

About the information you give

The applicant's information requested on this form is required under the *Housing Assistance Act 2007*. The information the organisation provides will be treated confidentially and used to assess their entitlement to housing assistance and for statistical purposes. This information may be disclosed by Housing and Community Services as required by law. The organisation may have access to any information they provide to ensure that it is still accurate, and to allow them to correct it if necessary. It may be necessary to disclose this information to anybody reconsidering a decision in relation to the application. For further information on storage and use of the organisation's information, please ask for a privacy statement from a Housing and Community Services officer.

Step 1

Complete the form overleaf.

Print neatly in **BLOCK LETTERS**.

Make sure all relevant questions are answered, otherwise we may have to return the form to the organisation to be completed.

If assistance is required to complete the form, ask an officer of Housing and Community Services to help, or call 6207 1341.

Step 2

Make sure the organisation has all the required documents.

The application cannot be completed until all documents have been presented.

Step 3

Lodge the application with Housing and Community Services. Alternatively the application and all required documents can be posted to:

Housing and Community Services
Social Housing and Homelessness Services
Locked Bag 3000
Belconnen ACT 2616

The organisation will be advised of the outcome of their application within 28 days of receipt.

ENGLISH	If you need interpreting help, telephone:
ARABIC	: إذا احتجت المساعدة في الترجمة الشفوية ، إتصل برقم الهاتف :
CHINESE	如果你需要传译员的帮助，请打电话：
CROATIAN	Ako trebate pomoć tumača telefonirajte:
GREEK	Αν χρειάζεστε διερμηνέα τηλεφωνήστε στο
ITALIAN	Se avete bisogno di un interprete, telefonate al numero:
PERSIAN	اگر به ترجمه شفاهی احتیاج دارید به این شماره تلفن کنید:
PORTUGUESE	Se você precisar da ajuda de um intérprete, telefone:
SERBIAN	Ako vam je potrebna pomoć prevodioca telefoniрајте:
SPANISH	Si necesita la asistencia de un intérprete, llame al:
TURKISH	Tercümanna ihtiyacınız varsa lütfen telefon ediniz:
VIETNAMESE	Nếu bạn cần một người thông-ngôn hãy gọi điện-thoại:
TRANSLATING AND INTERPRETING SERVICE	
131 450	
<small>Canberra and District - 24 hours a day, 7 days a week</small>	

OFFICE USE ONLY	
Registration No	
Date Rec	



1 Organisation Information

Organisation Name		Contact Name	
Street Address		Secondary Contact	
		BH Phone	
Postal Address		AH Phone	
		Mobile	
Email address		Fax	

2 Organisation Structure

Type of Association	<input type="checkbox"/> Incorporated Community Organisation <input type="checkbox"/> Private Organisation <input type="checkbox"/> Government Agency
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Other	
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Is the organisation registered? (Attach registration <i>if not already provided</i>)	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Type of organisation	<input type="checkbox"/> Non-Profit Community Organisation <input type="checkbox"/> Administrative Unit <input type="checkbox"/> Territory entity under the Auditor-General Act 1996
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What are the objects of the organisation's constitution? (Attach constitution <i>if not already provided</i>)	
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Does the organisation have an appropriate system of management in place? (Attach organisational structure, <i>etc if not already provided</i>)	
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3 Services and Support

Does the organisation provide tenancy services and tenant support?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Does the organisation provide crisis and/or transitional supported accommodation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Does the organisation provide a range of related support services to people, including people who are homeless or at risk of homelessness?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Does the organisation facilitate long-term accommodation and support services?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Does the organisation provide temporary, short-term housing needs to people transitioning from supported accommodation to independent living?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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3 Services and Support (continued)

Does the organisation provide other forms of services?

YES NO

If YES, specify

Do other services or organisations provide support to the clients who will be accommodated under this proposal?

YES NO

If YES, specify

4 Property Use

Will the property be used for residential purposes?

YES NO

If NO, specify property use

5 Declaration

Declaration by Organisation's agent / representative

Please note providing false or misleading information may lead to legal penalties.

I declare as the organisation's agent / representative, the information given in this application is complete and correct

Signature

Date

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