



MAREEBA COMMUNITY HOUSING COMPANY LTD

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

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Registration for Housing Support

Please ensure all details are completed in full.

Client Details

First Name: _____ Family Name: _____

Date of Birth: ____ / ____ / ____ Phone No: _____ Alternative No: _____

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: _____

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Name: _____ DOB ____ / ____ / ____ Relationship: _____

Name: _____ DOB ____ / ____ / ____ Relationship: _____

Tick the following forms of ID you have

- | | | |
|--|---|---|
| <input type="checkbox"/> Licence | <input type="checkbox"/> Medicare Card | <input type="checkbox"/> Rent Receipts |
| <input type="checkbox"/> Proof of Age | <input type="checkbox"/> Health Care Card | <input type="checkbox"/> Telephone Bill |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Key Card | <input type="checkbox"/> Electricity Bill |
| <input type="checkbox"/> Passport | <input type="checkbox"/> Car Registration | <input type="checkbox"/> 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:

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Domestic / Family Violence | <input type="checkbox"/> Elder Abuse | <input type="checkbox"/> Financial Hardship |
| <input type="checkbox"/> 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: _____

Has the client been made aware of this referral: Yes / No

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** (parks) **Couch Surfing** (Family & Friends) **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 Owng: \$** _____