260-284 Bank Street South Melbourne 3205

Date of Application: / /

# Applicant Details

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: Male Female DOB: / /

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suburb: Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Please attach two forms of identification e.g. Photo ID, Health Care Card, Driver’s License, Passport.

Are you 50 years of age or older? YesNo

# If you ticked no to this question you are not eligible to lodge this application

Reason for Application:

Public Housing Application: YesNo

 If Yes Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Income Details

Income Type (e.g. Wages, Newstart, Aged Pension, Disability Support Pension)

What type of income do you receive?

What is your fortnightly income? $ \_\_\_\_\_\_\_

**Please attach a copy of your income details.**

# Pets

Do you have any pets? □ Yes □ No

# If yes, number and type of pets

# Asset Details

Do you have any assets e.g. savings, investments, property, shares? YesNo

Please provide details:

**Please attach a copy of a recent bank statement and statements of shares and investments if applicable.**

# Advocate / Administrator

Do you need assistance when making decisions? YesNo

Is there a person who assists you to make decisions or who makes decisions for you?

YesNo

If yes, please indicate whether the person is:

An Advocate YesNo

A Family Member YesNo

A formally appointed Administrator/Guardian YesNo

# Referring Support Agency

Referral through a support agency? YesNo

Self Referral? YesNo

# If yes, please provide contact details and support letters.

Organisation:

Worker’s Name:

Address:

Phone No:

Mobile:

Email Address:

# Local Family Doctor

Doctor’s Name:

Clinic:

Letter received stating you are able to live independently YesNo

Able to climb stairs? YesNo

# Housing History over last 5 years

How long have you lived at your **current** address? years and months

Name of Landlord/Agent (if applicable)

Phone:

Rent paid per month $

Reason for leaving

Was Bond paid in full? YesNo

If No, please specify why:

Rental History over past 3 years

What was your **most recent** residential address?

Suburb: Postcode:

How long did you live at your previous address: years and months

Name of Landlord/Agent (if applicable)

Phone:

Rent paid per month $

Reason for leaving:

Was bond paid in full? YesNo

If No, please specify why:

**Personal Reference**

Someone who has known you for 10 years +

Name:

Phone No:

Relationship to you:

# Next of Kin Details

Name:

Address:

Phone No:

Mobile:

Email Address:

# Language Details

Do you require an interpreter? YesNo

What is your preferred language?

# Declaration

I declare that the information I have provided in this application is true and correct.

I give my consent to Uniting Harrison to seek information concerning matters related to this application form.

I also give my consent to Uniting Harrison to keep a record of my referral.

Signature:

Date: / /

**Please send completed applications to:**

Uniting Harrison at 321 Ferntree Gully Rd Mount Waverley 3149

Or email to Harrison.Enquiries@vt.uniting.org