



# Specialised Housing Program Application Form

## Which program are you applying for?

- Boarding House Program
- Community Lease Program
- Crisis Housing Program
- Disability Housing Program
- Mental Health Housing Program
- Specialised Lease Program
- Transitional Housing Program

For more information see

[SA.GOV.AU - Specialised housing program](http://SA.GOV.AU - Specialised housing program)

[www.sa.gov.au](http://www.sa.gov.au) or

contact [housingpartnerships@sa.gov.au](mailto:housingpartnerships@sa.gov.au)

## Contact details

Name of organisation (agency) .....

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Business address .....

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Correspondence address (if different from above)

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.....

Contact person .....

Telephone .....

Email .....

Is your organisation an Incorporated  
Non-Profit Association?  Yes  No

Other (please specify):

.....

What is your Australian Business Number (ABN)?

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Please provide the names of persons who are authorised to sign binding legal agreements on behalf of your organisation:

Name .....

Position .....

Name .....

Position .....

## Client group to be assisted.

Please tick box (✓)

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> Ageing persons                | <input type="checkbox"/> Students |
| <input type="checkbox"/> Alcohol / drug rehabilitation | <input type="checkbox"/> Women    |
| <input type="checkbox"/> Youth                         | <input type="checkbox"/> Mixed    |
| <input type="checkbox"/> Community centre              | <input type="checkbox"/> Family   |
| <input type="checkbox"/> Refugee                       | <input type="checkbox"/> Singles  |
| <input type="checkbox"/> Homeless                      |                                   |
| <input type="checkbox"/> Other                         |                                   |

Disability housing program

- Autism Spectrum Disorder
- Cognitive
- Mental Health
- Neurological
- Physical
- Respite
- Sensory
- Other (please specify)

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**Funding details**

Please indicate your organisation’s current sources of funding and provide written proof (total amounts from each source and whether payment is one-off or recurrent in nature)

Source .....

Amount .....  One-off  Recurrent

Will this require additional recurrent or one-off funding?  Yes  No

If yes, please identify the source of additional funding and funding period.

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If funding is required confirmation that funds are available must be received from the funding body prior to allocation of any additional property.

**What is the intended use of the property(ies)?**

Please tick box (✓)

- Administration (admin, office, counselling)
- Community (community centre, support, recreation)
- Congregate (shelters, two or more unrelated people sharing, not boarding houses)
- Mixed (combination of admin, residential, community, congregate and mixed)
- Residential (single person or family – no onsite worker)

Non-residential use may have planning implications.

**Support services**

Organisation name .....

Contact person .....

Organisation address .....

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Postal address .....

Telephone .....

Email .....

Brief description of service delivery model

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Is the service 24/7?

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If modifications are required, and they are not covered by Housing SA, how do you propose to fund this work? Would this work require any approvals?

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Please tick box (✓) if you must have housing with:

- A bath (not all houses have one)
  - Wheelchair access
  - Property on a non-sloping block
  - Small yard
  - A “walk in” shower
  - Less than 1-2 steps
  - Other (please specify)
- .....

Please identify any issues Housing SA will need to consider (for example: number of clients, congregate living, extent and nature of any disability(ies), independent living, layout of house, location needs, any potential impact on neighbours).

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### Housing requirements

Please indicate the number of properties required under this application.

Please select the type of housing that would be most suitable for your proposal (can be more than one type). Note not all types of properties are available in all regions.

- Medium density**  
Close / or communal living with small private rear yards and usually open, unfenced front yards, single storey houses, two storey townhouses.
- Houses**  
Single storey detached or double unit (maisonette) properties generally with larger private front and rear yards
- Flats**  
1 or 2 bedroom flats in mostly large groups (clusters) in mostly two to three storey groups, with shared laundry, minimal car parking, no private yards and stairs.
- Cottage flats**  
Single-storey flats in small groups, which generally are reserved for older persons. They usually have no private yards.
- Bedsitter cottage flat**  
Single storey flats in small groups, open living area with kitchenette and shared laundry. There is no separate bedroom.

Please identify the number of bedrooms that are required to accommodate your request.

Please list the areas you would like the property(ies) to be located in. See

[Metropolitan area map \(276.3 KB PDF\)](#)

[Country area map \(444.2 KB PDF\)](#)

Note: you will be offered housing in the suburb that first becomes available in your area of choice.

### Supporting details

Please provide the names and telephone numbers of your current Chairperson of your Board and your Chief Executive Officer.

Chairperson .....

Telephone .....

Chief Executive Officer .....

Telephone .....

Please ensure you provide a copy of the following documents and any other relevant information about your organisation with this application.

Please tick boxes (✓)

- Your constitution
- Most recent annual report
- Statement of incorporation
- Strategic plan
- Certificate of insurance (confirming that you have public liability insurance cover of at least \$20M)

Signature of applicant .....

Name of applicant (please print) .....

Date ..... / ..... / .....

Authorised officer .....

**Specialised Housing Team to complete**

Has the application form been completed correctly?  Yes  No

**Eligibility criteria**

Is the organisation incorporated?  Yes  No

Does the organisation propose to provide crisis, transitional, specialist or non-residential accommodation?  Yes  No

If the request for property is for a non-residential purpose, does the proposal foster community development?  Yes  No

Is the organisation able to substantiate their ability to manage the service outlined in their application form?  Yes  No

- Has the organisation provided its:
- Constitution  Yes  No
  - Statement of incorporation  Yes  No
  - Annual report  Yes  No
  - Certificate of insurance  Yes  No

Based on the information provided, is the organisation eligible for assistance under the Specialised Housing Program?  Yes  No

**Housing requirements**

Does the region support the request for housing?  Yes  No

Is housing available? (Central Allocation Team [CAT])  Yes  No

If the region/CAT is not able to fulfil the request, what are the reasons for this?

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If modifications are required, please identify the main modification requirements and who is responsible for the cost of this work (such as: the Authority, NDIS, SDA, other).

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**Specialised Housing Programs (SHP) - Application form checklist**

Program / property addition recommended by

- Crisis Housing Program  
Homelessness Strategy Division
- Transitional Housing Program  
Homelessness Strategy Division
- Community Lease Program  
Regional Manager
- Specialised Lease Program  
Regional Manager
- Disability Housing Program  
Regional Manager
- Mental Health Housing Program  
Regional Manager
- Boarding House Program  
Regional Manager

**Decision making**

Requirements

- Organisation has provided all the necessary information outlined on the SHP Application Form.
- Organisation meets eligibility criteria.
- Intended use of the property(ies) is consistent with the purpose of the programs.
- Organisation has the necessary organisational structure, resources, budget, council approvals and insurance.
- Central Allocations Team is able to fulfil property request (property size, type, location).
- Request in line with Asset Management Strategy.

**Recommendation of the Specialised Housing Program team**

Name .....

Signature .....

Specialised Housing Program Team

Date ..... / ..... / .....

Ineligible letter sent

Yes       No      Date sent ..... / ..... / .....

Eligible letter sent

Yes       No      Date sent ..... / ..... / .....

Name .....

Signature .....

Regional Manager

Date ..... / ..... / .....

Name .....

Signature .....

Director, Customers and Services or delegate

Date ..... / ..... / .....

Name .....

Signature .....

Director, Property Services or delegate

Date ..... / ..... / .....

Name .....

Signature .....

Director, Partnerships and Market Solutions or delegate

Date ..... / ..... / .....

Name .....

Signature .....

Chief Financial Officer

Date ..... / ..... / .....

Notes.....

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**Request not approved**

Specialised Housing Program team to send Application Acknowledgement Not Eligible Letter

Comments and reason for not approving:

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