



Winnam Aboriginal and Torres Strait Islanders Corporation

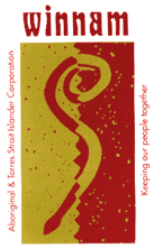
Conditions and Eligibility for Emergency Housing

Please read these conditions and eligibility criteria carefully. When applying for Emergency Housing with Winnam Aboriginal and Torres Strait Islanders Corporation you are agreeing to abide by the following conditions:

1. If we do not have your current contact details, you will be ineligible for Emergency Housing. Please keep Winnam up to date with a current contact phone number.
2. Your application will be assessed on a **NEEDS** basis. You will be required to attend an interview at our Winnam Office. You may also be required to provide evidence of your current situation.
3. Your application for Emergency Housing will only be held by us for a period of three (3) months. If your housing situation remains unchanged after three (3) months, you will need to arrange to complete a new Housing application with us.
4. You will be asked to provide Winnam with a signed Confirmation of Aboriginality Certificate.
5. Emergency Housing will be provided for a period of three (3) months only. A further extension of three (3) months **MAY** be granted for exceptional circumstances.
6. You will be expected to continue to search extensively for alternative accommodation during your time in our emergency accommodation, as we are not able to provide a tenancy beyond six (6) months.
7. Persons who own or have shares in houses, flats, units, investment properties, vacant land or any other real estate are not eligible to be on the Housing Waiting List.
8. Tenancies are not transferable to any other person including family members or partners. When a house or accommodation becomes available it will be offered only to the person nominated on the application and that person must live in the property on a full-time basis and be the person responsible for all rent and other aspects of the tenancy lease. We do not permit sub-letting.

Please note:

Winnam only have two (2) emergency properties and there are many applicants on our Housing Waiting List. Unfortunately, this implies that we may not be able to assist you with housing at this time. Please make sure that you continue to look at other accommodation options.



Winnam Aboriginal and Torres Strait Islanders Corporation
Emergency Housing Application Form

Date:	
Full Name:	
Date of Birth:	
Address:	
Phone Number:	
Email:	
Alternative Contact Name:	
Alternative Contact Number:	

Please complete the following questions:

1. Are you Aboriginal and or Torres Strait Islander descent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you a current financial member of Winnam?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>*If you do not pay Winnam's yearly membership fee (\$4.00), you will be removed from our Housing Waiting List*</i>		
3. Do you currently own a full or part share in either a house or land in Australia or overseas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>*You are not eligible for housing if you own/part own a house/flat/unit or other form of accommodation*</i>		
4. Have you registered with QLD Department of Housing, Local Government, Planning and Public Works?	<input type="checkbox"/> Yes	
	Housing ID Number: _____	
	<input type="checkbox"/> No	
<i>*If you answered "No" to this question, you are not eligible for housing with Winnam*</i>		
5. Do you have a medical condition or disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, please provide details:	
6. Are you expecting a child?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

7. Are you registered with any other Housing Providers? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Provider Name	Registration Number	How long?

8. Please list all other household members below (including the applicant):				
Full Name	Date of Birth	Gender	Relationship to Applicant	Is this person living with you now?
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No

9. How long have you been at the above address:		
<input type="checkbox"/> 0-6 months	<input type="checkbox"/> 6-12 months	<input type="checkbox"/> 1 year – 3 years
<input type="checkbox"/> 3 years – 5 years	<input type="checkbox"/> 5 years – 7 years	<input type="checkbox"/> 7+ years

10. How long have you lived in the Wynnum and or Redlands Areas?		
<input type="checkbox"/> 0-6 months	<input type="checkbox"/> 6-12 months	<input type="checkbox"/> 1 year – 3 years
<input type="checkbox"/> 3 years – 5 years	<input type="checkbox"/> 5 years – 7 years	<input type="checkbox"/> 7+ years

11. What is your current accommodation?		
<input type="checkbox"/> Rent House	<input type="checkbox"/> Rent Flat/Unit	<input type="checkbox"/> Board
<input type="checkbox"/> Other: E.g., caravan, hostel, emergency house, couch surfing. (Please give details)		

12. Name and Contact Details of Real Estate Agency or Landlord	
Full Name:	
Phone Number:	

13. How much rent do you currently pay per week?	
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14. Are you employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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15. What is your income?	\$	Frequency:	Type:
	\$	Frequency:	Type:

16. Please indicate which yearly income applies to you and or combined income of the household. This must include ALL income from your household for the last financial year. If you are offered a property through Winnam, you will be asked to provide an income assessment every 12 months:			
<input type="checkbox"/> \$0 - \$10,000	<input type="checkbox"/> \$10,001 - \$20,000	<input type="checkbox"/> \$20,001 - \$30,000	<input type="checkbox"/> \$30,001 - \$40,000
<input type="checkbox"/> \$40,001 - \$50,000	<input type="checkbox"/> \$50,001 - \$60,000	<input type="checkbox"/> \$60,001 - \$70,000	<input type="checkbox"/> Over \$70,000

17. Are you experiencing any of the following situations?

<input type="checkbox"/> Unable to work and have high levels of living expenses beyond normal living costs related to a long-term or serious medical condition, or permanent and/or significant disability	<input type="checkbox"/> Multiple periods of unemployment	<input type="checkbox"/> Long-term unemployment	<input type="checkbox"/> Currently employed <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Casual
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18. Does your household need to move for any of the following reasons? Tick all that applies.

<input type="checkbox"/> You are experiencing or at risk of domestic and family violence	<input type="checkbox"/> You are in crisis housing provided by a homelessness service	<input type="checkbox"/> You need to meet your or a household member's disability support needs
<input type="checkbox"/> You are experiencing or at risk of violence, abuse or harassment from a household or community member	<input type="checkbox"/> You are staying temporarily with family and/or friends and have no other housing to go to	<input type="checkbox"/> You are a long-term patient in a hospital or health facility and are ready to be discharged
<input type="checkbox"/> You have the safety of a child in your care at risk	<input type="checkbox"/> You are living on the street, in a car or park, makeshift shelter or illegal building	<input type="checkbox"/> You are experiencing a family or relationship breakdown
<input type="checkbox"/> You are living in a boarding house, caravan park or hostel that has or is about to be closed	<input type="checkbox"/> You pay more than 30% of your gross household income in rent	<input type="checkbox"/> You are being evicted or about to be evicted
<input type="checkbox"/> None of these reasons relate to me		

19. Is your current housing location unsuitable for any of the following reasons?

Tick all that applies.

<input type="checkbox"/> Too close in proximity to the perpetrator of domestic violence against you	<input type="checkbox"/> Does not enable family/cultural reunification	<input type="checkbox"/> Too far away from frequently required services – transport, medical, disability support for daily activities, transport to meet mobility requirements	<input type="checkbox"/> Too far away from family and community support which impacts on the wellbeing of the household
<input type="checkbox"/> None of these reasons relate to me			

20. Number of people where you are currently living?

<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8+

21. Number of bedrooms where you are currently living?

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6+

22. Have you experienced difficulties in obtaining housing?

<input type="checkbox"/> Yes (please give details)
<input type="checkbox"/> No

23. Types of difficulties obtaining housing?

Rental issues Unable to get bond Long waiting lists
 Other (please give details):

24. What type of transport do you use?

Public Own Other (family and friends)

25. Please give details on why you require Emergency Housing?**26. What is your preferred suburb you wish to reside? Please tick**

Tingalpa Rochedale

27. List all pets that will reside with you:

Please note ALL animals must be registered with the Council

Type of Animal	Breed	Registration Details

28. Do you need disability housing features for your home?

Yes No

If yes, please provide details:

29. Have any of the following affected your ability to access stable housing?

Tick all that applies.

<input type="checkbox"/> You have a permanent disability	<input type="checkbox"/> You have a long-term or serious medical condition	<input type="checkbox"/> You are experiencing or at risk of violence, abuse or harassment from another person or community member
<input type="checkbox"/> Multiple unsuccessful private rental applications	<input type="checkbox"/> A limited number of or no suitable properties to meet needs – size, location, or features	<input type="checkbox"/> You have been evicted multiple times in the past three years for rent arrears, disruptive behaviour, relationship breakdown or property damage
<input type="checkbox"/> You have a history of homelessness	<input type="checkbox"/> Your safety is at risk	<input type="checkbox"/> None of these reasons relate to me

Please read the attached Conditions and Eligibility for Emergency Housing document before returning this Emergency Housing Application Form.

Applicant Name:	Secondary Applicant Name:
Signature:	Signature:
Date:	Date:

RETURN TO:

Winnam Aboriginal and Torres Strait Islanders Corporation

Address: 150 Whites Road, Lota QLD 4179

Postal Address: PO Box 201, Wynnum QLD 4178

Phone: (07) 3396 3431

Email: housing@winnam.org