

Application for Wintringham Housing

Please read the following steps carefully before you apply for Wintringham Housing
 Step 1 – Read all the information in this document and refer to the *Information about Wintringham Housing and Making an Application* document

Step 2 – Confirm you meet the eligibility criteria

Step 3 – Fill out your information, sign the Centrelink Authority and Application form

Step 4 – Send completed form and additional information (if required) to:

Post: Advice and Information, PO Box 193, Flemington VIC 3031

Email: adviceandinfo@wintringham.org.au

Telephone: (03) 9034 4824

Fax: (03) 9376 8138

APPLICANT'S NAME _____

1. Please confirm your eligibility for Wintringham Housing. Are you?

- Aged 50 years and over
- Able to live independently in the community (may require some support or assistance)
- Australian citizen, or permanent resident of Australia
- Low income (pensioner, or equivalent income)
- Assets less than \$32,276* (limit current as of May 2018)

* Applicants requiring disability modifications can have assets up to \$107 588

If you answer **no** to any of the above options you may not be eligible for Wintringham Housing. Please call Wintringham Advice and Information for assistance on **03 9034 4824**.

2. HOUSING PREFERENCES

Please **number** in order of priority Wintringham's housing options you would like to apply for: _____

Housing in Melbourne

- | | | |
|--|---|--|
| <input type="checkbox"/> Atkins Terrace, Kensington | <input type="checkbox"/> Delahey | <input type="checkbox"/> East Bentleigh |
| <input type="checkbox"/> Ebsworth House, City | <input type="checkbox"/> Gilgunya, Coburg* | <input type="checkbox"/> Guildford Lane, City |
| <input type="checkbox"/> Jack Gash, Avondale Heights | <input type="checkbox"/> Lionsville, Williamstown | <input type="checkbox"/> Patrick Walsh, Flemington |
- *2 BR units only – no single occupancy

Housing in Regional Victoria

- | | | |
|--|---|--|
| <input type="checkbox"/> Ballarat (Brown Hill) | <input type="checkbox"/> Benalla | <input type="checkbox"/> Castlemaine |
| <input type="checkbox"/> Euroa | <input type="checkbox"/> Heathcote | <input type="checkbox"/> Geelong (Belmont) |
| <input type="checkbox"/> Geelong (Highton) | <input type="checkbox"/> Geelong (Manifold Heights) | <input type="checkbox"/> Maryborough |
| <input type="checkbox"/> Geelong (Park Street) | <input type="checkbox"/> Shepparton | <input type="checkbox"/> St. Arnaud |

Macedon Ranges Housing *must be 65 years+ to apply

- | | | |
|-----------------------------------|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Gisborne | <input type="checkbox"/> Lancefield | <input type="checkbox"/> Romsey |
|-----------------------------------|-------------------------------------|---------------------------------|

Admin Use Only

Date Application Received: / /



THIS PAGE IS INTENTIONALLY LEFT BLANK



AUTHORISATION FOR CENTRELINK (INCOME AND ASSET CONSENT)

Provided by Australian Government Department of Human Services

This consent will be used for the sole purpose of authorising Australian Government Department of Human Services (“Department of Human Services”) to provide information to Wintringham / Wintringham Housing to assess your eligibility in relation to concessions or services provided by Wintringham / Wintringham Housing.

I _____, CRN _____ & D.O.B ____ / ____ / ____

authorise Department of Human Services to electronically provide a statement of information to Wintringham / Wintringham Housing to assist in the assessment of my entitlement to services from Wintringham / Wintringham Housing. I understand that the information provided by Department of Human Services may include, where relevant, current or historical details of payments received, dependants, Centrelink deductions, income, assets and *confirmation* of my current address.

I understand that this authority, once signed, is effective only for the period I am a customer of Wintringham / Wintringham Housing. I understand that this authority, which is ongoing, can be revoked at any time by giving notice to Wintringham / Wintringham Housing

I understand that I will be able to obtain a written copy of the Statements at any time from either Wintringham / Wintringham Housing or Department of Human Services.

I understand that if I withdraw part or all of this consent that I may not be eligible for the concessions provided by Wintringham / Wintringham Housing and that I will be responsible for notifying Australian Government Department of Human Services of all future changes to my accommodation circumstances. For more information about the Centrelink Confirmation eServices go to www.humanservices.gov.au

Signature: _____ Date: ____ / ____ / ____



THIS PAGE IS INTENTIONALLY LEFT BLANK



3. APPLICANT'S DETAILS:

NAME:		
CURRENT ADDRESS:		
POSTAL ADDRESS:	POST CODE:	
PHONE NUMBER:		
EMAIL ADDRESS:		
DATE OF BIRTH:	____/____/____	GENDER: _____

NUMBER OF APPLICANTS: One Two*

*2 bedroom properties are available at Shepparton and Coburg only. Each applicant must complete a separate application.

Please tick relevant box

AUSTRALIAN CITIZEN PERMANENT RESIDENT** VISA**

**If possible please provide a copy of Residency or Visa documents

COUNTRY OF BIRTH: _____

INTERPRETER REQUIRED: Yes No

If Yes, Language: _____

The following questions are not mandatory, but help us to better understand the needs of applicants.

ABORIGINAL: Yes No

TORRES STRAIT ISLANDER: Yes No

VETERAN: Yes No

4. NEXT OF KIN / EMERGENCY CONTACT:

NAME:		
TELEPHONE	RELATIONSHIP:	
ADDRESS:		
	POST CODE:	



5. REFERRAL SOURCE:

Have you had contact with anyone at Wintringham?

NAME:

Is there a service assisting you to find housing?

NAME / SERVICE:	<input type="text"/>	
RELATIONSHIP:	<input type="text"/>	
ADDRESS:	<input type="text"/>	
	POST CODE :	
TELEPHONE:	FAX:	<input type="text"/>

6. SUPPORT ISSUES:

Have you in the past, or are you currently experiencing any of the following issues:
Please tick as many boxes as are relevant to you.

- | | |
|--|--|
| <input type="checkbox"/> Acquired Brain Injury | <input type="checkbox"/> Little or no family / friends |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Anxiety / depression |
| <input type="checkbox"/> Overcrowding | <input type="checkbox"/> Other mental illness |
| <input type="checkbox"/> Drug / Alcohol issues | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Recently homeless | <input type="checkbox"/> Physical frailty |
| <input type="checkbox"/> Long term homeless | <input type="checkbox"/> Prison history |
| <input type="checkbox"/> Intellectual disability | <input type="checkbox"/> Dementia |
| <input type="checkbox"/> Forgotten Australian | <input type="checkbox"/> Other (please specify) |

Do you require any other services or support? If so, please comment as it will help us make decisions about who is housed next. We promise to respect your confidentiality:

7. ADDITIONAL HEALTH INFORMATION:

Please list any additional physical and/or mental health issues you may have:



8. My Aged Care Assessment:

Have you recently been referred for assessment through My Aged Care?

Yes **No**

Have you been approved for:

Home Care Package Residential Aged Care Residential Respite Aged Care

9. SERVICES:

Please tick the boxes for the services that you currently receive:

	SERVICE PROVIDER Name and phone number
<input type="checkbox"/> Financial Administration	
<input type="checkbox"/> Case Management / Support	
<input type="checkbox"/> Counselling	
<input type="checkbox"/> Local Council Services (e.g. home help)	
<input type="checkbox"/> Meal Services (Meals on Wheels)	
<input type="checkbox"/> Mental Health Services	
<input type="checkbox"/> Royal District Nursing Services	
<input type="checkbox"/> Veteran Affairs	
<input type="checkbox"/> Social support and activities	
<input type="checkbox"/> Corrections	
<input type="checkbox"/> Domestic Violence Services	
<input type="checkbox"/> Other (Please Specify)	

10. CURRENT HOUSING:

<input type="checkbox"/> Family / Friends	<input type="checkbox"/> Street / Car
<input type="checkbox"/> Supported Residential Service	<input type="checkbox"/> Couch surfing
<input type="checkbox"/> Community Housing / Co-Op*	<input type="checkbox"/> Crisis Accommodation / Refuge
<input type="checkbox"/> Private Rental	<input type="checkbox"/> Private Hotel / Rooming House
<input type="checkbox"/> Public Housing (OOH)*	<input type="checkbox"/> Transitional Housing
<input type="checkbox"/> Caravan Park	<input type="checkbox"/> Other (Please Specify) _____

Reason you need or want to leave current accommodation (e.g. Notice to Vacate):

* If you are currently in secure, affordable, long term accommodation you may not be eligible for Wintringham Housing, please contact our Advice and Information Service for more information.



Have you owned a house within the last 2 years?

YES

NO

If yes, please provide details (e.g. is the property in your name?):

11. HOUSING PLANS:

We encourage you to register for public housing with Department of Human Services. Are you registered with them currently? Are you in the process of applying?

YES

Application Number: _____

Waitlisted Priority Unsure In progress

NO

If no, reasons why: _____

Please note: If you gain secure housing with Wintringham Housing, you will be taken off the public housing waiting list.

Please outline any other housing options you have been exploring.

12. OTHER INFORMATION:

Is there any other information you would like to add about your housing and support needs (i.e. location, pets, cars, disability modifications, ground floor)?



13. DECLARATION:

To the best of my knowledge, the information I have given on this form is true and correct. I understand that if I am unable to be contacted, Wintringham and/or Wintringham Housing may contact the other people listed on this application to confirm my contact details.

Please tick this box if you **do not** wish for this to occur:

APPLICANT or
REPRESENTATIVE: _____

DATE: ____/____/____

Please note

- All information provided to Wintringham will remain confidential and is needed to assess the applicant's eligibility and suitability for Housing.
- The purpose of this form is to identify prospective residents. It does not constitute any agreement by Wintringham to provide housing services.
- For further information about Wintringham Housing and completing this form please refer to Information about Wintringham Housing and Making an Application

