

Social Connection Impact Grants Application Form



COMMUNITY HOUSING LTD
GROUP OF COMPANIES



ABORIGINAL COMMUNITY HOUSING LTD
PART OF THE CHL GROUP OF COMPANIES

Social Connection grants are available to all tenants living in Community Housing Limited (CHL) or Aboriginal Community Housing Limited (ACHL) properties or people receiving the services offered through our Homelessness program.

- Complete all sections of this application and provide supporting documentation.
- For further information on completing this application, please refer to the *Impact Grants Information and Guidelines* document.
- Post or email applications to:

Community Housing Limited
Impact Grants Program
19-23 Prospect Street
Box Hill, VIC 3128

OR

impactgrants@chl.org.au

Section A – Applicant Personal Details

Full Name: _____

Address: _____

Date of Birth: _____ Age: _____

Phone number: _____

Email: _____

If we cannot contact you on the above number, is there a secondary contact you would like to provide: _____

How long have you been a tenant with CHL/ACHL? _____

Why have you chosen to undertake this activity?

(Demonstrated a clear goal and purpose)

How do you believe this activity contributes towards your general health and well-being? *(Demonstrated understanding of what it will achieve)*

How will this activity get you involved/connected in your community?

(Demonstrated a connection to Priority Impact Areas outlined in Guidelines, address any barriers)

Section C – Applicant Declaration

Did you require any assistance in completing this application form?

Yes / No

If yes, what was required? _____

I give permission to CHL/ACHL to collect, use and disclose my personal information in this application form only for the purposes of assessment and administration of this grant.

(Without this permission, it will not be possible to assess and/or award the grant.)

Name: _____

Signature: _____ Date: _____

I certify that the personal information provided in this application form is correct: Yes / No

I am over the age of 16 years: Yes / No

If under 16 years of age, this form must be signed by the applicant's parent or guardian.

Name: _____ Relationship: Parent / Guardian

Contact Number: _____

Signature: _____ Date: _____

Note: We suggest you keep a copy of your application in the unfortunate event your application may be lost in the mail. If you do not receive acknowledgement from us that your application has been received, please contact us before the closing date.