OUR COMPANY

Thank you for registering your interest for SDA housing with Ability Homes Australia.

We are dedicated and committed to providing all individuals with the most up to date, affordable, appropriate housing, built to suit the needs of those that live within our homes. We partner with some of the largest stakeholders in the disability community to provide you choice and control and are working to provide a better, brighter, more inclusive future for all.

The information provided in this form allows us to make the most up to date, appropriate choices for home development. It allows us to see what the disability community wants, where they want it, and exactly how we as a charity can accommodate. We are always open to any suggestions so please feel free to leave any recommendations or requests you have in the comments section at the bottom.

As an SDA provider we aim to accommodate for as many situations that we possibly can. We will explore all options available to us to provide suitable, affordable accommodation, which includes, and is not limited to, the development of all new housing types suitable for both individual and shared environments. Unfortunately, not every situation is able to be rectified immediately, nor are we able to help everyone that we want to. In the event that this occurs, Ability Homes Australia is completely committed to the cause. We will help refer you to another supported disability accommodation provider that may have accommodation that suits yours needs, or will keep you updated on all future development opportunities we have.

Once completed, one of our experienced staff will be in contact with you as soon as possible to give you an update of exactly where we are at with each development we partake, and where your expression sits within this project. We want you to be part of our journey as much as we want to be a part of yours.

For more information please contact our office directly on 0472906922. Thank you.

YOUR PRIVACY

All of the information that you give us will be handled in accordance with the Privacy and Data Protection Act 2014 and the Health Records Act 2001.

If you wish to have someone that is not listed in your ‘SDA Expression of Interest’ be able to contact us on your behalf, you will need to provide written consent to do so. This includes family members, support workers, advocates etc.

If any of the details that you provide us change, please contact our office on 0472906922 to update as soon as possible.
ELIGIBILITY CHECK LIST

Before completing this expression of interest it is important to understand that not all applicants that apply for our housing can be assisted, but we ensure all efforts will be made to give you the support and guidance where we can.

For new developments, depending on the type of home being built, variable wait times will apply before a property is readily available to be moved into.

By completing the following checklist this allows us to have a better understanding of your current situation and allows us to support you in most effective way possible.

- Must be a Permanent Resident of Citizen of Australia (proof required)
- Must be a current resident of Victoria (proof required)
- Must be 18 year old – the Primary Applicant
- Your income but be no more than the below maximum limits: (incl. children)
  - One Person: $955 gross per week, $49,791 per annum
  - Two People: $1461 gross per week, $76,181 per annum
  - Three People: $1972 gross per week, $102,800 per annum

- For all household members over 18, please provide your most current Centrelink Income Statement (No older than 28 days)
- For all household members, please provide 3 consecutive months of payslips. If self-employed, we require your most recent tax return or profit and loss statement.
- Provide 2 months of current bank statements for all accounts for household members over the age of 18 to ensure household assets do no exceed $30,000.
- Proof of Identity – copy of one Primary ID and one Secondary ID:

  **Primary ID**
  - Drivers License
  - Passport (current)
  - Keypass or Proof of Age
  - Birth Certificate (or extract)
  - Citizenship Documents

  **Secondary ID**
  - Medicare Card
  - Pension Card
  - Centrelink Concession Card
  - Electoral Role Registration
  - Motor Vehicle Registration
  - Utility Bills
HOUSING APPLICATION FORM

All applicants over the age of 18 must provide identification document sufficient to those outlined in the ‘Eligibility Checklist’.

SDA ELIGIBILITY

Do you currently have SDA written into your participant plan? □ Yes □ No

*If YES, please list the category of SDA you are registered for:*

PRIMARY APPLICATION PERSONAL DETAILS

□ MR □ MRS □ Miss □ MS □ OTHER

Family Name: Given Name:
Date of Birth: CRN:
Gender: □ Male □ Female □ Transgender □ Other

ADDRESS

Current Address:
Suburb: Post Code:
Post Address *(if different from above)*:
Suburb: Post Code:

CONTACT DETAILS

Home Phone: Mobile Number:
Work Phone: Email:
Preferred Method of Contact:

□ Home Phone □ Mobile □ Work Phone □ Email
RESIDENCY STATUS

☐ Australian Citizen  ☐ Permanent Resident

ABORIGINAL OR TORRES STRAIGHT ISLANDER

☐ No  ☐ Aboriginal  ☐ Torres Straight  ☐ Both

DEPENDENT DETAILS

Name:  Sex:  Date of Birth  Relationship

_________________________  ☐ M  ☐ F ________________________________

_________________________  ☐ M  ☐ F ________________________________

_________________________  ☐ M  ☐ F ________________________________

_________________________  ☐ M  ☐ F ________________________________

CURRENT HOUSING SITUATION

What housing are you currently living in?

☐ Family/Friends  ☐ Student Housing  ☐ Emergency Accom.

☐ Private Rental  ☐ SDA  ☐ Public Housing

☐ Community Housing  ☐ Hospital/Rehab  ☐ Rooming House

☐ Transitional Housing  ☐ Refuge/Hostel  ☐ Homeless

Other (please specify):  

How long have you lived at this address?  Years:  Months:

Name of Landlord/Agent (if applicable):

Phone Number:  Rent Paid Per Week:

How much longer are you able to stay at this address?
INCOME AND ASSETS

Please refer to ‘Eligibility Checklist’ for required income and assets documentation:

EMPLOYMENT DETAILS:
Employer Name and Address:
Suburb: Post Code:
Contact Name: Phone Number:
Term of Employment: Position Held:
Income Per Annum:

SELF-EMPLOYMENT DETAILS:
Business Name:
ABN: Business Type:
Account Name: Position Held:

DO YOU HAVE ANY ASSETS?
Assets can include savings, shares, businesses, and accessible superannuation if yes, please list:

DO YOU OR ANYONE THAT DEPENDS ON YOU OWN OR PART OWN PROPERTY (COMMERCIAL OR RESIDENTIAL)?
□ Yes □ No
If yes, does any of the following apply to your situation:
Are you able to reside in the property?
Can this property be sold or is it currently for sale?

HOUSING NEEDS

Do you or anyone living with you have a vehicle?
If YES, please list your/their registration details:
□ Yes □ No
Do you anyone living with you own a pet? □ Yes □ No

If YES, what type?

Do you or anyone that you are living with require specific disability modifications?

Please list all specialist equipment needed and the specialist reports to support this:

Do you require more than one bedroom? □ Yes □ No

Please provide supporting evidence

Are you or anyone that you are living with expecting a baby? □ Yes □ No

Please provide us with any additional information that relates to you and your need for housing:
HOUSING PREFERENCE

Please tell us where you would like to live. You can select as little or as many selections as you feel will suit your need. Preferences are based on NDIS regions for both Metro and Regional Victoria.

Metro Melbourne:

- □ Western Melbourne
- □ Brimbank / Melton
- □ Hume / Moreland
- □ North Eastern Melbourne
- □ Inner Eastern Melbourne
- □ Outer Eastern Melbourne
- □ Southern Melbourne
- □ Bayside Peninsula

Regional Victoria:

- □ Mallee
- □ Western District
- □ Central Highlands
- □ Barwon
- □ Loddon
- □ Goulburn
- □ Ovens Murray
- □ Outer Gippsland
- □ Inner Gippsland

ALTERNATE CONTACT DETAILS

NEXT OF KIN CONTACT DETAILS:

Name: ______________________ Relationship: ______________________
Current Address: ______________________
Suburb: ______________________ Post Code: ______________________
Home Phone: ______________________ Mobile: ______________________
Business/Work Phone: ______________________ Email: ______________________

SUPPORT AGENCY CONTACT DETAILS (IF APPLICABLE)

Support Worker Name: ______________________ Agency: ______________________
Address: ______________________
Suburb: ______________________ Post Code: ______________________
Mobile: ______________________ Business/Work Phone: ______________________
Email: ______________________
PUBLIC HOUSING APPLICATION

Do you have/ or are you in the process of submitting an ‘Application for Housing’ with the Department of Health and Human Services?

If yes, what is your application number and which office did you submit to? □ Yes □ No

ADDITIONAL APPLICANTS PERSONAL DETAILS

□ MR □ MRS □ Miss □ MS □ OTHER

Family Name: Given Name:
Date of Birth: CRN:
Gender: □ Male □ Female □ Transgender □ Other

ADDRESS

Current Address:
Suburb: Post Code:

Post Address (if different from above):
Suburb: Post Code:

CONTACT DETAILS

Home Phone: Mobile Number:
Work Phone: Email:
Preferred Method of Contact:
□ Home Phone □ Mobile □ Work Phone □ Email

RESIDENCY STATUS

□ Australian Citizen □ Permanent Resident
ABORIGINAL OR TORRES STRAIGHT ISLANDER

☐ No       ☐ Aboriginal       ☐ Torres Straight       ☐ Both

ADDITION COMMENTS, QUESTIONS OR REQUESTS
CONSENT AND DECLARATION

☐ I approve AHA to contact my Support Worker/Advocate on my behalf in relation to my application and housing.

☐ I approve AHA to contact my Next of Kin on my behalf in relation to my application and housing.

☐ If allocated housing, I provide consent to AHA to advise the Department of Health and Human Services of my acceptance of long term housing and agree to have your application number removed from the Department of Human Services waiting list (if applicable).

☐ All of the information I have provided in this expression of interest is true and correct.

☐ I understand that this expression of interest does not guarantee me accommodation through AHA, but does give AHA permission to seek alternative suitable accommodation for me if they do not have anything currently available, under plan, or future forecasted. This may included sharing your information with a third party, but permission to do so will always be sought before this occurs.

Name:

Signature:

Date:

* All the information provided in this document will be handled in accordance with the Privacy and Data Protection Act 2014 and the Health Records Act 2001.