



# Application Form for Transitional Housing

## Applicant

1. Either I or another adult household member is Aboriginal or Torres Strait Islander.
2. I understand that I will be required to sign a Residential Tenancy Agreement on acceptance into the program. Following this, I will pay the security bond payment (i.e. 4 weeks rent).
3. I understand that rent for my Transitional Housing home must be paid at least 2 weeks in advance.
4. I will disclose all household income, whether it has increased or decreased, while participating in the Transitional Housing Program.
5. I will advise my service provider if anyone moves into or out of my home within 7 days.
6. I understand that I need to be employed or seeking employment or paid training.
7. I will ensure all school-aged children in the household attend school or training regularly.
8. I consent to my support provider obtaining my child's school attendance statistics from the school or the Department of Education.
9. I will engage with my service provider on a regular basis and understand that failure to engage regularly may make me no longer eligible for the Transitional Housing Program.
10. I will complete and return any documents given to me by my support provider in a timely manner.
11. I will maintain my house to the standard of when I moved in.
12. I understand that the Transitional Housing Program is time limited housing. The goal is to progress to home ownership or private rental.
13. Failure to comply with the above conditions may make me no longer eligible for the Transitional Housing Program. If I am deemed no longer eligible, I understand and agree to vacating my Transitional Housing home.

**The information contained within this application is true and correct, and I have not knowingly provided any false information.**

APPLICANT'S SIGNATURE:

DATE:

(dd/mm/yy)

Application for Transitional Housing in:      Broome                      Derby                      Halls Creek  
    Kununurra                      South Hedland                      Wyndham

## Part 1 – Applicant information

### APPLICANT PERSONAL DETAILS

Mr	Mrs	Miss	Ms	Other		
Family Name				Given Names		
Male	Female	X (indeterminate/unspecified/intersex)				
Aboriginal or Torres Strait Islander			Yes	No		
Relationship status		Single	Married	De-facto		
Date of Birth		(dd/mm/yyyy)				
Phone				Mobile		
Email						
Address						
Postal Address						
State				Postcode		
How did you hear about the Transitional Housing Program?						
Communities Website		Brochure	Employer	Newspaper	Radio	Family or friend
Social Media (Facebook/Twitter/Other)			Community	Service provider	Other	

## Part 2 – Household member information

### APPLICANT PERSONAL DETAILS

Mr	Mrs	Miss	Ms	Other		
Family Name				Given Names		
Male	Female	X (indeterminate/unspecified/intersex)				
Aboriginal or Torres Strait Islander			Yes	No		
Relationship status		Single	Married	De-facto	Child	
Date of Birth		(dd/mm/yyyy)				
Phone				Mobile		
Email						
<b>Alternate contact</b>						
Family Name				Given Names		
Phone				Mobile		
Email						

### OTHER HOUSEHOLD MEMBERS

Mr	Mrs	Miss	Ms	Other		
Family Name				Given Names		
Male	Female	X (indeterminate/unspecified/intersex)				
Aboriginal or Torres Strait Islander			Yes	No		
Relationship status		Single	Married	De-facto	Child	
Date of Birth		(dd/mm/yyyy)				
Phone				Mobile		
Email						
School				Grade		

OTHER HOUSEHOLD MEMBERS				
Mr	Mrs	Miss	Ms	Other
Family Name			Given Names	
Male	Female	X (indeterminate/unspecified/intersex)		
Aboriginal or Torres Strait Islander		Yes	No	
Relationship status		Single	Married	De-facto Child
Date of Birth		(dd/mm/yyyy)		
Phone			Mobile	
Email				
School			Grade	

OTHER HOUSEHOLD MEMBERS				
Mr	Mrs	Miss	Ms	Other
Family Name			Given Names	
Male	Female	X (indeterminate/unspecified/intersex)		
Aboriginal or Torres Strait Islander		Yes	No	
Relationship status		Single	Married	De-facto Child
Date of Birth		(dd/mm/yyyy)		
Phone			Mobile	
Email				
School			Grade	

HOUSING DETAILS				
What is your current living arrangement?				
Public housing	Community Housing		Living with friend or relative	
Other				
Are you in a fixed-term tenancy?		Yes	No	If Yes, Expiry Date ___/___/___
Years and months at current address		Years ___	Months ___	
Are you on the Department of Communities Waitlist?			Yes	No
Previous Address				

HOUSING REFERENCE				
If you were renting, please provide the name and phone number of previous owner/s				
Name				
Phone			Email	
Address of rental property				
Have you previously held a tenancy in your name? Yes No				
If Yes, from ___/___/___ (dd/mm/yyyy) to ___/___/___ (dd/mm/yyyy)				

HOUSING PREFERENCE				
Number of bedrooms	1	2	3	4
Number of adults	Number of children			

### Part 3 – Employment / Training

#### EMPLOYMENT / TRAINING STATUS (please complete applicable areas)

Employed or training (please complete applicable areas)      Student  
Soon to be employed   Start Date \_\_\_/\_\_\_/\_\_\_      Soon to be in training   Start Date \_\_\_/\_\_\_/\_\_\_

#### Employment Information

Full Time      Part Time      Casual      Self Employed      Apprentice

Occupation

Length of Employment    Years \_\_\_ Months \_\_\_

Business/Employer Name

Contact Person/Referee (Manager/Payroll Officer)

Phone      Mobile

Email

Address

#### Previous Employment Information

Business/Employer Name

Length of Employment    Years \_\_\_ Months \_\_\_

#### Training Information

Full time      Part Time      Paid Training

Name of Training Institution

Length of Training Qualification    Years \_\_\_ Months \_\_\_

Completion Date of Training Qualification   \_\_\_/\_\_\_/\_\_\_ (dd/mm/yyyy)

#### EMPLOYMENT / TRAINING STATUS OF OTHER HOUSEHOLD MEMBERS

Employed or training (please complete applicable areas)      Student  
Soon to be employed   Start Date \_\_\_/\_\_\_/\_\_\_      Soon to be in training   Start Date \_\_\_/\_\_\_/\_\_\_

#### Employment Information

Occupation

Length of Employment    Years \_\_\_ Months \_\_\_

Business/Employer Name

Contact Person/Referee

Phone      Mobile

Email

Address

#### Training Information

Full Time      Part Time

Name of Training Institution

Length of Training Qualification    Years \_\_\_ Months \_\_\_

Completion Date of Training Qualification   \_\_\_/\_\_\_/\_\_\_ (dd/mm/yyyy)

## Part 4 – Financial details

### APPLICANT INCOME AND ASSETS

#### Salary or wages

Are you self-employed?      Yes      No

Income Type	Average Gross (Weekly)
Salary	
Training	
Investment	
Business/Trust	
Government Benefit	

#### Child Support Payments (maintenance payments for child, not Centrelink payments)

Paid By	For the Benefit of	Amount Paid	Amount Received

### OTHER HOUSEHOLD INCOME EARNERS

Name	

### DEBT

I have debt:      Yes      No

Applicant:

#### DEBTS (Please specify Total Amount owing on relevant debts)

Fines Enforcement \$
Department of Communities Debt: (Tenant Liability /Vacated Debt/Water) \$
Department of Communities Bond Assistance Loan \$
Credit Cards \$
Personal Loan \$
Car Loan \$
Utility bills outstanding (from previous private rentals/other properties) – electricity, water, gas, other \$
Centrelink Debt \$
Tax Debt \$
Other Debts \$

DEBT (continued)	
Applicant Partner:	
<b>DEBTS</b> (Please specify Total Amount owing on relevant debts)	
Fines Enforcement \$	
Department of Communities Debt: (Tenant Liability /Vacated Debt/Water) \$	
Department of Communities Bond Assistance Loan \$	
Credit Cards \$	
Personal Loan \$	
Car Loan \$	
Utility bills outstanding (from previous private rentals/other properties) – electricity, water, gas, other \$	
Centrelink Debt \$	
Tax Debt \$	
Other Debts \$	

<b>BANKRUPTCY</b> (if relevant)	
Are you currently bankrupt or have you filed for bankruptcy?	
Yes	No
If you answered yes, when did you file? ___/___/___ (dd/mm/yyyy)	
Are you currently engaged in a debt agreement?	
Yes	No
If you answered yes, when was this approved? ___/___/___ (dd/mm/yyyy)	

## Part 5 – Assets

Do you own or are you currently purchasing any of the following?  
Please select and provide information for all that apply.

House	Address
Land	Address
Other	Address

## Part 6 – Returning your application form

Applications can be submitted via **email**, **post**, or **in person**. Please return this application form to the Service Provider appropriate to your location with these supporting documents:

Payslips from the past three months  
Proof of identity documents – Applicant  
Proof of identity documents – Other occupants over 18  
Any other documents you wish to attach to support your application  
Centrelink income statement

Prior to submitting your application, please retain a copy for your records. **Please do not post original documents.**

### Nirrumbuk Environmental Health – Kununurra, Halls Creek and Wyndham

✉ [ekth@nirrumbuk.org.au](mailto:ekth@nirrumbuk.org.au)

Nirrumbuk  
Environmental Health  
PO Box 1362  
Kununurra 6743

☎ (08) 9169 1329

### Centacare Kimberley – Broome

✉ [transitional1@centacarekimberley.org.au](mailto:transitional1@centacarekimberley.org.au)

Centacare Kimberley  
PO Box 153  
Broome 6725

☎ (08) 9192 1302

### Centacare Kimberley – Derby

✉ [transitional2@centacarekimberley.org.au](mailto:transitional2@centacarekimberley.org.au)

Centacare Kimberley  
PO Box 153  
Broome 6725

☎ (08) 9193 1946

**For more information, please contact:**

✉ [transitionalhousing@communities.wa.gov.au](mailto:transitionalhousing@communities.wa.gov.au)  [www.comunities.wa.gov.au/transitionalhousing](http://www.comunities.wa.gov.au/transitionalhousing)

## Consent and Acknowledgment

### Your personal information

The Department of Communities and its Agents collect, use and disclose your personal information in accordance with the *Australian Privacy Principles of the Privacy Act 1988*.

### Collection, use and disclosure

We may collect, use and disclose your personal information:

1. For the provision of transitional housing services to you and to implement program improvements
2. To residential tenancy tribunals, Australian courts and Australian rental bond boards
3. Where required or authorised by law to do so
4. To mercantile agents for the collection of debts owed by you that are overdue
5. To the Property and Tenancy Manager, Real Estate Agent, Housing Provider, Support Provider and Regional Office
6. To referees nominated by you
7. To real estate agents as part of the assessment of a rental application by you
8. To trades people and those required to carry out maintenance
9. To Centrelink if you are receiving benefits
10. From schools to obtain school-aged children attendance records.

### If you do not provide your consent

Details requested on this application form are required to assess your eligibility for the Transitional Housing Program. If you do not provide these details we will not be able to assess your application.

### Acknowledgement

By signing below, you consent to the collection, use and disclosure of your personal information for some or all of the purposes set out above.

**Applicant:**

_____	_____	___/___/___
Name	Signature	Date

**Other adult household member:**

_____	_____	___/___/___
Name	Signature	Date

**Other adult household member:**

_____	_____	___/___/___
Name	Signature	Date

**Other adult household member:**

_____	_____	___/___/___
Name	Signature	Date

**Other adult household member:**

_____	_____	___/___/___
Name	Signature	Date

It is important that transitional housing applicants and household members understand the requirements for taking part in the Transitional Housing Program.

**The Transitional Housing Application Form must be completed and submitted before your application can be considered.**