



## ACCESS 2 PLACE HOUSING

### Initial Enquiry Form

Thank you for your interest in renting an Access 2 Place (A2P) home.

A2P is a not-for-profit community housing provider that only provides housing for people living with a disability. This initial enquiry form helps us assess if you meet the A2P eligibility criteria and if your registration of interest can progress to a formal application. The formal application process can take significant time and can result in disappointment if applicants don't meet the eligibility criteria to begin with.

Please answer all the following questions and return to A2P by email at [info@access2place.com.au](mailto:info@access2place.com.au).

If we think we can help you with housing, we will then send you a full application pack.

**Applicants full name:** \_\_\_\_\_

**Contact number:** \_\_\_\_\_

**Contact email:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **Centrelink Reference Number:** \_\_\_\_\_

**Support Coordinator details:** \_\_\_\_\_

1. Do you or a member of your household live with a permanent disability? YES/NO

2. Does this person have a current NDIS plan? YES /NO /APPLIED FOR/UNSURE

3. Does the plan include Specialist Disability Accommodation (SDA) funding? YES /NO /APPLIED FOR /UNSURE

4. Are you currently registered for Community Housing? YES /NO /UNSURE

*If yes, please provide your Person Reference Number:* \_\_\_\_\_

5. What type of Specialist Disability Accommodation / high needs accommodation do you require?

Improved Liveability \_\_\_\_\_

Fully Accessible \_\_\_\_\_

High Physical Support \_\_\_\_\_

Robust \_\_\_\_\_

6. Where would you like to live?

1<sup>st</sup> suburb choice: \_\_\_\_\_ 2<sup>nd</sup> suburb choice \_\_\_\_\_ 3<sup>rd</sup> suburb choice \_\_\_\_\_

or:

North

East

South

West

Adelaide City

Other

7. Do you want to live in shared supported accommodation? YES /NO



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8. Do you want to live by yourself? YES /NO

9. How many bedroom/s do you require? If you are a sole applicant and require more than 1 bedroom, please tell us why:

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10. How many people will be living with you? Please provide full names and ages for all:

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11. Does a property need to have specific features to meet your needs? If so, please tell us why:

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12. What (if any) support/s do you have in your day to day living to assist you? Please provide details:

Name of Supporting Agency / Organisation (if applicable): \_\_\_\_\_

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13. Will any household members require life support equipment? If so, please provide details. YES /NO

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14. Who is the best person to contact regarding this housing enquiry?

Name: \_\_\_\_\_

Contact number: \_\_\_\_\_

I confirm the information I have provided above is true and correct to the best of my knowledge.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_