The Housing Allowance Payment is available to young people between the ages of 18 - 21 who are actively supported by a Home Stretch WA Provider.

The complete application form must be reviewed and endorsed by the Home Stretch WA Provider Coordinator (or delegate) before being submitted via email to the Home Stretch Service WA Team at [homestretchserviceteam@communities.wa.gov.au](mailto:homestretchserviceteam@communities.wa.gov.au)

* Application is completed in full and signed by all parties.
* Evidence of Tenure (Lease) OR Living Arrangement Agreement attached.
* Statement by Supplier Form must be attached (if no ABN is provided by Payment Recipient)

Please allow a minimum two weeks for processing of the first Housing Allowance payment to the nominated individual or entity.

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| **Young Person’s Details** | | | |
| **Name** |  | **DOB** |  |
| **Current Address** |  | | |
| **Phone** |  | | |
| **Email** |  | | |
| **Alternative Contact** |  | | |
| **Details of Home Stretch WA Provider** | | | |
| **Agency** |  | | |
| **Transition Coach** |  | | |
| **Contact Details** |  | | |
| **Housing Allowance Rates of Payment (August 2023)**  The maximum Payment Rate is determined by the first date a young person received either a Housing Allowance or Staying On Payment. | | | |
| **The maximum rate of subsidy payment for this application is:**  - 1st Year of Housing Allowance/Staying On – Up to $450 per fortnight  - 2nd Year of Housing Allowance/Staying On – Up to $337.50 per fortnight  - 3rd Year of Housing Allowance/Staying On – Up to $225 per fortnight | | | |

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| **Housing Pathway Plan**  Young people must complete a Housing Pathway Planning Session as part of the application process with a summary outlined below. |
| **Please tell us about where you would like to live?** |
| Short Term (less than 12 months) |
| Medium Term (1-3 years) |
| Long Term (after 3 years) |
| **How will this Living Arrangement help you towards your goals?** |
|  |
| **Why do you need to receive a Housing Allowance payment towards this Living Arrangement?** |
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| **How long do you intend to stay in this Living Arrangement?** |
|  |
| **What is your plan when the Housing Allowance Payment stages down or ends?** |
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| **Budget and Housing Allowance Payment Rate**  As part of this application, a budget needs to be completed and details recorded below. | | | | |
| **Average Income** | **Weekly** | | **Fortnightly** | |
| Employment (6wk Average) |  | |  | |
| Centrelink |  | |  | |
| Rent Assistance |  | |  | |
| Other Income |  | |  | |
| **Total** |  | |  | |
| **Total Weekly Costs** | **Total Cost** | **Young Person Contribution** | | **Shortfall/Gap** |
| Rent/Board |  | *30% of Income (Incl Rent Assistance)* | |  |
| Utilities   * Electricity * Gas * Water * Internet |  |  | |  |
| Other Costs Related to Living Arrangement (please list) |  |  | |  |
| **Total Weekly Budget** |  |  | |  |

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| **Calculating the Payment Rate**  **Private Rentals/Shared Housing without Support**  For independent or unsupported living arrangements, the Housing Allowance Payment Rate is determined by calculating the total amount needed to make the living arrangement affordable.  Young people must contribute towards their housing costs, with affordable housing costing up to 30% of their total income (including rent assistance)  **Host Homes and Other Supported Living Arrangements**  Living arrangements that offer the young person additional supports and resources (e.g meals, transport, emotional support, assistance with life skills) can be paid the maximum rate of Housing Allowance if;   * Home Stretch Living Agreement includes a summary of the additional supports. * Young person contributes towards the costs of the living arrangement. |

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| **Housing Allowance Payment Rate** |  |

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| **Safe And Stable Housing Check List**  Housing Allowance Payments can only be used to support safe and stable living arrangements. Young people must be empowered to explore, understand and develop strategies to manage potential risks or issues that may arise in the living arrangement.  The following Check List is to be completed with the young person and considered in line with the Home Stretch WA Practice Principles. Where there are significant safety risks identified, the young person should be supported to develop a written plan to manage their safety and security. | | | | |
| **Facilities:** | | **Yes** | **No** | **Comment/Response** |
| (a) | Will you have your own room or private space in the property? |  |  |  |
| (b) | Does the property have furniture and whitegoods? |  |  |  |
| (c) | Does the property have working utilities and services [water, electricity, bathrooms, kitchen]? |  |  |  |
| **Repair:** | | **Yes** | **No** | **Comment/Response** |
| (a) | Is the property/room fit for someone to live there? Does anything need to be repaired before you move in? |  |  |  |
| (b) | Do you know how to get things repaired or who is responsible for paying for damages? |  |  |  |
| **Safety:** | | **Yes** | **No** | **Comment/Response** |
| (a) | Is there somewhere safe and secure for you to keep your belongings? |  |  |  |
| (b) | Is the property secure e.g. new locks, alarm, window locks, etc.? |  |  |  |
| (c) | Will the property be visited by people who may have been a risk for you in the past, or made you feel unsafe? |  |  |  |

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| **Location:** | | **Yes** | **No** | **Comment/Response** |
| (a) | Can you easily get to the places and people that are important to you? |  |  |  |
| (b) | Will you be dependent on a person for transport to and from the property? |  |  |  |
| (c) | Are there any risks for you by living in the local area or community? |  |  |  |
| **Support:** | | **Yes** | **No** | **Comment/Response** |
| (a) | Are you happy with the level of support you will have to live independently? |  |  |  |
| (b) | Will your coach be able to meet you or pick up from the property? |  |  |  |
| (c) | Is there any pressure from family or others to move or stay on in the property because of the Housing Allowance payment? |  |  |  |
| (d) | Do you know the people you will be living with? Do you feel comfortable sharing a house with them? |  |  |  |
| **Financial:** | | **Yes** | **No** | **Comment/Response** |
| (a) | Will the property be affordable when the Housing Allowance reduces or ends? |  |  |  |
| (b) | Will you be relying on payment by another person or organisation to maintain the living arrangement? |  |  |  |
| (c) | Are you able to access financial support to move in, or if things go wrong? |  |  |  |
| **Rights:** | | **Yes** | **No** | **Comment/Response** |
| (a) | Will you be able to sign a lease to the property or complete a Living Arrangement Agreement? |  |  |  |
| (b) | Do you understand your rights and responsibilities in the living arrangement? Will the people you are living with respect your rights? |  |  |  |
| (c) | Is the person that will receive the payment an individual who you were removed from the care of as a minor? |  |  |  |

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| Are there any other questions or concerns you have about the living arrangement? Are there any concerns raised by your coach or others? | |
| Other Question: | Response: |
| Other Question: | Response: |
| Based on this discussion, I believe this living arrangement is safe, stable and affordable. | Young Person: |
| Transition Coach: |

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| **Part A – Optional Review by Home Stretch WA Provider**  Before progressing the application and completing Part B with a landlord, the coordinator (or delegate) from the Home Stretch WA service provider must review the application to endorse the proposed living arrangement as safe, stable and affordable. The person endorsing the application must be:   * Familiar with the Home Stretch WA Housing Allowance Practice and Policy * Not the same person who supported the young person with the Housing Allowance Application * Not connected to the Payment Recipient in any way that may present a conflict of interest   If an application is not endorsed, the young person should be offered support to understand why and address any concerns. Young people also should be informed of their right to appeal the decision with their Home Stretch provider, or seek a review of the decision by the Advocate for Children and Young People in Care. | | | | | | | |
| **Key Elements Completed** | Housing Pathway Plan |  | Safe and Stable Check List | | | |  |
| Budget |  | Payment Rate | | | |  |
| **The proposed Living Arrangement is safe, stable and affordable** | | | | | **Yes**  **No** | | |
| **Reason if declined** |  | | | | | | |
| **Name** |  | | | **Signature** | |  | |
| **Position** |  | | | **Date** | |  | |

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| **PART B – Housing Allowance Payment Details**  This section must be completed by the landlord, or a person authorised to act on their behalf, to collect payment for costs associated with the Living Arrangement. A copy of Part B must be provided to them for their records.  **The information contained hereafter forms an agreement between the young person, the payment recipient, and the Department of Communities of Western Australia, for the details and terms the of payment of a Housing Allowance.**  Please refer to the ***Home Stretch WA*** ***Housing Allowance Landlord Fact Sheet*** for more information about the details and conditions of the Housing Allowance Payment. | | | |
| **Young Person Details** | | | |
| **Full Name** |  | **Mobile** |  |
| **Home Stretch WA Provider Details** | | | |
| **Organisation** |  | | |
| **Key Contact** |  | **Mobile** |  |
| **Payment Recipient Details** | | | |
| **Full Name** |  | **Mobile** |  |
| **Organisation**  **(if applicable)** |  | | |
| **Address** |  | | |
| **Email** |  | | |

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| **Details of Living Arrangement** | | | | | | | | | |
| **Address of Property** |  | | | | | | | | |
| **Type of Living Arrangement** | Private Rental | | Student Housing | | | Boarding or Lodging | | | Shared Housing |
| Supported Housing Program | | Family Living with Relative | | | Family Living with Other | | | Other |
| **Type of Accommodation** | House | | Unit | | | Single Room | | | Shared Room |
| **Tenure of Young Person** | Nominated on Lease Agreement | | | Nominated on Boarding/Lodging Agreement | | | Home Stretch WA Living Agreement | | |
| **Move In Date** |  | | | **End Date of Lease/Agreement** | | |  | | |
| **Payment Recipient Details**  To receive a Housing Allowance payment, a Payment Recipient must provide verifiable proof of their identity to the Home Stretch WA provider.   1. Providing a current ABN that matches the details provided by the Payment Recipient.   OR   1. Allowing a primary or secondary identification document to be sighted by the Home Stretch Provider AND completing a Statement by Supplier Form for the Department of Communities records to confirm that they are not eligible for an ABN.   Please note the information provided through this application will be collected and stored by the Department of Communities and the Home Stretch WA provider in accordance with the standards set out in the Commonwealth Privacy Act (1998). Information provided will only be used for the purposes of establishing, maintaining, and auditing the payment of Housing Allowances.  De-identified information may also be used as part of the ongoing monitoring and evaluation of Home Stretch in WA. | | | | | | | | | |
| **Is the payment recipient the Landlord or Property Owner?** | | | | | | | | **Yes**  **No** | |
| **Is the payment recipient a direct relative of the young person?** | | | | | | | | **Yes**   **No** | |
| **Full Name of Payment Recipient** | |  | | | | | | | |
| **Bank Account Name** | |  | | | | | | | |
| **Bank Account Details** | | **BSB:** | | | **Account:** | | | | |

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| **Proof of Identification**  **OR**  **ID Document Sighted** | **ABN:**  **Statement by Supplier Form Completed** | | |
| **Document Type:** | **Witness Name:**  **Signature:**  **Date:** | |
| **Total Housing Cost for Young Person** | **Per Fortnight: $** | | |
| **Housing Allowance Payment** | **Per Fortnight: $** | | |
| **How is payment made?** | **In Advance**   **In Arrears** | | |
| **Requested Allowance Start Date** |  | **Allowance End Date**  (12 month max) |  |

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| **Payment Recipient Declaration (please tick each statement to confirm you understand)**  I/we declare the following: | | | |
| I/we have the legal authority to enter into this agreement as the property owner or an  individual authorised to act on behalf of the property owner to receive payment. | | | |
| I/we understand the young person is responsible for payment of all costs related to the living arrangement for its duration, and the Department of Communities Housing Allowance is only provided as a contribution towards costs for period they reside in the living arrangement. | | | |
| I/we agree to notify the Home Stretch WA provider as soon as I/we become aware that the young person has left or intends to leave the living arrangement to avoid overpayment. | | | |
| I/we understand and agree to repay any overpayments made as a result of not advising the Home Stretch WA service provider of changes that may affect the Housing Allowance payment. | | | |
| I/we understand that the ongoing payment of the Housing Allowance is dependent on all parties meeting the conditions set out in the attached Lease or Boarding Agreement, and agree to confirming this is the case upon request by the Home Stretch WA provider. | | | |
| The information provided is true and accurate and I/we understand that I/we will have to repay any money that is obtained through fraud or deception. | | | |
| I/we give consent to any information I/we have provided to be collected and shared between the Department of Communities and the Home Stretch WA provider. | | | |
| **Full Name** |  | **Signature** |  |
| **Role** |  | **Date** |  |

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| **Young Person Declaration (please tick each statement to confirm you understand)**  I declare the following: | | | |
| I understand my responsibilities in this living arrangement and agree to meet them. | | | |
| I understand that I am liable for all costs and charges related to the living arrangement, except for the proportion agreed to as the Housing Allowance payment. This includes paying for utilities, property damage or other costs incurred as a direct result of the living arrangement. | | | |
| I have discussed my housing pathway plan with my Home Stretch WA provider and believe this is a safe, stable and affordable living arrangement for me. | | | |
| I will notify my Home Stretch WA provider immediately if I leave or want to end this living arrangement. | | | |
| I agree to stay in regular contact with my Home Stretch provider and participate in regular review meetings to be held at the property as required. | | | |
| I give permission for the Department of Communities and the Home Stretch WA provider to contact the payment recipient directly to discuss any issues related to the payment of the Housing Allowance. | | | |
| The information I have provided is true and accurate and I understand that I will have to repay any money that is obtained through fraud or deception. | | | |
| **Full Name** |  | | |
| **Signature** |  | **Date** |  |

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| **Part C - Endorsement by Home Stretch WA Provider** | | | | | | | |
| **Key Elements Completed** | Housing Pathway Plan | |  | Safe and Stable Checklist | | |  |
| Budget | |  | Payment Rate | | |  |
| **Evidence of Tenure**  Lease  Boarding/Lodging  HS Agreement | |  | **Landlord Details**  ABN  ID Sighted  State by Supplier Form | | |  |
| **The Agreed Living Arrangement is safe, stable and affordable.** | | | | | | **Yes**  **No** | |
| **The Payment Recipient is eligible to receive payment.** | | | | | | **Yes**  **No** | |
| **The Living Arrangement is eligible to be supported.** | | | | | | **Yes**  **No** | |
| **Home Stretch WA Provider** |  | | | | | | |
| **Transition Coach** | **Name** |  | | | | | |
| **Phone** |  | | **Email** |  | | |

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| **I declare that the information in this application is accurate to the best of my knowledge, and I support payment of the proposed housing allowance.** | | | | | |
| **Home Stretch WA Coordinator or Delegate** | **Name** |  | | | |
| **Position** |  | | | |
| **Signature** |  | | **Date** |  |
| **Email** |  | | **Phone** |  | |
| **Housing Allowance Payment Requested**  (per fortnight) |  | | **Start Date**  (Living Arrangement) |  | |
| **End Date**  (max 12 months) |  | |
| **Rationale if Request for Change of Payment Rate**  (only complete if this request is for a change in the payment rate within the time frame of the original agreement) |  | | | | |
| **Email completed application to the Home Stretch Service Team** – [homestretchserviceteam@communities.wa.gov.au](mailto:homestretchserviceteam@communities.wa.gov.au) | | | | | |

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| **Part D – Approval by Department of Communities Home Stretch WA Services Team** | |
| **Date Application Received** |  |
| **Date Approved by Home Stretch WA services team** |  |
| **Date Confirmation Email Sent to Home Stretch WA Provider** |  |
| **Housing Allowance Review Date** |  |
| **Date Application Sent to Subsidies Processing Team** |  |
| **Name of Person Authorising** |  |
| **Signature** |  |

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| **Approved Payment Details** | |
| **Name of Young Person** |  |
| **Name of Approved Payment Recipient** |  |
| **Housing Allowance Payment Rate (fortnightly)** |  |
| **Payment Commencement Date**  (Up to 2 weeks back-payment can be authorised) |  |
| **Payment End Date** |  |