

# **Housing Application**

# **BUNGREE HOUSING INFORMATION**

### **ABOUT YOUR APPLICATION**

- Fill in this form to apply for housing under programs provided by Bungree Aboriginal Association Ltd.
- Please complete the form in BLOCK CAPITAL letters and reply to all questions to make sure that your application is properly assessed.
- If you require help to fill out this form, ask a staff member to assist you.
- Your application will be assessed on the basis of the information you provide so before you fill in this form, please read it carefully.
- You must provide certain documents with your application.
- Photocopies are acceptable however originals must be shown to staff.

### **ELIGIBILITY FOR HOUSING**

The AHO is responsible for assessing and confirming the eligibility of all proposed tenants. Where there is a dispute the provider may lodge an appeal. A decision of the Aboriginal Housing Office's Appeals Committee is however final.

#### **ABORIGINALITY**

Under the program, Bungree Aboriginal Association must ensure that housing is allocated to applicants who are Aboriginal or Torres Strait Islanders who meet the eliqibility criteria.

#### **CURRENT HOUSING STATUS**

People who are current tenants of another Social Housing Provider\* and are adequately housed in permanent accommodation are not eligible to apply for housing under this program. This applies to spouses and partners and their dependants (children or minors in their custody) of applicants deemed adequately housed.

Family members who are deemed independent of the tenant by the Housing Provider, have reached adult age (18 years), or are a second family in a residence and require independence, are eligible to lodge separate applications for housing under the program. The reasons for independent accommodation should clearly be stated on their Housing Register Application.

Applicants who believe their accommodation is inadequate or inappropriate may be considered under the program only if they can demonstrate that all steps to alleviate the problems have been exhausted. E.g. if the applicant is in a DCJ, AHO or other community housing provider dwelling, evidence must be provided that they have applied, and been approved, for rehousing and that no suitable housing is available.

Applicants need a letter from the DCJ, which explains how many offers of accommodation have been made to the applicant, if any, and the reason for the applicant's rejection of them. (Reasons might include cultural, family, responsibilities, kinship ties or medical grounds.)

As a rule, applicants or household members who own or are purchasing accommodation are not eligible for housing. However, if the applicant is not able to live in their current accommodation for reasons such as family breakdown and where the monetary value of the dwelling cannot be realised as a result, the applicant may be considered.

# **INCOME ELIGIBILITY FOR HOUSING**

## Household Income is the total gross income (i.e. before tax) of all adult household members including:

- Wages
- Pensions, Allowances and Centrelink Payments
- Interest on Investments

Household Type	Very Low (Social)	Low (Social)	Moderate (Affordable)	Maximum (Affordable)
Single	25,400	40,600	60,900	76,125
Single +1	33,000	52,800	79,200	99,000
Single +2	40,600	65,000	97,500	121,875
Single +3	48,200	77,200	115,800	144,750
Single +4	55,800	89,400	134,100	167,625
Couple	38,100	60,900	91,400	114,250
Couple +1	45,700	73,100	109,700	137,125
Couple +2	53,300	85,300	128,000	160,000
Couple +3	60,900	97,500	146,300	182,875
Couple +4	68,500	109,700	164,600	205,750

# The incomes that are to be included in the income eligibility assessment are:

- All assessable incomes including Family Tax Benefits payments (Centrelink)
- Both Statutory and Non-Statutory incomes
- Incomes of tenant and spouse and all household members earning/receiving an income

# **APPLICATION DETAILS**

## **CONTACT DETAILS**

Name:	Family Name:
Address:	Suburb: State: Postcode:
Phone:	Mobile:
Email:	
Date of Birth:	Aboriginal: Yes / No Sex: Male / Female
T-Number:	
Current Mailing Address (if different to Address above):	

## DETAILS OF 'ALL' TO BE HOUSED

Family Name	Given Name	D.O.B	Relationship	Aboriginal
				Y / N
				Y / N
				Y / N
				Y / N
				Y / N
				Y / N

## HOUSEHOLD INCOME DETAILS

Household income is the total gross income (i.e. before tax) of all household members including wages, Pensions & Allowances, Centrelink Payments and Interest on Investments.

Family Name	Given Name	Weekly Income
	Total Household Income	

## PLEASE ATTACH PROOF OF INCOME FOR ALL INCOME EARNERS

Do you currently have any compulsory deductions made from your income (e.g. Child Support?) Yes / No If yes, please provide details:

# **CURRENT HOUSING SITUATION**

Are you currently renting through?  Private Rental □ DOH □ Community Housing □ Boarding □ DCJ Housing Pathways □
Are you currently on the DOH Waiting List?  Yes \( \subseteq \text{No} \subseteq \text{If Yes, how long?} \text{ Years } \subseteq \text{ Months } \subseteq \end{array}
Have you or anyone on this application ever been evicted from a property that you have rented?  Yes No If yes, indicate the situation that led to your eviction:
Explain why Aboriginal Housing would be more suitable to meet the needs of your family:
What area would you like to be housed in and how many bedrooms?
Preference 1
Preference 2
<b>Note:</b> YOU CANNOT SELECT A SPECIFIC SUBURB. We are unable to meet all preferences however we will endeavour to house you in your preferred area.
SPECIAL HOUSING REQUIREMENTS
SPECIAL HOUSING REQUIREMENTS  Is it essential that anyone on this application has Ground Floor accommodation? Yes  No  No
Is it essential that anyone on this application has Ground Floor accommodation? Yes \(\sigma\) No \(\sigma\)  Does anyone on this application need accommodation suitable for wheelchair access or disabled modifications now,
Is it essential that anyone on this application has Ground Floor accommodation? Yes \Box No \Box  Does anyone on this application need accommodation suitable for wheelchair access or disabled modifications now, or within 6 months? Yes \Box No \Box  Note: If you ticked 'Yes' please attach a Medical Assessment, completed by your Doctor and any other supporting documentation such as a letter
Is it essential that anyone on this application has Ground Floor accommodation? Yes No Does anyone on this application need accommodation suitable for wheelchair access or disabled modifications now, or within 6 months? Yes No No No Wote: If you ticked 'Yes' please attach a Medical Assessment, completed by your Doctor and any other supporting documentation such as a letter from a specialist, Occupational Therapist or Home Care.
Is it essential that anyone on this application has Ground Floor accommodation? Yes No Does anyone on this application need accommodation suitable for wheelchair access or disabled modifications now, or within 6 months? Yes No Wote: If you ticked 'Yes' please attach a Medical Assessment, completed by your Doctor and any other supporting documentation such as a letter from a specialist, Occupational Therapist or Home Care.  Does anyone on this application have any special needs? Yes No Doctor and any other supporting documentation such as a letter from a specialist, Occupational Therapist or Home Care.
Is it essential that anyone on this application has Ground Floor accommodation? Yes  No  Does anyone on this application need accommodation suitable for wheelchair access or disabled modifications now, or within 6 months? Yes  No  No  Note: If you ticked 'Yes' please attach a Medical Assessment, completed by your Doctor and any other supporting documentation such as a letter from a specialist, Occupational Therapist or Home Care.  Does anyone on this application have any special needs? Yes  No  Note: This might include an extra bedroom or location near specific services due to:  Medical condition or disability  Taking a child out of care  Other special circumstances  Shared custody of a child or
Is it essential that anyone on this application has Ground Floor accommodation? Yes  No Does anyone on this application need accommodation suitable for wheelchair access or disabled modifications now, or within 6 months? Yes  No  Wote: If you ticked 'Yes' please attach a Medical Assessment, completed by your Doctor and any other supporting documentation such as a letter from a specialist, Occupational Therapist or Home Care.  Does anyone on this application have any special needs? Yes  No    Note: This might include an extra bedroom or location near specific services due to:  Medical condition or disability  Taking a child out of care  Other special circumstances  Shared custody of a child or access visits

ATTACH RELEVANT SUPPORTING DOCUMENTS, SPECIALIST'S REPORTS, OCCUPATIONAL THERAPIST, ACAT, AND HACC ASSESSMENTS.

# **DECLARATIONS**

#### PRIVACY AND PERSONAL INFORMATION

Your personal information is protected by law. The information you provide is needed to assess your eligibility for housing.

Bungree Aboriginal Association Ltd will only use the information you provide for the purpose of assessing your application. We will be required to release your information to the AHO, provided you have signed the authorisation for giving us that permission. If you do not authorise us to release your information, then this would delay any decision regarding your application.

Please read below the details, on how we will use your information.

#### **SECTION 10 NOTICE:**

This is a notice under section 10 of the Privacy & Personal Information Act, 1998 (The Act), which governs the use of personal information. The supply of the information by you is voluntary. If you cannot or do not wish to provide the information Bungree Aboriginal Association Ltd, which is the agency that holds your information, may be unable to process your application.

The intended recipients of your information include those involved in the administration of your housing application and Aboriginal Housing Office (AHO) who have interest in considering your application or tenancy.

Personal information of household members may be provided to the Aboriginal Housing Office (AHO) to confirm it is correct. You have right of access to, and correction of, the information concerning yourself as outlined in the ACT. If you have any questions about privacy, please contact our office.

#### PERMISSION TO THE ASSOCIATION

In order to allow my Housing Application to be considered for an offer of AHO Housing, I give Bungree Aboriginal Association Ltd. permission to:

- Release to NSW AHO Coffs Harbour information that has been collected in reference to me and others mentioned in this housing application.
   Details which would normally breach section 19 of the Privacy & Personal Information Act. This includes 'Confirmation of Aboriginality', current rent details, previous evictions, income details, and any other supporting documentation, i.e. DCJ, Police, Justice System or Court documents (AVO's) etc.
- This Direction and Authority will remain in place until I give Bungree Aboriginal Association Ltd written notice that it is withdrawn.

### **DECLARATION**

- I have understood the instructions given on this application form.
- I declare that the information provided in this form is correct to the best of my knowledge.

Full Name (please print):		
Signed:		
Date:		

Acknowledge of Receipt of Application

# **BUNGREE HOUSING APPLICATION CHECKLIST**

Documents Applicant needs to provide	Received and on File		
Housing Application			
Check if application is completed			
Personal Information			
Details of people to be housed			
Household Income Details			
Current Housing Situation			
Special Housing Requirements			
Signature & Date			
Income Statements			
Pay Slips x 2			
Centrelink Income Statement			
Confirmation of Aboriginality			
Tenancy Ledger			
Ledger from current or previous rental history			
Comments			

PLEASE MAKE SURE YOU HAVE ALL RELATED DOCUMENTS WHEN SUBMITTING YOUR APPLICATION. YOUR APPLICATION WILL NOT BE PROCESSED IF YOU DO NOT PROVIDE ALL INFORMATION.