



FORM | APPLICATION FOR ELIGIBILITY

Document Code	CEACA-FRM-002
Date Effective	01/09/2023
Version Number	5.1

Surname:	
First names:	

Please tick the boxes

Title: Mr Mrs Miss Ms Male Female

Contact address:			
		Postcode:	
Telephone:		Mobile:	
Email Address:			
Date of Birth:		Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/> Widow <input type="checkbox"/> Other <input type="checkbox"/>	
Next of Kin:		Telephone:	
Address:		Postcode:	

PETS

Do you have any pets? Yes No Note: Roosters/Chickens/Livestock not permitted.

If YES, please state number of pets, age(s) and breed(s) _____

Are you, your partner and/ or co-applicant/s own / part owner or are you in the process of buying residential land or property? Yes No

If you answered YES, what is the approximate value of the land or property? \$_____ (compulsory)

Are you currently renting this property out to a third party? Yes/No. If the answer is yes, what is the weekly rent? \$_____

Please give the reason for you not occupying these premises:

Type of Income (please tick) and provide a copy of your current "Centrelink Income Statement":

<input type="checkbox"/>	Commonwealth Aged Pension	CRN:	
<input type="checkbox"/>	Disability Pension	CRN:	
<input type="checkbox"/>	Dept of Veterans Affairs (DVA)	CRN:	
<input type="checkbox"/>	Jobseeker	CRN:	
<input type="checkbox"/>	Carers Pension	CRN:	
<input type="checkbox"/>	Self-funded Retiree	Policy/Account No:	
	Other (eg. working)	Please specify:	



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Rental Reference

Have you or your partner previously rented accommodation:

Yes (Please complete rental referee details below). No

Previous Landlord's Name: _____ Phone No: _____

Have you applied for Homeswest housing? Yes/No

Are you currently on a Homeswest Waiting List? Yes/ No

Character Reference

A character reference must be provided **in writing** for both the Applicant and the Co-Applicant. The referee must have known the applicant(s) for 5+ years. The reference can be emailed to info@ceaca.org.au, sent to 0414 136 687 or uploaded as part of an online application.

Disability / Medical Information:

CEACA units are designed for independent living and as such, may assist tenants to source relevant local service providers to meet their ongoing needs, but will not recommend them. CEACA takes no responsibility for the provision of care or services by other agencies or providers.

It is the responsibility of the tenant to conduct the relevant checks prior to entering into any agreements with them. It is in your best interest to advise CEACA if anyone in your household has a disability or medical condition so that CEACA can provide you with the relevant contact details for services and organisations in the Wheatbelt area.

Do you have a registered disability and can provide proof of such (eg: DRN)? _____

Nature of Disability: _____

Preferred Area (Please Circle): Beacon, Bencubbin, Bruce Rock, Kellerberrin, Koorda, Merredin, Mukinbudin, Nungarin, Southern Cross, Westonia, Wyalkatchem.

MAIN APPLICANT - INCOME AND ASSETS

This section must be completed. If you are unsure of what constitutes assets or other income, please feel free to contact us info@ceaca.org.au


Your Gross Fortnightly Income			Bank Savings (Total of all accounts)	Cash Assets (Definitions on Page 4 & 5) eg. Personal effects/vehicles	Other Income	Residency status
Govt Benefit type	Payment amount	Wages /Salary				

CO-APPLICANT

Please give details of anyone who will be residing in the unit with you.

Surname:							
First names:	Date of Birth:						
Address:							
Email:				Mobile No:			
Please tick the boxes							
Title:	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>

Policy Owner:	Executive Officer	Approved:	01/09/2023	Document Code	CEACA-FRM-002
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CO-APPLICANT - INCOME AND ASSETS

This section must be completed. If you are unsure of what constitutes assets or other income, please feel free to contact us info@ceaca.org.au

Your Gross Fortnightly Income			Bank Savings (Total of all accounts)	Cash Assets (Definitions on Page 4 & 5) eg. Personal effects/vehicles	Other Income	Residency status
Govt Benefit type	Payment amount	Wages /Salary				

Is there any other information regarding your personal circumstances that may be relevant to your application?

Declaration:

I/We declare the information in the application is true and correct.

Signed (Applicant) _____ Date: _____

Signed (Co-Applicant) _____ Date: _____

Warning: It is important the details of your application are true and accurate. A false or misleading declaration will result in the withdrawal of your application and the loss of your place on the waiting list. If a unit is offered and the information given has been found to be misleading, CEACA reserve the right to issue a termination of lease.


By signing and submitting this application, you acknowledge that CEACA and their Managing Agents utilise the personal information contained in the form to assess your application and determine eligibility and as such, give CEACA permission to share this information with relevant personnel. Your information will not be shared for any other reason or purpose.

Note: Applicants who own or part-own property but are unable to reside in the property may be deemed eligible subject to consideration of their circumstances. Examples include: the property is uninhabitable; domestic violence; family separation; inherited property that has multiple owners or is interstate, seniors unable to live in their property because of mobility requirements; and/or properties that cannot be sold due to market or legal constraints.

Information To Be Attached To Application (All Applicants)

- Bank Statement(s) – Page showing balance only of all accounts
- Drivers Licence/Passport (Photo ID)
- Centrelink Statement
- Payslips x 2 (if applicable)
- Character Reference
- Landlord Reference
- Letter from GP confirming you able to live independently if applying for a Platinum/Disability Unit

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CONDITIONS OF OCCUPANCY

1. All applicants with a disability will be asked to produce a letter from their GP confirming their ability to live independently.
2. All tenants are assessed and given a priority rating. The primary purpose of the CEACA independent living units is to provide affordable living options for those persons who are aged over 65 years or have been assessed as having a disability or neurological disorder.
3. If successful with the application, the applicant will be asked to enter into a Residential Tenancy Agreement with the nominated Managing Agent.

INFORMATION FOR PROSPECTIVE TENANTS

- ALL members of the CEACA Committee have signed Confidentiality Agreements.
- CEACA units are "Smoke-Free" independent living units. This is not negotiable and any evidence of smoking inside the units may result in a breach of lease notification being issued.

CEACA NOTICES

CEACA or their Managing Agents will send communications out to tenants relating to their property or other information relevant to tenants such as routine inspections, breach notices, maintenance works or emergency services. Due to the distances between the CEACA properties, availability of staff and delays with using the postal system, CEACA's preferred method of communication is email. If you do not have access to email or would prefer a hard copy or SMS message, please circle one or both of the following:

- SMS
- Letter/Hard Copy

Acknowledgement

I/We acknowledge that CEACA will send notices to me/us relating to the property or other matters that are of consequence to tenants and give our permission to send them via the method selected.

Main Applicant

Co-Applicant

Please submit your completed form to:

CEACA Inc
C/- Regus, PO Box 1257
Osborne Park WA 6017

Alternatively, applications can be emailed to:
info@ceaca.org.au

PLEASE DO NOT SEND APPLICATIONS TO THE PHYSICAL OFFICE ADDRESS

If you have any questions, please contact us on (08) 9441 4815 or 0414 136 687

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