motel
- Town/Camp
- Other *(please describe)* _____
- NT Housing
- Camping Out
- Hostel
- Private Rental
- Friends
- Shelter
- Sleeping Rough
- Transitional Housing

11. WHERE HAVE YOU LIVED FOR THE LAST FIVE YEARS INCLUDING TIMES YOU HAVE BEEN HOMELESS?

<i>Date to From</i>	<i>Address</i>

12. DO YOU OR ANYONE IN YOUR HOUSEHOLD HAVE MEDICAL, PHYSICAL, MENTAL HEALTH OR SPECIAL NEEDS? *please describe*

ASSESSMENT FOR OFFICE USE ONLY

Combined household income	
30% of Household Income	
Number of Adults under 50	
Number of Adults over 50	
Number of children under 12	
Number of children under 18	
Recommended house size	
Disabled Access Requirements	

ASSESSMENT FOR OFFICE USE ONLY

PROGRAM TYPE

- Ineligible
- Seniors Dixon
- Seniors Elliot
- Affordable House St Marys
- Unit St Marys
- NRAS
- Private Rental Program
- Supported Private Rental Program
- Renal
- MHACA
- General Social Housing
- General Community Housing (Affordable)
- Other Describe
- Other Describe

Additional Information	Action and Date
Housing Needs Assessment Required	
Housing Needs Assessment Received	
Risk Assessment Required	
Risk Assessment Received	

ASSESSORS NOTES

<i>Waiting List Review Letters Sent</i>			
<i>Date</i>	<i>Response Y / N</i>	<i>No Response/Archive</i>	<i>Reinstate Date</i>

Assessors Name and Signature: _____ **Date:** _____

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