



# Housing Options Assessment

## Purpose

The information you provide as a part of the Housing Options Assessment will enable the Housing Authority (operating within Department of Communities) to understand your housing needs and determine your potential eligibility for various housing options.

Once your housing options are generated you can choose which products you would like to apply for. For further information go to [communities.wa.gov.au](http://communities.wa.gov.au) or visit your closest Housing office.

## Additional Householders

- Where more than six additional persons form your household, you need to provide the **Additional Householder – Adult** form for each additional adult and the **Additional Householder – Child** form for each additional child.

## 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 **Communities Housing office**.
- You **do not** need to provide evidence to receive housing advice.
- 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

- Where required an interpreter can be arranged to attend a Housing office or accessed over the phone via WA Interpreters. For further information on this service go to [wainterpreters.com.au](http://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](http://accesshub.gov.au/about-the-nrs)
- **This form is not an application for housing.**

<b>Office use only</b>	Date received stamp
Received and checked by: _____	
Date: _____	
MAC # _____	

If you require crisis or emergency assistance, please contact Entrypoint Perth on 1800 124 684 or their website [entrypointperth.com.au](http://entrypointperth.com.au)

## Main Client

The main client is the primary person the Housing Authority will engage with regarding 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
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5. What is your Centrelink Reference number (CRN)?

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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
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### Communication Requirements

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

Yes  No

What language?

8. Do you have a hearing impairment and require an interpreter when engaging with the Housing Authority?

Yes  No  Auslan

9. Do you have a speech impairment and require an interpreter when engaging with the Housing Authority?

Yes  No  Auslan

10. Are you under the care of an advocacy service and require 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 can't get in contact with you.

First Name

Surname

Phone

Email

  

Relationship to Client

## 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. Are support services required to live independently?

Yes  No

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

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

  

To assist with completing the table over the page, please use the below codes to help you populate the table as required.

## Household Disability/Medical Information

It is in your best interest to advise the Department of Communities 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 Functioning  
                     11 Low functioning

## 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 <sup>~</sup>	Disability <sup>*</sup>	Indigenous Status <sup>*</sup>	Residency Status <sup>*</sup>
						Pension type	Pension amount	Wages or salary <sup>~</sup>					

**Main Client**

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**Partner**

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**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**


<sup>~</sup> Including regular overtime

<sup>^</sup> 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 this 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 or will change to support a child in care
- There is a risk of a child/children entering care

### 24. Are you in rent arrears in your private rental property?

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 require 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 understand that:

- I may need to provide further information if requested.
- I consent to the Housing Authority providing relevant personal details to Community Housing Organisations for the purpose of consideration for a Community Housing property.
- I consent to my information being shared with service providers if the Department of Communities, 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.

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 Communities.

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.

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

For more information go to [communities.wa.gov.au](http://communities.wa.gov.au)

Signature (Main Client)

Date

D	D	M	M	Y	Y	Y	Y
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