



Aboriginal Housing Victoria

# Application for Housing

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## Privacy Statement

Aboriginal Housing Victoria is committed to protecting the privacy of personal information which is consistent with the principles of the *Victorian Information Privacy Act, 2000*.

## Office Use Only

New Application

Transfer Application

Application Number:

Effective Date:

# A Housing Application Form

Please use block letters and print in black or blue pen only. Please mark relevant boxes with an . If you need more room for any questions, please include details on a separate page and attach it to your application.

## Personal details of main applicant

### 1 Your name

Title (please mark with an )

Mr  Mrs  Ms  Miss

Last name or Family name:

First and Middle name(s):

### 2 Gender

Male  Female

### 3 Date of birth

### 4 Residential address

Unit/flat, Street number:

Street/Avenue Place etc:

Town or Suburb:

Postcode:

### 5 Contact details

Phone:

Mobile:

Email:

What is your contact or Mailing address if different to the above?

Unit/flat, Street number:

Street/Avenue Place etc:

Town or Suburb:

Postcode:

**6 Are you a current tenant of AHV?**  Yes  No

If so, what is your current address?

Unit/flat, Street number:

Street/Avenue Place etc:

Town or Suburb:

Postcode:

**7 Are you a current tenant of the Office of Housing (DHHS)?**  Yes  No

If so, what is your current address?

Unit/flat, Street number:

Street/Avenue Place etc:

Town or Suburb:

Postcode:

**8 Are you a previous tenant of AHV?**  Yes  No

If so, what was your address when you were previously a tenant of AHV?

Unit/flat, Street number:

Street/Avenue Place etc:

Town or Suburb:

Postcode:

**9 What is your current accommodation?**

Private Property (rental)

Transitional

Homeless – Family/Friends

Incarcerated

Crisis/Emergency

Other

(Please specify)


## B Application Details

**1 Please list below each person to be housed, including yourself**


Family Name	First Name	Date of Birth	Age	Place of Birth	Male or Female	Relationship to you	CRN
						Self	

\* Please refer to page 12 for identification requirements.

**2** Are you, or anyone to be housed with you, expecting a baby?  Yes  No


 If yes, please provide a letter from your doctor stating the date the baby is due and sex of the baby if known.

**3** If you have children listed on this application, are you the custodial parent?  Yes  No

 If no, please provide a letter from your solicitor, the family court, or a statutory declaration from the children's guardian confirming the custody/access arrangements and the length of time you have access.

## C Income Details

Please list below income details for each person listed on your application including yourself, and provide supporting documentation to confirm incomes received.

 If receiving wages, provide a 13-week wage statement or pay slips from your employer detailing the gross (before tax) income received. If receiving a government benefit of any type (including family payments), provide an Income Statement from Centrelink, Veterans Affairs, Abstudy etc. detailing the amount received or please complete the form on page 13 titled Online Income Confirmation, which gives permission to AHV to access your Centrelink details directly. If you are self employed, provide a profit and loss statement. If receiving an income from any other source, provide documentation to confirm your income.

Name	Gross income per week	Type of income, eg. Wages, pension, etc

## D Asset Details

Do you, or anyone to be housed with you, own or part-own any real estate including a house, unit flat or commercial property?

Yes  No

If yes, owner's family name:

### Address of property:

Unit/flat, Street number:

Street/Avenue Place etc:

Town or Suburb:

Postcode:

What is the value of the owner's share of the property?

\$

Is the owner attempting to sell the property?

Yes  No



Please provide a letter from an approved valuer, stating the market value of the property. If the property is held in trust, please provide a letter from the executor of the estate. If the property is part owned, please provide information detailing the names of all the owners and their percentage of ownership.

Do you or anyone to be housed with you, have any of the following:

- savings/bank accounts  Yes  No
- mobile homes  Yes  No
- recreation vehicles, eg boats, caravans, etc.  Yes  No
- shares in estates and businesses  Yes  No
- stock market bonds and investments  Yes  No
- superannuation funds which can be accessed  Yes  No
- land  Yes  No
- income from real estate  Yes  No



If yes to any of the above, please supply documentation stating the value of the asset, eg. Bank book and the interest rate earned. For information on rental housing asset limits, please contact your local Aboriginal Housing Officer or AHV.

## E Additional Housing Needs

Do you, or anyone to be housed with you, require modifications to your housing? For example, ramps (wheelchair access), grip rails, etc.

Yes  No



If yes, please provide details from your doctor or relevant health professional (eg. occupational therapist), detailing the type of modifications required.

# F Where do you want to live?

List three suburbs you wish to live in. You may be allocated a house in any of the selected suburbs.

Preference:

Preference:

Preference:

Please refer to the full list of suburbs below:

## NORTHERN DISTRICT

- Briar Hill
- Bundoora
- Doreen
- Epping
- Heidelberg
- Heidelberg Heights
- Heidelberg West
- Kingsbury
- Lalor
- Macleod
- Mernda
- Mill Park
- Montmorency
- Northcote
- Preston
- Reservoir
- South Morang
- Thomastown
- Thornbury
- Whittlesea
- Wollert

## LODDON DISTRICT

- Bendigo
- California Gully
- Eaglehawk
- Echuca
- Epsom
- Golden Square
- Huntly
- Irymple
- Jackass Flat
- Kangaroo Flat
- Kerang
- Merbein
- Mildura
- Nyah
- Quarry Hill
- Red Cliffs
- Robinvale
- Spring Gully
- Strathdale
- Swan Hill

## SOUTHERN DISTRICT

- Berwick
- Carrum Downs
- Clayton South
- Cranbourne
- Cranbourne North
- Cranbourne West
- Dandenong
- Dandenong North
- Doveton
- Endeavour Hills
- Eumemmerring
- Frankston
- Frankston North
- Hampton
- Hampton park
- Hastings
- Heatherton
- Mordialloc
- Narre Warren
- Noble Park
- Oakleigh
- Oakleigh South
- Pakenham
- Rosebud West
- Seaford
- Skye
- Springvale South
- Tyabb

## HUME DISTRICT

- Barmah
- Cobram
- Glenrowan
- Kialla
- Kyabram
- Mooroopna
- Myrtleford
- Nathalia
- Seymour
- Shepparton
- Shepparton east
- Shepparton North
- Wodonga

## GIPPSLAND DISTRICT

- Bairnsdale
- Cann River
- Churchill
- Drouin
- Eastwood
- Kalimna
- Korumburra
- Lake Tyers Beach
- Lakes Entrance
- Lucknow
- Moe
- Morwell
- Newborough
- Nowa Nowa
- Orbost
- Paynesville
- Sale
- Swan reach
- Trafalgar
- Traralgon
- Warragul
- Wiseleigh
- Wurruk
- Wy-Yung

## GRAMPIANS DISTRICT

- Alfredton
- Ararat
- Bacchus Marsh
- Ballarat
- Ballarat North
- Brown Hill
- Delacombe
- Dimboola
- Halls Gap
- Horsham
- Mitchell Park
- Mount Clear
- Redan
- Sebastopol
- Stawell
- Wendouree

## BARWON DISTRICT

- Bell Park
- Bell Post Hill
- Belmont
- Breakwater
- Colac
- Corio
- Geelong
- Geelong East
- Geelong West
- Grovedale
- Hamilton
- Heywood
- Lara
- Leopold
- Marshall
- Newcomb
- Newtown
- Norlane
- Portland
- St Albans Park
- Warrnambool
- Whittington

## EASTERN DISTRICT

- Badger Creek
- Bayswater
- Blackburn South
- Boronia
- Box Hill
- Box Hill North
- Burwood
- Burwood East
- Croydon
- Glen Waverley
- Healesville
- Lilydale
- Mitcham
- Montrose
- Ringwood
- Ringwood East

## WESTERN DISTRICT

- Altona Meadows
- Altona North
- Braybrook
- Broadmeadows
- Brunswick
- Coburg
- Coolaroo
- Craigieburn
- Deer Park
- Delahey
- Fawkner
- Footscray
- Glenroy
- Jacana
- Keilor Downs
- Kings Park
- Laverton
- Meadow Heights
- Melton
- Melton West
- Pascoe Vale
- Point Cook
- Roxburgh Park
- Seddon
- St Albans
- Sunbury
- Sunshine
- Tarneit
- Werribee
- Wallan
- West Footscray
- Wyndham Vale
- Yarraville

## G Support contact

**1 Do you want another person, or an organisation to be able to make enquiries about your application on your behalf?**

If you get help from a support service, health professional or other individual you can provide their details here if you want them to be able to speak to us about your application. You can change your mind about this at any time.

No, go to section H →

Yes, continue ↓

Person's name (if any):

Organisation name (if any):

Street name and number:

Town or Suburb:

Postcode:

Telephone:

Email address:

**2 What type of support do they provide?**

**3 Do you consent to us contacting the person above about your application?**

No  Yes

**4 When we write to you, do you want a copy of the letter sent to your support person?**

Please speak to them about this first, so that they can expect to receive copies of letters we send you.

No  Yes

## H Declaration to be signed by applicant

I declare that all the information requested in this application for rental housing has been provided and is true and correct.

Declared by:

 (full name of applicant)

Applicant's signature:

Date:

 / /

Witnessed:

Before me:

 (print name)

Witness's signature:

Date:

 / /



# Priority Housing

The Priority Housing category targets:

- new applicants whose current housing is highly unsuitable and alternative housing in the private rental market is unobtainable
- current AHV tenants who need to transfer to more appropriate housing.

Applications for the Priority Housing category are approved in principle if the household meets certain Priority Housing criteria. The criteria differs between 'new' and 'transfer' applicants.

AHV requires new applicants for the Priority Housing segment to detail why alternative accommodation to AHV is not a viable option for them.

The applicant is only approved for priority housing when they meet the priority housing criteria **and** are able to detail their attempts to secure alternative accommodation or are assessed as unable to seek private rental.

Please provide the required documentation that is relevant to the Priority Housing category you are applying for.

**NOTE: Before an applicant can be housed or transferred with AHV they must repay ALL outstanding charges owed.**

## NEW APPLICANTS

The Priority Housing categories for new applicants require demonstration of urgent housing need against one of the following five assessment criteria:

- **Insecure Housing** – Applicant living in temporary accommodation without certainty of continued residency and must leave urgently.
- **Inappropriate Housing** – Applicants living in accommodation that is inappropriate and warrants urgent relocation.
- **Unsafe Housing** – Applicant experiencing actual or serious threat of violence without other housing options and in urgent need of relocation.
- **Urgent Medical Needs** – Applicants or household members with a serious medical condition, who urgently require alternative housing as a result of their condition.
- **Supported Housing** – Applicants who are living in unsuitable housing who are either:
  - Receiving significant personal support through one of the nominated programs delivered through:
    - the Department of Human Services' Disability or Children, Youth and Families divisions
    - the Department of Health's Mental Health or Aged Care divisions.
  - Require housing with major or full disability modifications.

**If you are applying under any of the previous categories you must provide the following documentation:**

### INSECURE HOUSING




Documentation from a support worker detailing the current housing arrangement, why they cannot remain where they are and attempts to find alternative accommodation. If staying temporarily with friends, the applicant must also provide a statutory declaration from the person they are residing with stating why they must move out and the date they are required to move by.

## INAPPROPRIATE HOUSING


This criterion comprises three alternative housing scenarios:

- Severe Overcrowding
- Unsuitable Housing
- Family Reunification.


### Severe Overcrowding

 Documentation from a support worker detailing the current housing arrangement and attempts to find alternative accommodation.

### Unsuitable Housing

 A report from a support worker confirming that the living conditions or environment of the housing is having a detrimental effect on the household and how long they have resided in this current accommodation.

### Family Reunification

 Documentation is required from a caseworker, a protective services worker or an employee of a recognised family support agency confirming that the case plan is to reunite the family when AHV housing is provided to the applicant. The letter must also confirm that the children are expected to be returned to the family within six months after housing has been secured.

## UNSAFE HOUSING


This criterion comprises three alternative housing scenarios:

 **Family Violence** – applicants must provide a copy of:


- an Intervention Order or an Interim Intervention Order (State), or an application for an Intervention Order or an Interim Intervention Order (State)
- a Family Court Restraining Order (Federal)
- a letter from a solicitor stating that criminal proceedings have commenced against the alleged assailant.

If the applicant is unable to commence legal proceedings because it would place them at further risk, a letter from a medical practitioner, solicitor or a community support worker who provides support services to persons experiencing family violence, is required to confirm that:

- the applicant is experiencing emotional, sexual or physical violence
- the reason they are unable to take legal action
- details of their current housing circumstances.


 **Serious Threat of physical Danger** – a written report from a member of the police force that must include:

- details of Police involvement in the situation
- confirmation that the household or a member of the household is under serious threat of physical danger
- circumstances that have placed the household under serious threat of physical danger
- reasons why the Police cannot resolve the problem.


 **Urgent Medical Need** – Documentation must be provided by a health/care professional relevant to the person's condition.

- the documentation must describe the impact of the applicant's current housing on their condition
- must confirm that non-structural disability modifications or aids cannot be installed in their existing housing.

### **URGENT MEDICAL**

 Documentation must be provided by a health/care professional relevant to the person's condition. Specifically, the documentation must describe the impact of the applicant's current housing on their condition.

### **SUPPORTED HOUSING**

 The Supported Housing criteria targets both new and transfer applicants living in unsuitable housing who are either:

- Receiving significant personal support through one of the nominated programs delivered through:
  - the Department of Human Services' Disability or Children, Youth and Families divisions
  - the Department of Health's Mental Health or Aged Care divisions.
- Require housing with major or full disability modifications.

Applicants are required to provide documentation from an Occupational Therapist or other relevant health care professional detailing the specific modifications they require and:

- give an undertaking that the support required by the client to stabilise their housing once allocation is made will be provided
- provide additional documentation to support their application
- demonstrate that their circumstances have changed since the original application was made.

### **TRANSFER APPLICANTS**

To be eligible for a transfer via the Priority Housing category tenants must meet one of the following criteria – **Inappropriate housing, unsafe housing or urgent medical needs**. The eligibility criteria and required documentation for these criteria are the same for transfer applicants as they are for new applicants as above.

# Checklist

When submitting this application for housing, please ensure to supply the following documents:

## IDENTIFICATION FOR ALL HOUSEHOLD MEMBERS

Please provide a copy of each of the following:

- Centrelink Health Care Card or Pension Concession Card
- Medicare Card
- For all household members over 18 years: 1 x photo ID – Driver's Licence, Proof of Age Card, Keypass or Passport

## PROOF OF INCOME

Centrelink Income Statement and/or a 13-week wage statement or payslips for all household members receiving an income.

## CURRENT BANK STATEMENT / TRANSACTION LISTING

Statements/transaction listings must include the last 6 transactions and be no more than 4 weeks old for all household members receiving an income. The bank statement/transaction listing must also include the applicant's full name.

## PROOF OF ABORIGINALITY

Aboriginal identity can be confirmed in a number of ways. These include:

1. Provision of a Certificate of Aboriginality (which includes a document that has a Common Seal)
2. Applicant can demonstrate links to, or is recognised by, Aboriginal community
3. Applicant is known to an Aboriginal organisation to be an Aboriginal person

## PROOF OF PREGNANCY

Provide a Doctor's certificate noting when the baby is due and gender of child if known.

## INCOME AND ASSET LIMITS

Please note that income and asset limits will apply.

# Online Income Confirmation

(to be completed for each household member 18 years or over who is in receipt of a Centrelink payment)

## AUTHORITY FOR CENTRELINK TO RELEASE CUSTOMER INFORMATION TO ABORIGINAL HOUSING VICTORIA

I/we authorise Centrelink to provide Aboriginal Housing Victoria (AHV), being a registered Housing Provider established under the Housing Act 1983 (Vic), of 125-127 Scotchmer Street, North Fitzroy, or its representative, with income confirmation to assist in the assessment of one or more of the following:

- eligibility for AHV housing/priority housing
- entitlement for rental subsidy

I/we understand that the information provided by Centrelink to AHV or its representative, may contain but is not limited to the following, where applicable:

- the type, amount and date received, of the benefit/pension/allowance payment made
- the number of dependent children used to assess any family payments
- the percentage of shared care custody
- payment deduction details
- income from casual earnings/salary, overseas pensions, payments from other government departments, child maintenance, returns on investments etc.
- irregular payments made by Centrelink eg. Utility Allowance
- assets, including allocated pensions, shares, managed investments, real estate, motor vehicles, gifted and overseas assets

I/we understand that this authority, once signed, is effective for the period I/we are a client of AHV.

I/we understand that this authority is voluntary and can be withdrawn at any time by signing the retraction at the bottom of this authority or by giving notice to Centrelink, AHV or its representative.

### Applicant 1

Full name:

Date of Birth:

Address:

Unit/flat, Street number:

Street/Avenue Place etc:

Town or Suburb:

Postcode:

Centrelink Reference Number:

Signature:

Date:

**Applicant 2**

Full name:

Date of Birth:

Address:

Unit/flat, Street number:

Street/Avenue Place etc:

Town or Suburb:  Postcode:

Centrelink Reference Number:

Signature:  Date:

**Applicant 3**

Full name:

Date of Birth:

Address:

Unit/flat, Street number:

Street/Avenue Place etc:

Town or Suburb:  Postcode:

Centrelink Reference Number:

Signature:  Date:

**RETRACTION OF AUTHORITY FOR CENTRELINK TO RELEASE MY INFORMATION**

I/we no longer authorise Centrelink to release my/our information to AHV as outlined above. I understand that AHV will no longer use this form to gain information from Centrelink.

**\*\* DO NOT SIGN UNLESS YOU ARE CANCELLING YOUR AUTHORITY\*\***

Name:

Signature:  Date:

Address:

Unit/flat, Street number:

Street/Avenue Place etc:

Town or Suburb:  Postcode:



**Lodge this application to:**

**Aboriginal Housing Victoria**

Narrandjeri House, 125-127 Scotchmer Street, North Fitzroy, Vic, 3068

OR provide to your local Housing Officer

OR email: [clientservices@ahvic.org.au](mailto:clientservices@ahvic.org.au)

Disclaimer: AHV reserves the right to approve or reject applications. Once we have processed your application we will inform you of our decision. If you do not agree with our decision, you can seek a review under our complaints process.

**Receipt – to be completed by AHV**

This receipt confirms that your application has been submitted to AHV. If your application is approved, it will be effective from the date on this receipt.

Please ensure you retain your receipt as proof that you have submitted your application.

Applicant Name:

Submission Date:

Submitted to: