



OBERON COUNCIL

Application for the Tenancy of a Self Care Unit in Oberon

This form is to be completed by applicants wishing to apply for tenancy of one of Oberon Council's Self Care Units. Please answer all questions with as much detail as possible.

For further information, contact Council's Community Services Team on (02) 6329 8100 or community@oberon.nsw.gov.au

ELIGIBILITY CRITERIA

The Applicant(s) must:

- Currently be living or working in the Oberon LGA and be able to produce evidence of having done so for at least 6 months.
- Be a Citizen or permanent resident of Australia.
- Meet the financial requirements.
- Meet the eligible criteria set by the independent living units panel.
- Meet the medical requirements to maintain independent living.

A medical assessment will be required to be completed for all household members by the applicant's regular GP or a Council nominated GP.

Preference will be given to applicants who currently live locally.

Preference will be given to those applicants who are at risk of family violence or becoming homeless.

Note: Only applicants meeting the above criteria may hold a lease for these properties. Should they have a partner who does not meet all of the above criteria, that partner may not become a lease until they meet the above criteria and should the lease ore- decease them or need full residential care, then the lease does not automatically transfer. The remaining partner will be required to vacate the property.

ASSESMENT & ALLOCATION

Units available are one bedroom and are suitable for a maximum of two residents.

Please ensure you complete all sections of the application form and attach required documentation. The application form will not be accepted if it is incomplete.

Oberon Council currently have a waiting list for these units. All applicants received are assessed for eligibility.

In the event your application is unsuccessful, you will remain on the waiting list until a suitable vacancy arises. If during this period your contact details change or you have a change of mind, you must notify us immediately by email or telephone.

All information you provide will remain confidential.



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| <u>ALL QUESTIONS TO BE ANSWERED</u> | Applicant 1 Applicant or Partner (A) of couple applying for unit |
|---|---|
| Title (eg. Mr, Mrs, Ms, Miss): Please attach proof of identity | |
| Surname/ Family Name: | |
| First and Given Name(s): | |
| Address: | |
| Are you Currently staying at the above address? Please attach proof of your address | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Contact Number (Home and mobile) | |
| Age and Date of Birth | |
| Marital Status | |
| Are you a permanent resident of Australia or Australian Citizen? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Length of Residence in Oberon Council Area | |
| Name and address of next of kin | |
| Phone number of next of kin | |
| State reason for seeking tenancy of self-care unit | |



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Financial Information

Household income:

Please provide information below on your household gross (before tax) income including wages, superannuation, pension payments (including overseas pensions), interest income etc. for you and your partner (if applicable):

(If you need more space, please attach additional pages to the application)

| Name | Type of Income | Amount per fortnight |
|------|--|----------------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | Total gross household income per fortnight | \$ |

You need to attach proof of all income.

Assets

Do you own or part own any residential or commercial property (including overseas)? Yes No

What is the value of your money assets (including all bank accounts, cash, shares, term deposits, ect)?

\$

Do you have any assets which give you an income? Yes No

If you answered 'Yes' to either of the above, please provide details of these assets including address, value, etc:



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Expenses:

Do you Have any ongoing medical expenses due to disability, medical Condition or permanent injury? Yes – give details:

Your current Housing

What sort of housing do you live in now?

- Private rented housing Community housing Public housing
 Refuge or hostel Family or friends Boarding house
 No shelter Other – please specify:

How long have you lived at your current address?

How much rent do you currently pay per fortnight?

\$

Why do you wish to leave this address?



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Please provide the contact details of your current landlord:

Name:

Phone Number:

Address:

Oberon Council's Pet Policy Acknowledgement

Tenant must obtain prior approval from Council to keep an animal on the premises.
Tenants in the possession of an animal must keep the animal contained within the confines of the Council Units.
The unit and surrounding areas must be kept clean of animal waste and products.
If the unit or other Council property has been damaged due to an animal being kept in the Unit, the Tenant must inform Council of the damage. All damage caused by a Tenant's pet will be repaired at the Tenant's expense.
Tenants must take full responsibility for the registering and de-sexing of the animal (as necessary). All pets must be bathed and treated for fleas and other parasites regularly, and the animal must be kept in a health and humane condition at all times.
Tenants in the possession of an animal must consider other tenant's rights. Hence if a tenant's pet appears to Council to be a continual nuisance such as due to barking or damage to the unit or surrounding property, the tenant's rights to keep an animal will be reviewed and may be disallowed. Council has the right to review or alter these regulations at any time.

I acknowledge that I have read and understood Council's Policy in relation to keeping a pet in Council's Self Care Units and that if allocated a Unit, I will abide by these conditions.

Signature:

Date:



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Application for the Tenancy of a Self Care Unit in Oberon

Did someone else help you to fill out this form? Yes – please provide details below No

Please provide name, position, relationship, contact details and reason for assistance:

Client Consent

I the undersigned do hereby authorise and direct the following agency to provide

Name of health professional/support worker/case worker:

Name of agency:

Address:

Telephone number:

I agree that only details which directly relate to my housing application with Oberon Council can be discussed. The release of information from the above agency is for the purpose of clarifying issues relating to the ability to live independently



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INDEPENDENT REPORT - TO BE COMPLETED BY A MEDICAL PRACTITIONER

| Information to be supplied by EACH APPLICANT - ALL QUESTIONS TO BE ANSWERED | (A) Answers for Individual Applicant or Partner (A) of Couple Applying for a Unit. | (B) Answers for Individual Applicant or Partner (B) of Couple Applying for a Unit. |
|--|--|--|
| Applicant's Surname | | |
| Other Names | | |
| Date of Birth | | |
| How long have you known Applicant? | | |
| Please describe his/her condition generally, stating particularly:- | | |
| Nature of any specific infirmity, disease, incapacity or complaint | | |
| Whether subject to fits of any kind | | |
| Mental condition | | |
| To what extent considered capable of looking after self, and nature of any particular type of assistance needed. | | |

Signature:

Qualification:

Address:

Date:



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Notice

Under the Housing Act 2001, the privacy and personal information protection Act 1998 and the Health Records and Information Privacy Act 2002, you must be told why your personal information (including health information) is being collected, how it will be used and whether it will be given or exchanged with another party.

In order for Council to assess your application for housing and provide appropriate accommodation, we need to ensure that our accommodation is able to meet your needs. This information is confidential and will not be shared with any other party.

I have read and understand the above notice.

I give permission for medical details affecting my need for housing to be released to Oberon Council and, if necessary, for my doctor to discuss these details on my behalf with Oberon Council for the purposes of providing me with affordable housing.

Full Name:

Signature:

Date:

Checklist

Please provide us with copies of the following:

Centrelink income statement & information regarding investments

Two written references (inc. previous landlord)

Proof of identity

Medical Assessment for applicant and partner (if relevant)

Evidence of residence or having worked in the Oberon LGA for a minimum of 6 months

Statutory Declaration
OATHS ACT 1900, NSW, EIGHTH SCHEDULE

I, , do solemnly and sincerely declare that
[name of declarant]

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and I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the *Oaths Act 1900*.

Declared at: on
[place] *[date]*

.....
[signature of declarant]

in the presence of an authorised witness, who states:

I, , a ,
[name of authorised witness] *[qualification of authorised witness]*

certify the following matters concerning the making of this statutory declaration by the person who made it: *[* please cross out any text that does not apply]*

1. *I saw the face of the person OR *I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification¹ for not removing the covering, and
2. *I have known the person for at least 12 months OR *I have confirmed the person's identity using an identification document and the document I relied on was
[describe identification document relied on]

.....
[signature of authorised witness]

.....
[date]

¹ The only "special justification" for not removing a face covering is a legitimate medical reason (at September 2018)



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| Surname/ Family Name: | |
| First and Given Name(s): | |
| Address: | |
| Are you Currently staying at the above address? Please attach proof of your address | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Contact Number (Home and mobile) | |
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| Marital Status | |
| Are you a permanent resident of Australia or Australian Citizen? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
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| Name and address of next of kin | |
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|--|---|---|
| Applicant's Surname | | |
| Other Names | | |
| Date of Birth | | |
| How long have you known Applicant? | | |
| Please describe his/her condition generally, stating particularly:- | | |
| Nature of any specific infirmity, disease, incapacity or complaint | | |
| Whether subject to fits of any kind | | |
| Mental condition | | |
| To what extent considered capable of looking after self, and nature of any particular type of assistance needed. | | |

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[place] *[date]*

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in the presence of an authorised witness, who states:

I, , a ,
[name of authorised witness] *[qualification of authorised witness]*

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- [describe identification document relied on]*

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[signature of authorised witness] *[date]*

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