

# Request for Rehousing



<b>Your Name</b>	
<b>Your Address</b>	
<b>Length of time at this address</b>	

Is this a property for working women:  
 YES  NO

Do you currently work?  
 YES  NO   
 If yes, note your gross weekly income \$

**WHERE DO YOU WANT TO LIVE?**

Areas of Choice – please list your first three priorities OR ANY area (See map attached)

<b>Any area</b> If you are in great housing need and you do not mind where you live <b>ONLY</b> tick this box	
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**OR list your first 3 preferences**

Local Government Area – priority 1	
Local Government Area – priority 2	
Local Government Area – priority 3	

Offers will only be made in your areas of choice, we cannot guarantee specific suburbs. If you wish to apply for housing in areas with low properties numbers, the wait may be lengthy.

WHC is for single women only. Therefore 1-bed units are considered a reasonable offer.

**Reasons for your application for rehousing**

Why is your present property no longer suitable?

Please tell us about any medical requirements or other factors which influence where you are housed, such as pets, an inability to climb stairs etc.

(If you are providing a medical certificate or a support letter please **clearly** indicate that you provide WHC with authority to contact your advocate to clarify the information provided)

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**Signature** \_\_\_\_\_

**Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(Please use an additional paper or the back of this form if you need more space)  
**Please note that you will be advised in writing about your acceptance or rejection for rehousing**