

# FORM | APPLICATION FOR ELIGIBILITY

| Document Code  | CEACA-FRM-002 |
|----------------|---------------|
| Date Effective | 14/03/2025    |
| Version Number | 5.2           |

| Surname:                | :          |                                |                               |          |                   |         |               |                  |                            |
|-------------------------|------------|--------------------------------|-------------------------------|----------|-------------------|---------|---------------|------------------|----------------------------|
| First nam               | es:        |                                |                               |          |                   |         |               |                  |                            |
| Please ticl             | k the bo   | xes                            |                               |          |                   |         |               |                  |                            |
| Title: N                | ∕lr □      | Mrs □                          | Miss                          |          | Ms □              | Γ       | Male 🗆        | Female           |                            |
| Contact address:        |            |                                |                               |          |                   |         |               |                  |                            |
| autress.                |            |                                |                               |          |                   |         |               | Postcode:        |                            |
| Telephone               | e:         |                                |                               |          |                   |         |               | Mobile:          |                            |
| Email Add               | lress:     |                                |                               |          |                   |         |               |                  |                            |
| Date of Bi              | rth:       |                                |                               |          | Marital Statu     | s: M    | larried       | Single □ W       | ′idow □ Other □            |
| Next of Ki              | n:         |                                |                               |          |                   |         |               | Telephone:       |                            |
| Address:                |            |                                |                               |          |                   |         |               | Postcode:        |                            |
| PETS                    |            |                                |                               |          |                   |         |               |                  |                            |
| Do you ha               | ive any    | pets? Yes                      | D N                           | 1 🗆 o    | Note: Roosters/0  | Chicke  | ens/Livestock | not permitted.   |                            |
| If YES, plea            | ase state  | number of pe                   | ts, age(                      | s) and b | preed(s)          |         |               |                  |                            |
| Are you, y<br>property? | -          | ner and/ or c<br>es □ No       |                               | cant/s   | own / part owr    | ner or  | are you in t  | he process of I  | ouying residential land or |
| If you answ             | vered YE   | S, what is the                 | approxir                      | nate va  | lue of the land o | or prop | perty? \$     |                  | (compulsory)               |
| -                       | -          |                                | -                             |          |                   | lo. If  | the answer is | yes, what is the | weekly rent? \$            |
| Please give             | e the reas | son for you no                 | t occupy                      | ving the | se premises:      |         |               |                  |                            |
|                         |            |                                |                               |          |                   |         |               |                  |                            |
|                         |            |                                |                               |          |                   |         |               |                  |                            |
| Type of In              | come (p    | lease tick) a                  | nd prov                       | ride a c | copy of your cu   | urrent  | "Centrelink   | Income Staten    | nent":                     |
|                         |            | onwealth Ag                    |                               |          | CRN:              |         |               |                  |                            |
|                         | Disabi     | lity Pension                   |                               |          | CRN:              |         |               |                  |                            |
|                         | Dept o     | of Veterans Affairs (DVA) CRN: |                               |          |                   |         |               |                  |                            |
|                         | Jobse      | eker                           |                               |          | CRN:              |         |               |                  |                            |
|                         | Carers     | Pension                        |                               |          | CRN:              |         |               |                  |                            |
|                         | Self-fu    | nded Retiree                   | ed Retiree Policy/Account No: |          |                   |         |               |                  |                            |
|                         | Other      | (eg. working)                  |                               |          | Please specif     | y:      |               |                  |                            |
|                         | I          |                                |                               |          |                   |         |               |                  |                            |

| Policy Owner:   | Executive Officer         | Approved:   | XXXX   | Document Code | CEACA-FRM-002 |
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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: \_\_\_\_\_\_\_\_ Have you applied for Department of Communities' public housing? Yes/No Are you currently on the Department of Communities' public housing waiting list? Yes/No Character Reference

A character reference must be provided <u>in writing</u> 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 <u>info@ceaca.org.au</u>, sent via text 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.

- 1. Are you currently living in the shire that you wish to apply for? Yes/No
- 2. Have you lived in a neighbouring shire? Yes/No
- 3. Do you live in the Wheatbelt Region? Yes/No
- 4. Have you previously lived in the Wheatbelt Region? Yes/No

# 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 <u>info@ceaca.org.au</u>. This information allows us to calculate your gross fortnightly income and assets. If unsure of your benefit amounts, please refer to your Centrelink statement.

| Your Gross F<br>Govt Benefit<br>Type (e.g.<br>Pension,<br>Jobseeker) | ortnightly Inco<br>Payment<br>amount Per<br>Fortnight | me<br>Wages<br>/Salary (if<br>working) | Bank Savings<br>(Total of all<br>accounts) | Cash Assets<br>(Definitions on<br>Page 4 & 5) e.g.<br>personal<br>effects/furniture | Rent<br>Assistance<br>Amount Per<br>Fortnight | Pension<br>Supplement<br>and/or<br>Energy<br>Supplement | Permanent<br>Resident of<br>Australia<br>Yes/No? |
|--|---|--|--|---|---|---|--|
|  |   |  |  |   |   |   |  |

Important: Please include details of <u>ALL</u> benefits received on a fortnightly basis including items such as energy supplement, pension supplement and rent assistance. Please include an estimate of the total of all assets, and this includes your personal effects, furniture, vehicles etc.

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| Supporting Wheatbelt Communities | Version Number | 5.2                         |

# **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 be | oxes  |                |      |              |  |  |  |  |
| Title: Mr □        | Mrs □ | Miss 🛛         | Ms □ | Male  Female |  |  |  |  |

# **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 <u>info@ceaca.org.au</u>. This information allows us to calculate your gross fortnightly income and assets. If unsure of your benefit amounts, please refer to your Centrelink statement.

| Your Gross F<br>Govt Benefit<br>Type (e.g.<br>Pension,<br>Jobseeker) | ortnightly Inco<br>Payment<br>amount Per<br>Fortnight | me<br>Wages<br>/Salary (if<br>working) | Bank Savings<br>(Total of all<br>accounts) | Cash Assets<br>(Definitions on<br>Page 4 & 5) e.g.<br>personal<br>effects/furniture | Rent<br>Assistance<br>Amount Per<br>Fortnight | Pension<br>Supplement<br>and/or<br>Energy<br>Supplement | Permanent<br>Resident of<br>Australia<br>Yes/No? |
|--|---|--|--|---|---|---|--|
|  |   |  |  |   |   |   |  |

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. 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.

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# Information to be Attached to Application (All Applicants)

- □ Bank Statement(s) Page showing balance only of all accounts (transaction pages not required)
- □ Drivers Licence/Passport (Photo ID)
- Centrelink Statement
- □ Payslips x 2 (if working)
- □ Character Reference
- □ Landlord Reference (if previously rented)
- Letter from GP confirming you able to live independently if applying for a Platinum/Disability Unit

## **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

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

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