



COMMUNITY HOUSING LTD
GROUP OF COMPANIES

LONG TERM HOUSING APPLICATION

ABOUT COMMUNITY HOUSING LIMITED (GROUP OF COMPANIES):

Community Housing Limited (Group of companies) includes Community Housing (Vic) Limited & Community Housing Limited. CHL is a not for profit, charitable organisation which designs, develops, constructs and manages housing for people in need.

CHL has over 10 years experience in specialist tenancy management and provides a flexible, responsive service.

THE LONG TERM HOUSING PROGRAM INCLUDES:

- A local tenancy response
- Support of tenants' rights
- Rents that are at no more than 75% of market rent
- Access to support agencies providing specialist assistance to tenants where needed
- Properties developed to support independent living
- Secure, long term tenure
- Respect for the different cultural needs of tenants

CHL provides good quality affordable accommodation that recognises tenant's rights and is responsive to a diverse range of needs.

Long-term housing managed by CHL includes one and two bedroom units, self-contained studio apartments, two, three, four bedroom houses, shared group housing, rooming houses and properties modified for people with disabilities and indigenous housing.

AIMS OF CHL HOUSING:

- **Appropriate:** Accommodation is appropriate to the needs and circumstances of residents in terms of configuration of rooms, safety, outdoor spaces and physical access.
- **Well located:** In relation to places of employment, services, transport and compatible with adjacent land uses.
- **Low cost:** To meet the needs of low-income earners.
- **Sensitive to the environment:** So that it is sustainable, enhances the local neighborhood, ensures privacy to residents and neighbors and incorporates energy efficient design principles.
- **Flexible and adaptable:** To contribute to community well being and meet the needs of people from diverse social and cultural backgrounds, at different stages of their life cycle and those with disabilities and special needs.
- **For tenants:** By promoting their participation in the design, development and management of their homes. To ensure tenants can enjoy lifestyle choices and maintain independence.

Should you require any assistance to complete the enclosed Long Term Housing application / once completed please return the application or contact one of our Long Term Housing Staff at one of our Regional Housing Offices:

Community Housing
Limited ABN 11 062
802 797,

Community Housing
(VIC) Limited
ABN 75 112 324 384

CONTACTS:

EASTERN /SOUTHERN:

9 Prospect St
BOX HILL 3128
P: (03) 9856 0050
F: (03) 9856 0051

NORTH WEST:

748 High St,
EPPING
P: (03) 8405 9700
F: (03) 8405 9711

69 QUEENS RD

MELBOURNE 3004
P: (03) 8530 1933
F: (03) 8530 1901

NORTHERN RURAL:

134A Mollison St
BENDIGO 3550
P: (03) 5444 4486
F: (03) 5444 4522

CENTRAL GIPPSLAND:

14, Church St
MORWELL 3840
P: (03) 51204800
F: (03) 5120 4811

EAST GIPPSLAND:

Shop 4, Riviera Plaza
BAIRNSDALE 3875
P: (03) 5152 8933
F: (03) 5153 1344



COMMUNITY HOUSING LTD GROUP OF COMPANIES

Community Housing Limited ABN 11 062 802 797, Community Housing (VIC) Limited ABN 75 112 324 384

Please return the completed application to
'Long Term Housing' at one of the Regional Offices listed below:

EASTERN:

9 Prospect St, BOX HILL 3128
P: (03) 9856 0050
F: (03) 9856 0051

NORTH WEST:

748 High St, EPPING 3076
P: (03) 8405 9700
F: (03) 8405 9711

NORTHERN RURAL:

134A Mollison St, BENDIGO 3550
P: (03)5434 2800
F: (03)5444 4522

CENTRAL GIPPSLAND:

14, Church St, MORWELL 3840
P: (03) 51204800
F: (03) 5120 4811

EAST GIPPSLAND:

Shop 4, Riviera Plaza, BAIRNSDALE 3875
P: (03) 5152 8933
F: (03) 5153 1344

69 QUEENS RD,

MELBOURNE, 3004
P: (03) 8530 1933
F: (03) 8530 1901

Primary Applicant		
First Name(s)		
Surname		
Previous name		
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth		
Residential Details		
Street Number & Name		
Suburb & Postcode		
Postal Address (If different to above)		
Street Number & Name		
Suburb & Postcode		
Contact Details	Preferred	Is it ok to call anytime?
Home Phone	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Phone	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Phone	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Phone	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Advocate / Administrator / Support Worker		
Do you need assistance when making decisions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a person who assists you to make decisions or who makes decisions for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please indicate whether the person is:		
A Family Member	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A Friend	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A Support Worker	<input type="checkbox"/> Yes <input type="checkbox"/> No	
An Advocate	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A formally appointed guardian / administrator	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Please advise the contact details for this person:		
Organisation/Company		
Name	Preferred	
Home Phone	<input type="checkbox"/>	
Business Phone	<input type="checkbox"/>	
Fax Number:	<input type="checkbox"/>	
Mobile Phone	<input type="checkbox"/>	
Email Address	<input type="checkbox"/>	
Next of Kin / Someone whom you will remain in contact with		
First Name(s)		
Surname		
Organisation		
Street Number & Name		
Suburb & Postcode		
	Preferred	
Home Phone	<input type="checkbox"/>	
Business Phone	<input type="checkbox"/>	
Mobile Phone	<input type="checkbox"/>	

**IN ORDER TO ASSESS ELIGIBILITY THE APPLICANT(S)
ARE REQUIRED TO PROVIDE THE FOLLOWING:**

- Proof of gross income for all nondependent household members.
- Evidence of residency status
- Proof of identity for all household members over 15 years of age, who receive an independent income. The following documents can be accepted as proof of identification:
 1. Two documents with signatures, e.g. Health Care Card and credit card, or
 2. A single document which includes both a signature and a photograph, e.g. drivers license or passport, or
 3. Two documents, one with a signature and one with a photograph.
- Documentation confirming household size where the application includes dependent children. For example, Medicare card or Health Care Card. If the application includes dependants who are not the children of household members, for example the applicant has custody of their grandchild, documentation confirming the household member is their guardian must be provided (e.g. Centrelink documentation confirming a household member receives payments for the child, or a solicitor's letter).
- If the applicant is requesting additional rooms for child access arrangements, documentation from a solicitor, the Family Law Court, or a statutory declaration from the primary care-giver is required to confirm the custody / access arrangements.

INCOME CRITERIA

Applicants must have an independent income to be eligible for rental housing. An independent income is an income paid directly to the person for their use, and which is not subject to a parental income or parental assets test.

Most applicants must be in receipt of at least \$1 of a Centrelink Newstart, Age or Disability Support Pension or a Department of Veterans Affairs Service, War Widow or War Disability Pension. In the case of couples, at least one partner must be in receipt of at least \$1 of any of these incomes and where applicants are entitled to Commonwealth Rent Assistance.

MATCHING CLIENTS TO HOUSING

Where a single parent has regular access visits from their children for at least 21% of the year, the single person with dependants income limit is applied.

All Households will be offered accommodation in accordance with the Office of Housing Matching Clients to Housing Policy.

INCOME DOCUMENTATION

Applicants are required to provide current income documentation for all household members receiving an income.

Type of Income - Documentation

- Current letter or statement (i.e. no more than 2 weeks old) from Centrelink, the Department of Veteran's Affairs and/or the overseas pension organisation.
- Income statement or consecutive pay slips showing the date and total gross amount paid over the last 13 weeks by the employers.
- Documentation from Centrelink, Child Support Agency or a Family Court Order showing weekly maintenance payments received
- Work cover or Superannuation payments
- A current letter from Work cover or the superannuation institution detailing the regular payments received.

Note: Please only include information of Household members who intend on residing with you

Details	Primary Applicant	Tenant 2	Tenant 3
Family Name			
Title			
Maiden / Previous Family Name			
First Name(s)			
Marital Status			
Relationship to you	Self		
If children, do you care for them	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth			
Are You pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Due Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Due Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Due Date:
Aboriginal	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
TSI	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Aboriginal & TSI	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country of Birth			
Residency Status			
Interpreter Required	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Preferred Language			
Gross(Before Tax)Fortnightly Income			
Type of Income			
Centrelink Reference Number			

Details	Tenant 4	Tenant 5	Tenant 6
Family Name			
Title			
Maiden / Previous Family Name			
First Name(s)			
Marital Status			
Relationship to you			
If children, do you care for them	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth			
Are You pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Due Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Due Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Due Date:
Aboriginal	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are You pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Due Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Due Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Due Date:
TSI	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Aboriginal & TSI	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country of Birth			
Residency Status			
Interpreter Required	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Preferred Language			
Gross(Before Tax)Fortnightly Income			
Type of Income			
Centrelink Reference Number			

ASSET LIMIT CRITERIA

CHL determines the value of the realisable assets for the entire household to determine if they are eligible for rental housing. If households have assets that would enable them to afford other forms of long term housing, they are not eligible for rental housing.

- The general asset limit for all household types is \$30,000.
- The asset limit for households who require major or full disability modifications is \$60,000.

ASSETS INCLUDED IN ASSESSING ELIGIBILITY

The entire household's equity in is included in the following assets:

- Cash holdings and other investments, such as shares and realisable superannuation funds
- Mobile homes and recreational vehicles such as caravans, boats
- Net fixed assets of a business
- Shares in estates, Land, Real estate, such as house, flats and units.

Applicants must supply documentation stating the value of any assets in which they or other household members have an interest. Bank statements showing cash holdings should not be more than four weeks old.

Those households who have assets up to \$60,000, where major or full modifications are required, must provide documentation from a health professional (e.g. Occupational Therapist) detailing the disability modifications that are required.

OWNERSHIP OF REAL ESTATE

An applicant or other household member who owns or has an interest in real estate (excluding land) is ineligible for rental housing unless they cannot make 'effective use' of the property by being:

- Unable to reside in the property or continue to reside in the property **and** Unable to sell their equity in the real estate.

Please contact your local regional CHL office for more information Examples of circumstances where the property cannot be put to 'effective use'.

ASSETS NOT INCLUDED IN ASSESSING ELIGIBILITY

The CHL does not include the following assets when assessing eligibility:

- Assets that cannot be realised, e.g. unrealizable superannuation funds or lifetime annuities.
- Funds held in trust by a court appointed administrator. The administrator is required to make a case in writing explaining why the funds are not available to meet housing costs. Approval from the Long Term Housing Manager is required to exempt these funds from the applicant assessable assets

Statement of Assets

Cash in Bank

Account Holders Name	Bank and Branch	Account Number	Amount (\$)

Fixed Term Deposits

Account Holders Name	Bank & Branch	Account Number	Amount (\$)

Shares or Investments (Including assessable superannuation funds)
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Owners Name	Name of Shares / Fund	Current Value (\$)

Motor Vehicle

Owners Name	Make and Model	Estimated Current Value (\$)

Property & Land / Mobile Home / Boat / Caravan / Other

Owners Name	Description of Asset	Estimated Current Value (\$)

Total Value:	\$
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Accommodation History - Please provide previous 2 - 5 Years				
Address	Type of accom	Length	Year	Reason for Leaving
Current				

What are the barriers to renting privately?	
No / Poor Rental History	<input type="checkbox"/>
Blacklisted	<input type="checkbox"/>
Previous Evictions	<input type="checkbox"/>
Previous VCAT Applications	<input type="checkbox"/>
Income / Financial	<input type="checkbox"/>
Financial: No Rent in advance	<input type="checkbox"/>
Financial: No Bond	<input type="checkbox"/>

What are the barriers to you obtaining an Office of Housing home?	
Outstanding Debt / Financial	<input type="checkbox"/>
Previous Negative Tenancy	<input type="checkbox"/>
Previous Eviction	<input type="checkbox"/>
Ineligible	<input type="checkbox"/>
No Barriers	<input type="checkbox"/>

Office of Housing (OoH)				
Do you have an approved Application?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Segment 1 - Recurring Homelessness	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Segment 2 - Supported Housing	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Segment 3 - Special Housing Needs	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Segment 4 - General Housing	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Application Number:		Effective Date:		
Office Application Held at:				

Do you Currently or have you ever resided in OoH Accommodation?	
If Yes please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Number & Name	
Suburb & Postcode	
Postcode	
When	
Reason for Leaving	

Community Housing (Vic) Limited	
Do you Currently or have you ever resided in CHL Accommodation?	
If Yes please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Number & Name	
Suburb & Postcode	
Postcode	
When	
Reason for Leaving	

For Rooming House Applicants Only

What CHL Rooming House would you like to be considered for?

Queens Rd Melbourne - General	Southern Metro Region	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Queens Rd Melbourne - Supported (See supported application)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Carrington St Hawthorn	Eastern Metro Region	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Kalimna House Healesville	Eastern Metro Region	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rooks Rd Nunawading	Eastern Metro Region	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vinter Avenue Croydon	Eastern Metro Region	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Langford St Moe	Gippsland	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Park Lane Traralgon	Gippsland	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are you happy to share in a mixed Gender Rooming House? Yes No
Have previously resided in a Rooming House? Yes No

ABOUT QUEENS ROAD ROOMING HOUSE
Queens Road Rooming House consists of 64 self contained single persons units, with some communal facilities
Of the 64 units: 29 rooms are targeted for single adults requiring additional support with daily living skills. Support is provided by Sacred Heart Mission (SHM). General and Support Applications must be filled out if applying for the support component.
If you require further information about the SHM Support Application please contact Natalie Park on 9573 9400.

If Yes, How long did you / have you resided in this accommodation?

What did you like about this type of accommodation?

What did you dislike?

How do you like sharing with other people?

Medical Care Requirements**Do you or anyone to be housed with you require any of the following:**

Modifications to housing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Bedrooms for a Full Time Live in Carer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you only reside on a ground floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have difficulty managing stairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a physical disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes, please provide support documentation from a Medical Practitioner detailing what special requirements / modifications your household requires

Where do you want to live?**Please identify your preferred region:**

<input type="checkbox"/> Eastern Metro	<input type="checkbox"/> Loddon Mallee	<input type="checkbox"/> Barwon
<input type="checkbox"/> Northern Metro	<input type="checkbox"/> Gippsland	<input type="checkbox"/> Hume
<input type="checkbox"/> Western Metro	<input type="checkbox"/> East Gippsland	<input type="checkbox"/> Grampians
<input type="checkbox"/> Southern Metro	<input type="checkbox"/> South Gippsland	

Please suggest your preferred Suburbs**Please describe what links you have to this particular area:**

Have you ever resided in the area? Yes No

How Long?

When?

Name / Location (suburb)

Tick

Children's School

Doctor / Medical Practitioner

Family

Friends

Support Agency

Other Professional

No Links

Please provide details of two current referees:**Rental / Housing Referee**

Name / Company

Contact Phone Number

Relationship to you

Personal

Name

Contact Phone Number

Relationship to you

CHL is committed to assisting applicants who may have disabilities. CHL manages many properties that have disability modifications. Should you identify yes to any of the questions for Medical Care requirements please contact your local Regional Housing Offices:

REGIONAL OFFICE CONTACTS:

EASTERN REGION:	CENTRAL / NORTH WEST:	CENTRAL GIPPSLAND:	EAST GIPPSLAND:
9 Prospect St BOX HILL 3128 P: (03) 9856 0050 F: (03) 9856 0051	69 Queens Rd MELBOURNE 3004 P: (03) 8530 1933 F: (03) 8530 1901	215 Princes Drive MORWELL 3840 P: (03) 5135 3777 F: (03) 5135 3888	Shop 4, Riviera Plaza BAIRNSDALE 3875 P: (03) 5153 2933 F: (03) 5153 1344

YOUR INFORMATION – IT’S PRIVATE

What happens to information about you while you are a client of CHL?

WHAT INFORMATION DO WE COLLECT ABOUT YOU?

We keep your name and contact details on your application file. Other non-identifying information is recorded on computer.

WHY DO WE COLLECT YOUR INFORMATION?

Information we collect helps us to keep up-to-date details about your housing so that we can assist you in the best possible way. We also use non-identifying information to better plan for future needs.

WHO ELSE SEES YOUR INFORMATION?

Your information can only be seen by the professionals in this service involved in assisting you. Otherwise, we only release information about you if you agree or if required by law.

WHAT SAY DO YOU HAVE IN WHAT HAPPENS TO YOUR INFORMATION?

You have a say in what happens to your information. We rely on the information you give us to help provide the right assistance for you. If you decide not to share some of your information, or restrict access to your records, this is your right, but it may affect our ability to provide you with the best possible services. Talk to us if you wish to change or cancel your consent.

HOW WILL YOUR INFORMATION BE PROTECTED?

We are committed to protecting the confidentiality of your record. The privacy of your information is also protected by law. We treat your information in the strictest confidence and store it securely.

CAN YOU ACCESS YOUR INFORMATION?

Yes, you have a right to request access to your information and to ask for it to be corrected if necessary.

ANY OTHER QUESTIONS?

Please talk to one of our staff if you have any other questions or complaints about what happens to your information while you are our client, or if you wish to access your records.

Privacy & Confidentiality Clause

I, _____ Applicants Name
 _____ Applicants Name
 _____ Applicants Name
 _____ Applicants Name

Of, _____ Address
 _____ Address
 _____ Address
 _____ Address

1. I / We hereby authorise the following Agencies:

Name	Phone
------	-------

- My / Our Current Landlord _____
- Director of Housing, or Officers acting on behalf of the Director of Housing

The share the following information with CHL:

- Details of my / our rent payments
- Income details pertaining to my/our tenancy
- Details of rental arrears and any other outstanding charges
- Details of any actions or judgments against me/us in the Victorian Civil and Administrative Tribunal.
- Details of my application for rental accommodation
- Details of any offer of accommodation

2. And,

Name	Phone
------	-------

- My / Our Support Agencies _____
- Advocate / Administrator _____
- Next of Kin _____

3. I /We hereby authorise CHL to download my / our income statements on an annual basis and as required by CHL from the Centrelink website

4. The release of this information between CHL & identified third parties is to share information relating to my application & future opportunities in obtaining assistance from CHL, and for no other purpose.

5. I have read and understand the above information

Name	Signature	Date