



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

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

2. Power of Attorney / Guardian

Yes No

Name

Address

Street Number

Street Name

Suburb / Town

State

Postcode

Phone

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
a wheelchair accessible property
a robust property

Yes No
Yes No
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

One Four
 Two Five
 Three 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

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

Yes No

Please indicate number of and type of pet or assistance animal

[Large empty box for writing]

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).

[Large empty box for writing]

Preferred suburb

[Large empty box for writing]

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.

[Large empty box for writing]

9. Application completed by

Mr Mrs Miss Ms Other [Empty box]

Surname

[Large empty box for writing]

First name

[Large empty box for writing]

Relationship to applicant

[Large empty box for writing]

Date

D D M M Y Y Y Y

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)

[Large empty box for writing]

Date

D D M M Y Y Y Y

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.