Government of **Western Australia**
Department of **Housing and Works**

Clear form

Housing Options Assessment

Save this document before entering any details.

Purpose

Complete this form to tell the Housing Authority (operating within the Department of Housing and Works) of your housing needs. The information will be used to determine which housing options you may be eligible for.

You may then choose to apply for one or more of those options.

Please note, this form is not an application for housing.

For more information go to **dohw.wa.gov.au** or visit your closest **Housing office**.

Additional Householders

You will need to include information about every member of your household. If there is not enough room on this form, you will need to complete an **Additional Householder** form for each additional householder. You can access these forms at your local Housing office.

Submitting your assessment

Ensure that you have answered all questions.

Ensure that you provide a document which can be used to confirm your identity.

You can submit this form via email, fax, post or in person at your nearest **Housing office**.

You **do not** need to provide evidence of your current circumstances or income to receive housing advice. You will need to provide a document that shows your name and, if possible, your date of birth. For example, a driver's licence or Medicare card. If you submit the form by mail, be sure you only send copies of these documents.

Should you wish to apply for housing assistance, you will need to provide evidence of your current circumstances, identification, income and bank savings.

Further information

If required, we can arrange for an interpreter to help you complete this form and speak with us. For information on the service, visit your nearest Housing office or go to **wainterpreters.com.au**

If you have a hearing or speech impairment you can contact us through the National Relay Service. For further information on this service go to **accesshub.gov.au/about-the-nrs**

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If you need crisis or emergency assistance, please contact Entrypoint Perth on 1800 124 684 or through their website: **entrypointperth.com.au**

Main Client

The main client is the first person the Housing Authority will contact about this assessment.

Person Details

1. Name

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐ ☐

Surname

First Name

Second Name

2. Have you been known to the Housing Authority by another name?

Yes ☐ No ☐

Surname

First Name

Second Name

3. Gender

☐ Male ☐ Female

☐ X (indeterminate, intersex or unspecified)

4. Date of birth

D D M M Y Y Y Y

5. What is your Centrelink Reference number (CRN)?

☐☐☐ ☐☐☐ ☐☐☐ ☐

6. Are you currently serving a term of imprisonment?

Yes ☐ No ☐

If 'Yes' what is your Earliest Eligibility Date (EED) for release?

D D M M Y Y Y Y

Communication Requirements

7. Do you speak a language other than English and need an interpreter when engaging with the Housing Authority?

Yes ☐ No ☐

What language?

8. Do you have a hearing impairment?

Yes ☐ No ☐

Do you need an Auslan interpreter when engaging with the Housing Authority?

Yes ☐ No ☐

9. Do you have a speech impairment?

Yes ☐ No ☐

Do you need a National Relay Service interpreter when engaging with the Housing Authority?

Yes ☐ No ☐

10. Are you under the care of an advocacy service and need assistance when engaging with the Housing Authority?

Yes ☐ No ☐

Type of Assistance?

☐ Public Trustee

☐ Public Guardian

☐ Power of Attorney/Proxy

☐ Other Service Provider

Contact Details

11. What is your residential address?

Street number

Street Name

Suburb/Town

State

Postcode

12. Is your postal address different from your residential address?

Yes ☐ No ☐

Street number or post office box number

Street Name

Suburb/Town

State

Postcode

13. Phone number

Phone 1

Phone 2

14. Email

If you provide an email address or mobile phone number, you will receive electronic communication including important text messages or emails from us. You can update your preferences at any time by contacting your closest Housing office.

Main Client Alternative Contacts

15. Please provide the details of someone else we can contact if we cannot get in contact with you.

First Name

Surname

Phone

Email

Relationship to you

Medical and Disability Information

16. Do you have a permanent medical condition or disability which impacts your housing needs?

Yes ☐ No ☐

Please record this information on the Household Details table on page 4.

17. Do you need support services to live independently?

Yes ☐ No ☐

What level of daily support do you need to live independently?

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

Asset Information

18. Do you own or jointly own any real estate or land?

Yes ☐ No ☐

Why are you unable to live in the property?

- ☐ Family violence
- ☐ Pending property settlement
- ☐ Vacant land
- ☐ Health reasons
- ☐ Unsuitable to live in
- ☐ Other

Use the codes below to complete the last three columns in the table on page 4.

Household Disability/Medical Information

It is in your best interest to advise the Housing Authority if anyone in your household has a disability or medical condition so that advice can be provided on the most suitable housing products.

19. Do any members of your household have a permanent medical condition or disability which impacts on housing need?

Yes ☐ No ☐

If Yes, record the relevant numbers next to the household member in the table on page 4.

Physical	**1**	Lower Limbs
	2	Upper Limbs
	3	Spinal
	4	Multiple
Other	**5**	Neurological
	6	Cognitive
	7	Chronic Medical Condition
Sensory	**8**	Hearing Impaired
	9	Sight Impaired
Intellectual	**10**	High Support Needs
	11	Low Support Needs

Indigenous Status

1 Both Aboriginal and Torres Strait Islander
2 Aboriginal
3 Torres Strait Islander
4 Neither Aboriginal or Torres Strait Islander
5 Not provided

Residency Status

1 Australian born/citizen
2 Permanent resident
3 Sponsored migrant
4 Refugee
5 Asylum seeker
6 Temporary visa
7 New Zealand citizen
8 Not provided

20. Household details. Complete the following details for every person, including dependent child/ren, living in your household.

***Insert number (see page 3)**

Title Mr Mrs Miss Ms	Surname	First Name	Second Name	Date of Birth	Gender M/F/X	Gross weekly income			Bank savings	Other income^	Disability*	Indigenous Status*	Residency Status*
						Pension type	Pension amount	Wages or salary~					
Main Client													
Partner													
Joint Clients (Joint Clients are those people other than your partner who wish to be part of the household and who intend to sign a Tenancy Agreement should you apply for public housing.)													
Other Household Members (Other Household Members include dependents and non-dependents)													

Relationship to Main Client

~ Including regular overtime

^ Other income includes income and assets such as child maintenance, superannuation and investments.

Current Circumstances

This information will be used to ensure that the Housing Authority understands your housing needs. Answer these questions with consideration of everyone who forms part of your household.

21. What is your current living situation? **(Choose one only)**

- ☐ Primary homeless (sleeping in vehicle/on the street)
  - ▶ Go to question 23
- ☐ Secondary homeless (temporary shelter)
- ☐ Tertiary homeless (boarding house/transitional accommodation)
- ☐ Renting a public housing property
- ☐ Renting a community housing property
- ☐ Renting an Aboriginal housing property
- ☐ Renting in a private rental property
- ☐ My own home
- ☐ In supported accommodation
- ☐ With family and/or friends
- ☐ At a caravan park
- ☐ Prison
  - ▶ Go to question 23
- ☐ Hospital

22. How long can you remain in your current living situation?

- ☐ Must leave immediately
- ☐ Up to 2 weeks
- ☐ Between 2 weeks to 6 weeks
- ☐ Between 6 weeks to 3 months
- ☐ Between 3 months to 6 months
- ☐ I am not required to leave

23. Why do you need to leave your current living situation? **(Choose one only)**

- ☐ I am currently homeless
- ☐ I am not required to leave
- ☐ A member of my household is experiencing or is at risk of violence or harm
- ☐ My lease is ending and I am unable to renew this lease
- ☐ I have an impending eviction
- ☐ My current housing is a barrier for the reunification of a child/ren into my care
- ☐ The location is preventing access to essential medical, educational or support services
- ☐ Current housing aggravates severe ongoing medical condition or disability
- ☐ My house is overcrowded and impacting the health and wellbeing of my household
- ☐ I am unable to afford current house and/or experiencing financial hardship
- ☐ For cultural reasons I need to leave my current housing situation
- ☐ My current housing does not meet my household needs due to its design/amenity
- ☐ I no longer meet the eligibility criteria
- ☐ Housing Initiated Transfer
- ☐ Property is substandard
- ☐ Currently staying at a Facility
- ☐ The safety of my household is being negatively impacted due to neighbourhood tensions
- ☐ My household has changed or will change to support a child in care
- ☐ There is a risk of a child/children entering care

24. If you are renting a private property, are you in rent arrears?

Yes ☐ No ☐ Not applicable ☐

How many weeks in arrears?

25. Do you need help to get a bond for a new tenancy in the private market?

Yes ☐ No ☐

26. Do you need help to pay rent arrears to keep your tenancy in the private market?

Yes ☐ No ☐ Not applicable ☐

27. What barriers are you experiencing when accessing suitable housing? **(Choose one only)**

- ☐ The local market is unaffordable
- ☐ I cannot find a property which meets my households location and/or property needs
- ☐ I need financial assistance to secure housing
- ☐ I have a poor tenancy history
- ☐ I do not have any barriers
- ☐ Other

28. Were you subject to any of the following care orders for a period of 6 months or more?

- ☐ Provisional Protection and Care
- ☐ Protection Order (Time-Limited)
- ☐ Protection Order (Special Guardianship)
- ☐ Protection Order (Until 18)
- ☐ Negotiated Placement Arrangement

Housing Preferences

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

30. Do you want to live in a remote Aboriginal Community?

Yes ☐ No ☐

Referral to Community Housing Organisations

Not for profit, Community Housing Organisations provide affordable rental housing for people on low to moderate incomes.

The Housing Authority will provide your details to Community Housing Organisations. Being joint waitlisted widens your housing choices and may reduce your wait time.

If you do not want to be joint waitlisted, please tick this box. ☐

Consents and Declaration

I declare that:

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

I consent to:

– the Housing Authority providing relevant personal details to Community Housing Organisations for the purpose of consideration for a Community Housing property

– my information being shared with service providers if the Department of Housing and Works, or Housing Authority, or any other officers engaged by or operating within these entities, forms the view that I may benefit from support programs, services or interventions.

I understand that:

– I can withdraw my consent at any time by contacting my closest Housing office

– I may need to provide further information if requested

– 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.

All information provided will only be released in accordance with the Housing Authority's Privacy, Confidentiality and Duty of Care Policy. The Housing Authority operates within the Department of Housing and Works.

For more information go to **dohw.wa.gov.au**

The Housing Authority, operating within the Department of Housing and Works (DHW), collects Personal Information for assessment, service delivery, and operational, legal and regulatory requirements.

Personal Information may be accessed by authorised officers and shared with service providers or other government agencies where required or permitted under the *Privacy and Responsible Information Sharing Act 2024* (WA). For more information, please refer to the Privacy Statement at **wa.gov.au/dhw-privacy-statement**

I understand that this is an assessment of my eligibility and is not an application for a housing product. Yes ☐

Signature (Main Client)

✍

Date

D D M M Y Y Y Y