



# Request For Housing

## Community Disability Housing Program (CDHP)

Please attach all ID requirements and documents with this form:

- Proof of identification
- Proof of income
- Medical reports
- Support Plan/NDIS Plan

Please send to:

**CDHPapplications@dohw.wa.gov.au**

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, Confidentiality and Duty of Care Policy. Please complete all sections of the request for housing.

### 1. Support Provider

Name of Organisation

Contact Name

Position

Phone

Email

Email

Relationship

- Guardian  
 Power of Attorney

### 3. Applicant Details

Mr  Mrs  Miss  Ms  Other

Surname

First name

Second name

Date of birth

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

Phone

Email

### 2. Power of Attorney / Guardian

Yes  No

Name

Address

Street Number

Street Name

Suburb / Town

State

Postcode

Phone

Gender

- Male  Female  
 X (indeterminate, intersex or unspecified)

Is the applicant of Aboriginal or Torres Strait Islander origin?

- Aboriginal  Torres Strait Islander  
 Both  No  
 Not disclosed

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


If the applicant owns, part owns or is in the process of buying residential land or property, provide evidence to support the reasons why they are either unable to live in the property or that they are in the process of selling or releasing the property.

**Current Address**

Street Number

--

Street Name

--

Suburb / Town

--

State

--

Postcode

--

**Current Housing Tenure**

Community Housing

Family Home

Residential Care Facility

Private Lease

Mental Health Program Property

Public Housing

Other (specify i.e. Foster Home, Lodging House)


**4. 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/group home 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

**NDIS Funding Type (Can tick more than one option):**

Supported Independent Living

Specialised Disability Accommodation

Individualised Living Option

Not applicable

## 5. 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

## 6. Family Member/s Details

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

Yes  No

### Family Member 1

Name

Date of birth

Gender

Male  Female

X (indeterminate, intersex or unspecified)

Relationship to Applicant

### Family Member 2

Name

Date of birth

Gender

Male  Female

X (indeterminate, intersex or unspecified)

Relationship to Applicant

### Family Member 3

Name

Date of birth

Gender

Male  Female

X (indeterminate, intersex or unspecified)

Relationship to Applicant

### Family Member 4

Name

Date of birth

Gender

Male  Female

X (indeterminate, intersex or unspecified)

Relationship to Applicant

## 7. Housing Needs

Please tick applicable areas and provide details of specific disability modification requirements.

Bathroom

  
  

Toilet

Please tick applicable areas and provide details of specific disability modification requirements (continued).

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

a wheelchair accessible property Yes  No

a robust 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


Other (Please provide details of any other housing requirements)


### Bedroom Requirement

Entitlement includes accommodation for carer/s

<input type="checkbox"/> One	<input type="checkbox"/> Four
<input type="checkbox"/> Two	<input type="checkbox"/> Five
<input type="checkbox"/> Three	<input type="checkbox"/> Six

### Bathroom Requirement

Entitlement (assessed on the need for residential carers)

<input type="checkbox"/> One
<input type="checkbox"/> Two

Please provide details


