



# 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@communities.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 and Confidentiality Policy. Please complete all sections of the request for housing.

### 1. Support Provider

Name of Organisation

Position

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

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

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, you need to provide evidence to support the reasons you are unable to live in the property or that you are in the process of selling or releasing the property.

**Current Address**

Street Number

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Street Name

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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:**

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

or 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                       Employment
- Medical Facilities                       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).

Preferred suburb

#### Other Details

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


### 9. Application completed by

Mr  Mrs  Miss  Ms  Other

Surname

First name

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.