



**GUMALA ABORIGINAL CORPORATION
HOUSING SUPPORT PROGRAM
APPLICATION FORM
PLEASE COMPLETE ALL SECTIONS OF THIS FORM**



If you need help with completing this form, please phone our office on 08 9219 4500 for assistance. Once complete send to housing@gumala.com.au. For more info please ask to speak to a housing officer.

Member's Name: _____ **DOB:** _____

Address: _____

Phone: _____ **Email:** _____

Language Group: Banjima Yinhawangka Nyiyaparli

What best describes your current housing?

- | | | |
|----------------------------|----------------------|----------------|
| Private rental | Caravan Park | Couchsurfing |
| Public Housing (Homeswest) | Motel/ hotel | Sleeping rough |
| Living with family | Transitional Housing | Shelter |
| Other _____ | Community/ Town Camp | Car |

What best describes your current circumstances?

(Tick all that apply)

- | | |
|---|--|
| I am currently HOMELESS | I am AT RISK of becoming homeless |
| I am NOT SAFE where I currently live | I am living in a house that is OVERCROWDED |
| I can't AFFORD the rent where I live | I am about to be EVICTED |
| Current Accommodation is UNINHABITABLE | I am an ELDER and currently homeless |
| I have a MEDICAL CONDITION that requires me to relocate to access treatment | |

What area are you seeking housing in?

Hedland Karratha Tom Price Other (please specify) _____

OFFICE USE ONLY	
GAC ID:	APPLICATION STATUS:
	Priority waitlisted Waitlisted
	Property allocated Property ID: _____

Please add notes below about your current housing situation

(Why you want to leave where you are currently living)

Do you or anyone listed as a household member in this Application have a disability

Yes No

If you answered yes to the above question, please provide additional details:

Do you or anyone listed as a household member in this Application own or partly own a house?

Yes No

INCOME DETAILS

Income Type	Amount	Frequency
Centrelink Payment	\$	
Wages / Salary	\$	
Other	\$	

INCOME ELIGIBILITY CRITERIA

To be eligible for GAC Housing Support assistance the combined assessable income of you must be below the following amounts:

Weekly Income Amount

Number of people in household	Pilbara Region Only		For people with a disability	
			Pilbara Region Only	
	Single Income	Dual Income	Single Income	Dual Income
1 person	\$640		\$795	
2 people	\$850	\$995	\$1,060	\$1,250
3 people	\$1,010	\$1,175	\$1,260	\$1,470
4 people	\$1,180	\$1,375	\$1,475	\$1,720

- For households with more than four people, add \$115 for each additional person. For households with more than four people and at least one person with a disability add \$145 for each additional person.
- Do not include any district allowance in your household income; this allowance is to help people with the extra costs of living in remote areas and the Northwest.

HOUSEHOLD DETAILS

Please tick the option that best describes your household

Bedrooms Allocation	Criteria	Housing Type (tick box)
1-bedroom	<ul style="list-style-type: none"> • 1 x single adult • Couple with no children 	
2-bedroom	<ul style="list-style-type: none"> • 2 x single adults • Couple with up to 2 children • Single parent with up to two children 	
3-bedroom	<ul style="list-style-type: none"> • Sole parent with up to 3 children • Couple with up to 3 children • Multi-family household 	
+4-Bedroom	<ul style="list-style-type: none"> • Couple with 4 or more children • Sole parent with 4 or more children • Multi-family household 	

Applicant Signature: _____

Date: _____

Applicant Signature: _____

Date: _____