

APPLICATION FOR AFFORDABLE HOUSING UNITS

ELIGIBILITY

To ensure that community housing is used by those in highest need, we apply an eligibility test according to the Queensland government Community Housing Rent Policy - Guideline.

Being eligible does not guarantee that you will be offered a home. People with more urgent needs and complex needs are offered housing assistance ahead of people with less complex needs.

To be eligible for community housing, you must:

- 1. Be a resident of Queensland. We can make exceptions if you live in a border area or are applying from another Australian state or territory and can prove that you have a definite need to move to Queensland.
- 2. Be an Australian Citizen or have permanent residency in Australia.
- 3. Not own or part-own any type of property in Australia or overseas (unless in the process of disposing this asset).
- 4. Have limited other assets (including cash, shares, trusts, superannuation, caravan).
- 5. Be experiencing these wellbeing factors because of your current housing situation
 - You have a reason to move as your current home is affecting your wellbeing and is not meeting your housing needs.
 - You have wellbeing needs that make it hard for you to have your housing needs met through other housing options, including things that affect your health and safety.
 - You have financial need which shows you are experiencing significant financial difficulties, making it hard for you to have your housing needs met through other housing options, and your household income is withing eligibility limits.
- 6. Be receiving aged pension income (full or part).
- 7. Have the ability to pay rent and financially manage a tenancy.

We also consider:

- Why you need to move from your current housing.
- The number and type of wellbeing needs that you and your household members have.
- How complex and serious these needs are.

RENT PAYABLE

As per the <u>Community Housing Rent Policy Guideline</u>, the rent payable by tenants in community housing is calculated using an income-based methodology that considers all household incomes. The approved assessable income types are used to determine the subsidised rent payable up to **25 per cent** of the household income (income-based rent) or market rent for the property, whichever is the lesser.

For example: up to 25% of full pension (basic rate + pension supplement + energy supplement) plus the full value of rental subsidy. Please contact your local Customer Service Centre to request further information.

HOUSEHOLD MEMBER 1 – PRIMARY APPLICANT

lias:			
Any other name you may be known	as)		
Gender:	Date of birtl	h:	
entrelink reference numbe	er (CRN):		
epartment of Veteran Affa	irs reference n	umber (DVA):	
citizenship/Residency deta	ils:	Australian citizen	☐ Permanent resident
☐ Not permanent resident		Visa - what type?	
o you have a medical cond	dition or disabi	ility? 🗌 Yes 🗆] No
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/hat is your income? ross amount and type (pension, lowances, family payments, terest, superannuation,	\$ \$	Frequency:	
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HOUSEHOLD MEMBER 2

dias:			
Any other name you may be knowr	ı as)		
Gender:	Date of	f birth:	
entrelink reference numbe	er (CRN): _		
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☐ Not permanent resident		☐ Visa - what type?	· · · · · · · · · · · · · · · · · · ·
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HOUSEHOLD MEMBER 3

dias:			
Any other name you may be knowr	ı as)		
Gender:	Date of	f birth:	
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☐ Not permanent resident		☐ Visa - what type?	· · · · · · · · · · · · · · · · · · ·
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YOUR NEED TO MOVE

Does your household need to move for any of the following reasons?

Tick all that apply. Please attach evidence to this application where available ☐ You are in crisis housing provided by a homelessness service You are experiencing safety concerns related to violence, stalking, abuse (physical, emotional, financial), or harassment other than domestic, family or sexual violence from another person in your household or community You are staying temporarily with family and/or friends and have no other housing to go to You are living on the street, in a car or park, makeshift shelter or illegal building ☐ You are being evicted or about to be evicted You need to meet your or a household member's disability support needs ☐ You are a long-term patient in a hospital or health facility and awaiting discharge ☐ You are experiencing a family or relationship breakdown ☐ You pay more than 30% of your gross household income in rent ☐ Your housing has been impacted by a natural disaster ☐ You are a victim of a major crime that was committed in Queensland ☐ You have had multiple unsuccessful private rental applications Is your current housing location unsuitable for any of the following reasons? Tick all that apply. Does not meet the conditions of a Court Order, Parole or Probation Order, Family Court Order, Domestic Violence Order, Child Protection Order ☐ Too far away from family and community support which impacts on the wellbeing of the household ☐ Too far away from frequently required essential services - transport, medical, disability support for daily activities, transport to meet mobility requirements Is your current housing unsuitable for any of the following reasons? Tick all that apply. ☐ Design restricts daily living activities – bathing, mobility, or seriously aggravates a medical condition or disability Health and safety issues due to lack of essential facilities or poor structural conditions

Is everybody listed on this ap	plication currently l	iving with you	ı? ☐ Yes ☐ No		
How much rent does your ho	usehold currently pa	ay per week?	\$		
What type of accommodation For example, private rental, own home, temporary housing, living with family or	caravan, boarding house,	currently livin	g in?		
Does anyone listed on this ap any in-home support or house For example, BlueCare, NDIS,	ehold services?	☐ Yes [
Meals on Wheels, mowing, cleaning.	If yes, provide detail	S:			
YOUR FUTURE HOUSING					
Where do you want to live? You may be offered housing from	Where do you want to live? Casa Mia (Inglewood) Pariagara Units (Inglewood)				
any of the areas listed.	☐ Greenup Masonic Lodge (Texas)				
Do you have any pets?	o you have any pets?				
	If yes, provide detail	s:			
<u>ASSISTANCE</u>					
Do you need assistance wher making decisions?	_	Yes □ No			
This may be a person that helps you to make someone who makes decisions on your behavior	16 1 1	es, which of the	following:		
personal, lifestyle or financial matters.	☐ Public Trustee		☐ Family, Friend or Advocate		
	☐ Office of the Pu	blic Guardian	☐ Power of Attorney		
	☐ Other, provide d	letails:			
Name of authorised person:					
Is there any additional informa					

EVIDENCE FOR YOUR APPLICATION

Please attach all evidence available to support your application.

Council reserves the right to request additional information during the assessment process.

Attach evidence about your need to move and your housing needs, for example:

- Documentation supporting your reasons for needing to move
- Decision-making Public Trustee, Guardian, Power of Attorney documentation

Attach evidence about your income and assets, for example:

- Income Centrelink income statements, payslips/employer's declaration/s
- Assets quarterly bank statements and documents showing details of assets and their current valuation

DECLARATION AND CONSENT

Personal Information Privacy Notice:

Goondiwindi Regional Council is collecting personal information on this form to provide you with housing assistance. To assist you with your housing needs and services, relevant personal information may, in very limited and specific circumstances, be disclosed to: partner agencies, service providers, agencies authorised by legislative provisions, Queensland Government departments and non-governmental agencies. Limited personal information may be used for housing related research, policy or planning functions. Unless authorised or required by law, identifiable personal information will not be passed on to any other third party without your consent. More information about the council's privacy policy is available on our website at www.grc.qld.gov.au

I understand:

- the instructions given on this form and agree to the above Privacy Notice
- the information on this form will be used by Goondiwindi Regional Council to register my application for housing, providing I am eligible
- that as the applicant/s, I must advise Goondiwindi Regional Council if any circumstances change regarding any household members listed in and that is relevant to this application
- that I may become ineligible for housing assistance if changes occur to my or my household's circumstances, incomes and/or assets
- that if accepted all applicants/household members are required to sign a <u>General Tenancy Agreement Form</u>
 (Form 18a) and that all applicants/household members must perform all the tenant's obligations under the signed Tenancy Agreement.

To the best of my knowledge, the information provided on and in conjunction with this application is true and correct. I understand that I may be liable if I knowingly provide Goondiwindi Regional Council false or misleading information that may influence decisions about my eligibility for housing assistance and may make my application invalid.

Applicant Declaration	on Name:			
	Signed:		 	
	Date:		· · · · · · · · · · · · · · · · · · ·	
Applicant Contact Details				
Current Address:				
Phone/Mobile:		 		
Email:				