

## Application Form St Kilda Community Housing

Email completed form to: [housing@stkch.org.au](mailto:housing@stkch.org.au)

### GENERAL

First Name:		Date of Application:	
Surname:		Gender:	
Address:		Date of Birth:	
Email Address:		Phone Contact:	
Referred by:		Have you been a tenant with us before?	YES / NO

### INCOME DETAILS

Income Type:		If waged, amount:	\$
If pension or benefit, CRN:			

### SUPPORT

Support Agency:			
Contact person:		Phone No:	
Email Address:			

### NATIONALITY AND LANGUAGE:

Australian Resident:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Country of Birth:	
Interpreter Required:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Main Language:	
Aboriginality:	Yes <input type="checkbox"/> No <input type="checkbox"/>	English OK:	Yes <input type="checkbox"/> No <input type="checkbox"/>

### WAITING LIST / Victoria Housing Register (VHR) DETAILS

Room in a Shared Facilities property <input type="checkbox"/>	Self-Contained <input type="checkbox"/>	Ground Floor <input type="checkbox"/>	Women only <input type="checkbox"/> (Please add reasons if needed i.e. religion, past history)	
On VHR Waiting List? Yes <input type="checkbox"/> No <input type="checkbox"/>		Community Housing Selected on VHR? <input type="checkbox"/>	Victoria Housing Register (VHR) No:	

**Please provide more comments about your client on this page. Also, please attach and IAP form or other information that might be relevant.**

**COMMENTS:**

Housing History:

Support to be provided & duration:

Living skills:

Behavioural issues/tenancy risks:

AOD issues:

Ability to manage a tenancy/ RH shared living:

Health/Mental Health:

Housing needs (ground floor etc):

Links to St Kilda:

Family/Social support: