



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

2. Power of Attorney / Guardian

Yes ☐ No ☐

Name

Address

Street Number

Street Name

Suburb / Town

State

Postcode

Phone

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
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Phone

Email

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

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Street Name

--

Suburb / Town

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State

--

Postcode

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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:

☐ Low – up to 12 hours per day
☐ Standard – 12 to 24 hours per day
☐ Active – 24-hour care

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

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

Gender

☐ Male ☐ Female

☐ X (indeterminate, intersex or unspecified)

Relationship to Applicant

Family Member 2

Name

Date of birth

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

Gender

☐ Male ☐ Female

☐ X (indeterminate, intersex or unspecified)

Relationship to Applicant

Family Member 3

Name

Date of birth

D	D	M	M	Y	Y	Y	Y
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Gender

☐ Male ☐ Female

☐ X (indeterminate, intersex or unspecified)

Relationship to Applicant

Family Member 4

Name

Date of birth

D	D	M	M	Y	Y	Y	Y
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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)

☐ One
☐ Two

Please provide details

8. 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 number of and type of pet or assistance animal

Preferred Location

Which zone or country town would you prefer to live in?
(See the *Which Zone is For You* brochure for the list of zones).

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Preferred suburb

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Other Details

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

[illegible]

9. Application completed by

Mr Mrs Miss Ms Other

Surname

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First name

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Relationship to applicant

Date _____

D	D	M	M	Y	Y	Y	Y
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10. Consents and Declaration

I declare that:

- the information provided as part of this assessment is true and accurate.

I understand that:

- giving false or misleading information is an offence and the application can be withdrawn.
- I may need to provide further information if requested.
- if I provide an email address or mobile phone number, I will receive electronic communication including important text messages or emails. You can unsubscribe at any time by contacting CDHP.

If anyone included as part of this assessment has their property or financial affairs managed by an administrator or guardian for personal or lifestyle decisions, supporting documentation must be provided.

Signed (Applicant or Legal Guardian)

Date _____

D	D	M	M	Y	Y	Y	Y
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All applicants must be living in Western Australia and provide documentation confirming this. Refer to the Evidence Requirement Fact Sheet for a list of acceptable documents.