



Request For Housing (single applicant)

Community Disability Housing Program

📎 Please attach all ID requirements documents to this form:

- Proof of identification
- Proof of income
- Medical Reports/NDIS Information
- NDIS Plan

Any information provided to the Housing Authority by you or your support provider will be shared with a Community Housing Organisation (CHO). This information will be used solely for housing related purposes and will only be released in accordance with the Housing Authority's (or your support provider's or the CHO's) Privacy and Confidentiality Policy. Please complete all sections of the request for housing.

Support Provider

Name of Organisation

Position

Contact Name

Position

Phone

Email

Power of Attorney / Guardian

Yes No

Name

Address
Street Number

Street Name

Suburb / Town

State

Postcode

Phone

Email

Relationship
 Guardian
 PoA.

Applicant Details

Mr Mrs Miss Ms Other

Surname

First name

Second name

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Gender
 Male Female
 X (indeterminate, intersex or unspecified)

Is the applicant of Aboriginal or Torres Strait Islander origin?
 Aboriginal Torres Strait Islander
 Both No

What is the applicant's financial capacity? Please attach supporting documents.

Income

Assets

Property Ownership
Yes No

If yes, provide details of joint/sole ownership

Current Address

Street Number

--

Street Name

--

Suburb / Town

--

State

--

Postcode

--

Current Housing Tenure

- Community Housing
- Family Home
- Residential Care Facility
- Private Lease
- Public Housing
- Other (specify i.e. Foster Home, Lodging House)

Is the applicant eligible for Housing Authority assistance? If you are unsure of eligibility criteria, consult the Rental Policy Manual at www.housing.wa.gov.au

Yes No

Is the applicant on the joint waitlist for housing?

Yes No

Applicant Disability Details

Please specify the nature of the disability including level of disability and any housing requirements. Please note: An occupational therapy report may be required at a later date to support the application

Cognitive

Intellectual

Physical

Psychiatric

Sensory

Neurological

Behavioural

Is shared accommodation an option?

Yes No

Hours of Support Required:

- Up-to 5 hours per day
- Between 6-12 hours per day
- Over 12 hours per day

Carer/s information

Name

--

Address

Street Number

--

Street Name

--

Suburb / Town

--

State

--

Postcode

--

Phone

--

Email

Relationship to applicant

Will this be the principal place of residence for carer/s?

Yes No

Please provide details of any carer specific requirements

Is the Carer a family member?

Yes No

Family Member/s

Will this be the principal place of residence for an applicant's family member/s?

Yes No

Please provide further detail below

Family Member/s Information

Housing Needs

Please tick applicable areas and provide details of specific requirements

Bathroom

Toilet

Bedroom

Kitchen

Other

Does the applicant use a wheelchair?

Yes No

Please specify

Electric

Manual

Does the applicant have any other mobility requirements?

Yes No

Please provide details

Does the applicant require either:

a full mobility property Yes No

or a wheelchair accessible property Yes No

Is accommodation without steps required?

Yes No

Please provide details

Is it essential that accommodation is sited on a level block/
ground floor?

Yes No

Please provide details

Does the accommodation need to be separate from neighbours
(i.e. no common walls; no group housing)?

Yes No

Please provide details

Proximity to Services

Please tick if required/relevant

- Public Transport
- Medical Facilities
- Employment
- Shops

Please supply specific details if applicable

Will any pets, or assistance animals, be residing in the property?

Yes No

Please indicate type of pet or assistance animal

Other (Please provide details of any other housing requirements)

Accommodation Type

Please specify ALL preferred types

- Townhouse
- Duplex
- Villa
- Single Detached House
- Apartment/Flat/Unit

Please indicate floor level

--

If accommodation choice is in a complex please choose from
the following

- Small complex (max of 10)
- Large complex (10+)

Are you willing to explore other housing options (i.e. private
lease, home ownership (full or shared); Specialist Disability
Accommodation)

Yes No

Please provide details

Bedroom Requirement

Entitlement includes accommodation for carer/s

- One
- Two
- Three
- Four
- Five
- Six

Bathroom Requirement

Entitlement (assessed on the need for residential carers)

- One
- Two

Please provide details

Preferred Location

Region/zone

Preferred suburb

Other Details

Please provide all relevant information relating to the applicants current housing situation and/or housing needs. This will allow the Reviewing Officer to determine the priority of the clients housing need.

Application completed by

Mr Mrs Miss Ms Other

Surname

First name

Relationship to applicant

Signature



Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Declaration

I/We declare the information in this application is correct.

Signed (Applicant or Legal Guardian)



Signed (Co-applicant or Legal Guardian)



Housing Authority Use Only

Reviewing Officer Decision

Approved

Declined

Details relevant to the decision

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---