



Mission Australia

Housing

Application form

Applying for affordable housing

If you require assistance completing this form, please contact your nearest Mission Australia Housing office.

Please list the affordable housing program you are applying for here

This section is for office use only.

Date Received

Property Size

Approved/Declined

Client Number

Please make sure you have the following:



You need to provide the following information and attach all the necessary documents to your application. We will not be able to process your application for housing if any of this information is missing. **Please tick the boxes as you check you have the following documents:**

- Proof of Income details and proof of assets for all household members**
Income statements from Centrelink, payslips or group certificate
- Proof of Identity**
Photocopy of Driver's Licence, Birth Certificate, and Passport
- Contact details for yourself**
- Medical Report**
A medical report from your doctor or specialist detailing your illness
- Support Letters from case workers, counsellors or advocacy workers**
(If you are currently receiving support please provide details in application)
- Have you signed and dated the declaration on page 8 of this application form?**



I. Details about you

Your title: Mr Miss Mrs Ms

First name: Second name

Surname

Your current address:

State

Your postal address: (If different from current address)

State

Your contact telephone numbers are: Home

Work Mobile

Email address

If Mission Australia Housing is unable to reach you with the above contact details, is there somewhere we can leave a message for you?

Name Contact number

Your Date of Birth / / Male Female

Do you identify yourself as an Aboriginal or Torres Strait Islander? Yes No

Are you a permanent resident of Australia? Yes No

What is your country of birth?

Do you require an interpreter? Yes No

If yes, what is your preferred language

2. Other people who will live with you

Please provide details of all other people who will live with you. This includes people who will live with you if you are offered a property, even if they do not currently live with you.

Name	Gender	Date of Birth	Relationship to you	Income type*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Income Type refers where the source of income is from. For example: Centrelink payments, pension, child support, employment, self employment, insurance, workers compensation, or investments.

2. Other people who will live with you *continued*

Of the people you have listed above, are any of these people NOT CURRENTLY living with you? If so please provide reasons why.

Name	Reason why they are not currently living with you
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

3. Your current housing circumstances?

What is your current residential address?

 State

How long have you lived at this address?

Are you living in subsidised housing, e.g. public or community housing?

What is the name of your current landlord?

Landlord's phone number

If you pay rent, what is your weekly rent?

What are some of the reasons for wanting to move from your current accommodation?

How many places have you lived in, during the past 2 years?

What are some of the reasons you have moved during the last two years?

5. Your housing and support needs

Do you or any member of your household have a disability or a serious health issue?

Yes No

IF YES, please provide details here. Please note that you will also need to attach to this application any supporting documents such as a medical report or a letter from your support worker or health provider.

Do you have any special requirements in the type of property you require or the layout of the property (e.g. wheelchair accessible)?

Yes No

IF YES, please provide specific details here

Are you and all members of your household able to manage stairs?

Yes No
 Yes, but with difficulty

Are you able to live independently, without support?

Yes No

Do you have a support worker currently working with you?

Yes No

If yes, who are you being supported by?

Do you have any pets?

Yes No

Type of pets:

Would you be willing to accept a property where pets are not allowed?

Yes No

6. Areas and Allocation Zones

What areas would you be willing to live in?

List as many areas as you like or if you are interested in any area, write 'NO PREFERENCE'. Please note that affordable housing programs managed by Mission Australia Housing are often in limited locations and we may not be able to offer you a property in the area of your preference. Refer to the back page of this application for details of the affordable housing program that you are applying for.

Are there any areas that you specifically DO NOT want to be made an offer in? Please explain why.

7. Information on Privacy

Mission Australia Housing is collecting personal information about you and/or your family to assess your eligibility for housing in an attempt to provide you with housing assistance. Any information you provide to Mission Australia Housing in this application, or by any other means, is treated with the strictest confidentiality. All information held by Mission Australia Housing about you, is private and will not be viewed by anyone outside the MAH team, without your written permission.

You will have the right to access your application and any information on your file.

You have the right to withdraw your application at any stage and request that your information not be used.

If you would like a support worker or family member to discuss your application with Mission Australia Housing, you will need to provide written consent.

If you would like more information regarding Mission Australia Housings' privacy policy, please contact your nearest office or visit the Mission Australia Website www.missionaustralia.com.au/housing

8. Declaration

In assessing your application staff may need to talk to Housing NSW, your support worker or relevant health professional to confirm information about your application. By signing below, you give permission for Mission Australia Housing to contact these people, provided that it is relevant to your application.

To the best of my knowledge, I declare that the information I have provided on this application form is true and correct.

I understand that if I provide false or misleading information then I may no longer be eligible for housing.

I will inform Mission Australia Housing of any changes in my circumstances.

Name Date / /

Signature

9. Attach information on specific affordable housing program information to this page.