

Information Relevant To Your Application

Please read the following steps carefully to apply for rooming house accommodation with YWCA Housing

STEP 1: Read all the information in this document

STEP 2: Fill out your information

STEP 3: Print and sign the application form

STEP 4: Send completed form and required documents to

- Email allocations@ywca.net
- Fax 03 8341 8744
- Post to Level 1, 210 Kings Way, South Melbourne VIC 3205

- All details are to be printed clearly and completed in full
- Approval for a property will only occur after you have inspected the property and accept it in its current condition
- All matters pertaining to your application are strictly confidential

Your application will be assessed based on the information you provide. Once we have processed your application you will receive contact from the Allocations Officer.

This application, or an interview with us, is not an offer of housing. YWCA Housing do not keep a waitlist, and all application forms and personal documents are disposed of within 3 weeks.

If you are offered housing with us, you will be required to provide 2 weeks rent in advance and 2 weeks' bond. Please be prepared to provide this to us within 48 hours of being approved for a property or the vacancy is reallocated.

CHECKLIST

- Have you completed all the sections of this form?
- Have you attached a copy of your ID?
- Have you attached your current Bank Statements?
- If you work, have you attached proof of wages (6 weeks' proof of wages required)?
- Have you signed the consent to exchange information form?
- If you have a support worker, have you attached a letter of recommendation from them?

If you have not attached all the documents mentioned above your application will not be processed.

INCOME INFORMATION

Type of Benefit _____ Amount per week _____
If working, please circle one Full Time Part Time Casual Volunteer _____
Occupation _____ Income per week _____

SUPPORT WORKER

SUPPORT 1

Name _____ Phone Number _____
Agency _____
Type of Support and Time Frame _____

SUPPORT 2

Name _____ Phone Number _____
Agency _____
Type of Support and Time Frame _____

NEXT OF KIN DETAILS

Name & Relationship _____ Phone Number _____
Address _____

ADDITIONAL INFORMATION

Have you applied for public housing with Office of Housing/DHHS? YES NO _____

Application Number (Must be supplied) _____

Do you rely on a personal emergency device? YES NO _____

Have you experienced domestic violence past/present? YES NO _____

Please list any unsafe areas you cannot be housed in _____

Do you have a disability/extra housing requirements? _____

Additional Housing Needs / Comments _____

I make this declaration believing all the information in this form is true and I understand that YWCA Housing ensures the confidentiality of all information provided.

Signature _____ Date _____

Print Name _____

PLEASE RETURN ALL COMPLETED DOCUMENTS TO allocations@ywca.net

YWCA Consent to Exchange Information Form

YWCA Victoria and YWCA Housing will comply with relevant privacy legislation and in the standards set for dealing with personal information outlined in our Policy, Practice Guidelines and Procedures.

This organisation will work closely with other agencies to coordinate the best support for you. Your informed consent for the sharing of information will be sought and respected in all situations unless:

- ***we are obliged by law to disclose your information regardless of consent or otherwise***
- ***it is unsafe or impossible to gain consent or consent has been refused, and,***
- ***without information being shared, it is anticipated a child, young person or adult will be at risk of serious harm, abuse or neglect, or pose a risk to their own or public health or safety.***

Primary Purpose Consent

The primary purpose(s) of this service has been explained to me and I consent to the sharing of my personal information to assist in achieving the primary purpose(s). YES NO

Proposed Use and Disclosure of my personal information

I understand that the following service(s) are recommended and relevant information about me may be forwarded to the agency(s) that provide these services, in order that I receive the best possible service.

| Service Type | Name of Agency | Type of Information <i>(including limits as applicable)</i> |
|--------------|----------------|---|
| Bond loan | DHHS | Bond information for housing |
| | | |
| | | |
| | | |

Securing Private Information

YWCA Victoria and YWCA Housing must comply with strict guidelines around who accesses the information and how the information is collected and stored. Client information is stored in accordance with The Privacy Act 1988 (Cth), all information will be stored securely to prevent loss or misuse.

Record of Client Consent

Written Client Consent

Or

Verbal Consent

YWCA Victoria and YWCA Housing has discussed with me how and why certain information about me may need to be provided to other service providers.

I understand the recommendations and I give my permission for the information to be shared as detailed above.

Signed : _____

Date: / / _____

Signed by: Client OR Authorised Representative

Name: _____

Witnessed: _____

Workers Use Only

Verbal consent should only be used where it is not practicable to obtain written consent.

I have discussed the proposed referrals with the client or authorised representative and I am satisfied that they understands the proposed uses and disclosures, and have provided their informed consent to these.

Signed: _____

Name (Worker): _____

Date: / / _____

Position: _____