



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.

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. Are you looking for shared supported accommodation? YES/NO
3. Do you want to live alone? YES/NO
4. Does this person have a current NDIS plan? YES /NO /APPLIED FOR/UNSURE
5. Does the plan include Specialist Disability Accommodation (SDA) funding? YES /NO /APPLIED FOR /UNSURE
6. What SDA Property type are you funded for?

Basic _____

Improved Liveability _____

Fully Accessible _____

High Physical Support _____

Robust _____

Unsure _____

7. Would you be interested in A2P's purpose-built property program YES/NO

If yes, provide reasons why _____



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

One

Two

Three or more

9. Do you require more rooms than household members?

YES/NO

If yes, provide reasons why _____

10. Please provide the Full Names and Ages (or date of birth) for all household members

11. Are you currently registered for Community Housing?

YES /NO /UNSURE

If yes, please provide your Person Reference Number: _____

12. Where would you like to live?

1st suburb choice: _____ 2nd suburb choice _____ 3rd suburb choice _____

or:

North

East

South

West

All Metro Ares

Regional

13. Do you require any disability modifications to ensure your safety? If so, please tell us what modifications you require and why:

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

Name: _____

Contact number: _____

Relationship to the tenant _____

Please add me to your mailing list for future communications

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

Print Name: _____ Date: _____