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Financial hardship application form Specialist Housing for Disability (SDA) Accommodation

Department of Families, Fairness and Housing

# What is this application form for?

This application form can be used if you need assistance to pay your rent in Department of Families, Fairness and Housing (the department) managed Specialist Disability Accommodation (SDA). This form must be completed by you (the resident) or by your administrator, on your behalf, if you are unable to pay rent due to financial hardship.

# How to request consideration of financial hardship?

You must complete the attached application form and provide evidence to support your application for financial hardship.

The application must include evidence of:

* your annual income
* any alternative financial support such as Medicare benefits, Commonwealth and/or State government funding, National Disability Insurance Scheme (NDIS) funding, Trust finds etc.
* any expenditure, savings and assets
* reasons why payment of rent would unduly affect your health and/or wellbeing
* actions taken to reduce expenditure
* actions taken to ensure that reasonable and necessary supports related to your disability have been included in your NDIS plan.

You do not have to disclose personal or health information in the application form, however, this may affect the department’s ability to assess your application and could adversely affect the outcome.

# Collection and disclosure of information

Information given to the department in a financial hardship application will be held by the department in line with the Privacy and Data Protection Act 2014 (Vic) and the Health Records Act 2001 (Vic).

Information collected from you can only be shared with another party with written permission from you.

# How financial hardship is assessed

Assessment of your application will consider:

* how much rent you currently pay
* how long the issue causing hardship is likely to last
* your discretionary expenditure (spending you control such as entertainment, holiday travel etc.)
* your non-discretionary expenditure (spending you cannot reduce such as food, medical expenses etc.)
* whether you are receiving all of the income support allowances you are entitled to.

*Note: it is your administrator’s responsibility to ensure you receive all of your income support entitlements.*

# Decisions on applications

The Director, Disability Homes Victoria, will determine the outcome for financial hardship applications.

If the application is approved, rent will be reduced or waived for nominated period of time.

The decision and the reason/s for the decision will be provided to you in writing **within 28 days** from the date your application is received by the department.

The decision will be time limited with scheduled review dates (at a minimum a review will be conducted annually).

# Reviewing decisions

You can request a review of the decision by email: [myhome@homes.vic.gov.au](mailto:myhome@homes.vic.gov.au)

The request must include any new information not previously considered as part of the original decision.

You may choose to nominate a representative, such as an advocate, to represent you in the review process.

A senior department manager, who was not part of the original decision, will be appointed to conduct the review.

If you are unhappy with the outcome, you may make a complaint. For information about making a complaint to the department, refer to the department’s ‘Making a complaint’ web page: <https://www.dhhs.vic.gov.au/making-complaint>

# Application Form

## A: GENERAL INFORMATION

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Applicant details | | | | | | |
| Mr Mrs Miss Ms Other: | | | | | | |
| Given Name/s: |  | | | | | |
| Surname: |  | | | | | |
| Date of Birth: |  | | | | | |
| Address: |  | | | | | |
|  | | Postcode: | | |  |
| Details of the person completing this form., if it is being completed **on behalf** of an SDA resident | | | | | | |
| Mr Mrs Miss Ms Other | | | | | | |
| Full Name: |  | | | | | |
| Relationship | Administrator Next of kin Guardian Advocate | | | | | |
| Address: |  | | | | | |
|  | | | Postcode: |  | |
| Telephone: | |  | | | | |
| Email: | |  | | | | |
| Application Type | | | | | | |
| New application for financial hardship  Review of existing financial hardship application | | | | | | |

## B: Reason

Please state your reason for submitting a financial hardship application

Are you seeking:

Rent to be waivered

Rent to be reduced

If you are requesting for the reduced rent, please indicate an amount: $...........................................

Please indicate the length of time you are seeking for the financial hardship, i.e. number of week/s:…………………

Please outline the reason/s for your application in the box below

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## C: Documentation

Please provide documentation to support the reason for your application, which should include several of the following:

1. Most recent payslip or Centrelink statement (Required)
2. Income earned during the current financial year or previous financial year (if the current financial year ends within three (3) months)
3. Bank account statements for the previous three (3) months, this includes all trust, term deposit or saving accounts
4. Details of any compensation payments i.e. TAC Compensation Payout
5. Summary of monthly expenditure, including all living costs and debt repayments
6. NDIS plan detailing any cost-of-living items i.e. travel allowance, continence aides etc.
7. Any other information relevant to support the reason for your application.

*Note: The department may ask for additional information after the initial assessment of your application (if required).*

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D: Summary of monthly expenditure

*Note: Your expenditure details only reflect your out-of-pocket expenses.*

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| --- | --- | --- |
| Expense type | Monthly amount $ | Supporting evidence required for each expense type, including, a copy of receipts which demonstrate your personal payment or contribution made during the previous three (3) months |
| Group based activity or education fees (charged on a regular basis) | $ |  |
| Fares/transport costs | $ |  |
| Medication costs (including pharmacy costs) | $ |  |
| Medical and health services, e.g. doctor, dentist, podiatrist, optometrist, physiotherapist etc. Please specify: | $ | * Evidence from a relevant health professional about the level, purpose/expected outcome and likely duration of the health service provision if applicable |
| Continence aids support costs (where applicable) | $ | (Note: you would not include cost which might be covered by an alternative scheme such as NDIS or the Continence Aids Payment Scheme (CAPS) allowance) during the previous three (3) months   * If you are not in receipt of NDIS or the CAPS payment, evidence is required to confirm that why you are not eligible for this payment. |
| Private health insurance (where applicable) | $ |  |
| Other expenses | | |
| Toiletries/personal care needs | $ |  |
| Clothing and footwear costs | $ |  |
| Hairdressing and other personal appearance costs (please specify) | $ |  |
| Personal furniture costs | $ |  |
| Entertainment/outings/hobbies | $ |  |
| Personal spending money | $ |  |
| Other costs (please describe) | $ |  |
| Other costs (please describe) | $ |  |
| Other costs (please describe) | $ |  |
| Other costs (please describe) | $ |  |
| **Total fortnightly expenditure:** | **$** |

*Note: Your expenditure details only reflect the out-out-pocket expenses.*

## E: DECLARATION

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| To be completed by applicant |

I/we agree that:

* The information contained in this application is true and correct
* I/we will advise the department of any changes in circumstances that may affect or change the outcome of this application
* In considering this application the department may liaise with other service providers in relation to the financial status of the SDA resident
* Any decision by the department to revise, reduce or waive Specialist Disability Accommodation (SDA) rent will be reviewed annually unless otherwise determined by the department
* I/we understand that it is an offence under section 82 of the Crimes Act 1958 (Vic) to obtain financial advantage dishonestly by deception
* I have obtained consent from the resident (if the application is completed by an administrator).

Name of SDA Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Consent Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

If completed **on behalf** of SDA resident:

Print name/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Consent Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to SDA resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

## F: HOW TO SUBMIT COMPLETED APPLICATION FORM

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| Completed application forms and all attached supporting evidence can be submitted via post or email: | | | |
| **Post:**  **Envelope** | Tenancy Operations  Specialist Housing for Disability  Department of Families, Fairness and Housing  50 Lonsdale Street, Melbourne VIC 3000 | **Email:** | [myhome@homes.vic.gov.au](mailto:myhome@homes.vic.gov.au) |

## G: CONTACT US

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| --- | --- | --- | --- |
| If you have questions or require assistance completing this form, the department can be contacted by telephone or email: | | | |
| **Phone: Receiver** | 1300 161 485  (Please leave a message and a member of our team will return your call) | **Email:** | [myhome@homes.vic.gov.au](mailto:myhome@homes.vic.gov.au) |

To receive this document in another format, [email My Home](mailto:myhome@homes.vic.gov.au) <myhome@homes.vic.gov.au>, or phone 1300 161 485 using the National Relay Service 13 36 77 if required.

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