



**MAREEBA COMMUNITY HOUSING COMPANY LTD**

212 Walsh Street,  
PO Box 2017  
Mareeba QLD 4880  
www.mchc.org.au

Phone: 07 40927042 or 07 40926899  
Fax: 07 4092 6877  
ACN: 166451118  
Email: [reception@mchc.org.au](mailto:reception@mchc.org.au)

**Registration for Housing Support**

*Please ensure all details are completed in full.*

**Client Details**

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone No: \_\_\_\_\_ CRN: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

**Please select:** Aboriginal / Torres Strait Islander / Both / Other (please state) \_\_\_\_\_

**List the names of any person/s (partner, children etc.) that are with you, that also require assistance:**

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Relationship: \_\_\_\_\_

**Tick the following forms of ID you have**

Licence	Medicare Card	Rent Receipts
Proof of Age	Health Care Card	Telephone Bill
Birth Certificate	Key Card	Electricity Bill
Passport	Car Registration	Income Statement

**Are you in receipt of Centrelink or Employee wages?**

Centrelink - Payment Type: \_\_\_\_\_ Date Paid Last: \_\_\_\_\_

Wages \_\_\_\_\_ Date paid Last: \_\_\_\_\_

**Are you at risk of or experiencing any of the following:**

Domestic / Family	Elder Abuse	Financial Hardship
Violence	Drug misuse	

**How did you find out about our services?** \_\_\_\_\_

**Client Consent:**

I \_\_\_\_\_ consent to a MCHC housing Support Worker, to contact me, to discuss my housing support needs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Referring Agency**

Agency Name: \_\_\_\_\_ Officers Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Please select YES or NO to the following questions

Do you require help with finding accommodation: Yes / No      If you chose No, go to **PART B**

---

---

**Street to Home: PART A**

Choose from the following options (you may have more than one)

**Rough Sleeping**  
(Where)

\_\_\_\_\_

**Couch Surfing**  
(How long)

\_\_\_\_\_

**Short Term:** (Van  
Park, Crisis  
Shelter)

Current Address (Staying)

Street: \_\_\_\_\_

Town: \_\_\_\_\_

Post Code: \_\_\_\_\_

Previous Address

Street: \_\_\_\_\_

Town: \_\_\_\_\_

Post Code: \_\_\_\_\_

**Provide details on current circumstances:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Amount paying in Board: \$ \_\_\_\_\_ Per Week / Per Fortnight**

---

---

**Homestay: PART B**

Please circle YES or NO for the following questions

Do you have a lease/tenancy in your name?      Yes / No

Can we visit you at your current address?      Yes / No

Are there any safety concerns where you are staying?      Yes / No

Current Address:

Street: \_\_\_\_\_

Town: \_\_\_\_\_

Post Code: \_\_\_\_\_

Previous Address:

Street: \_\_\_\_\_

Town: \_\_\_\_\_

Post Code: \_\_\_\_\_

**Please Tick the reason you are seeking Homestay Support.**

Rent Arrears

Overcrowding

Notice to Leave

Electricity Bill

Yard Maintenance

Received a Breach

Property Damages

Noise Complaints

*-Please attach any copies-*

**More details on circumstances:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Amount paying in rent: \$ \_\_\_\_\_ Amount Owning: \$ \_\_\_\_\_**