



VACCA

Connected by culture

**VACCA ABORIGINAL PRIVATE RENTAL ASSISTANCE PROGRAM & PRAP PLUS
REFERRAL- OTHER PROGRAMS**

Referees details

Agency	
Support worker & program	
Contact number	
Email address	
Date referral completed	

PRAP Brokerage

PRAP plus

Client details

Single Adult

Couple

Family

Number of children _____

Client name	
Sex	
Date of Birth	
Contact number	
Current address	

Aboriginal

Torres Strait Islander

South Sea Islander

Household members (if applicable)

Name	Date of birth	Aboriginal and/or Torres Strait Islander/South Sea Islander	Relationship to Client

Has the client had an episode of homelessness in the last 12 months? Provide details	
Employment status (all adults)	
Main source of income (all adults)	
Do any members of the household have debt with DHHS? (all adults)	

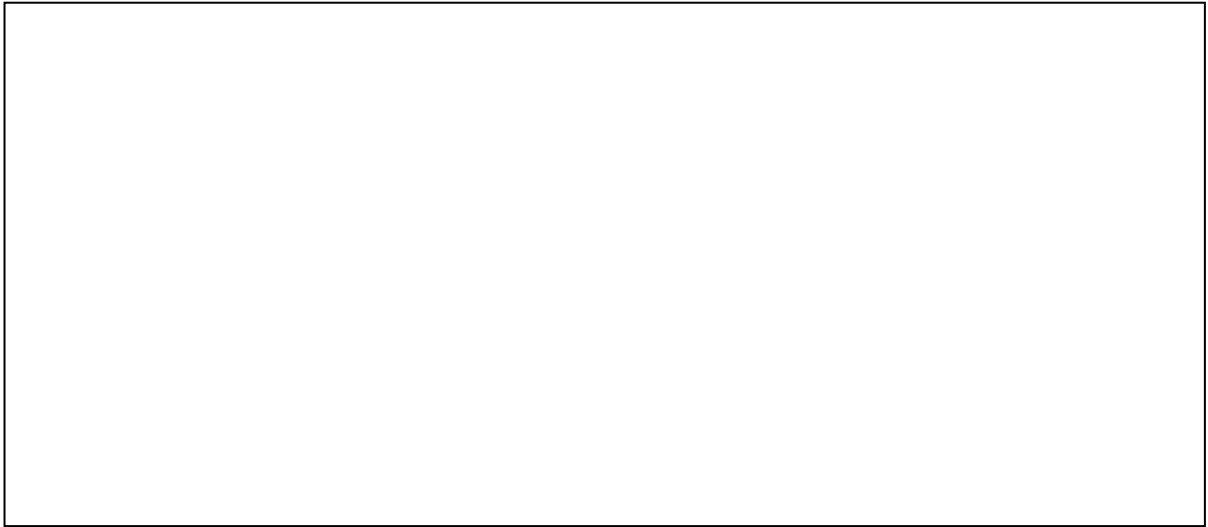
Details of funding requested

What are the requested funds for?	
Amount (\$)	
Payee details	

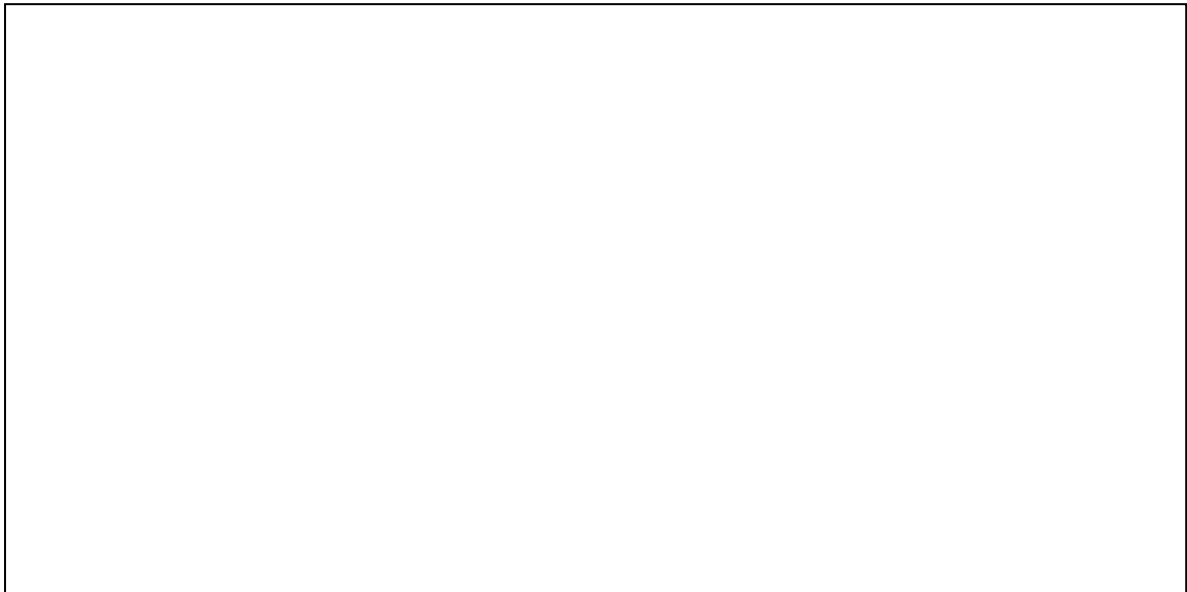
Is the client contributing to the total funds required?	
Is any other organisation providing financial assistance?	
Is the rent sustainable? (i.e. less than 55% of the household income)	
Are all those listed on the lease included in this application? If not, why?	

Brief description of clients current circumstances

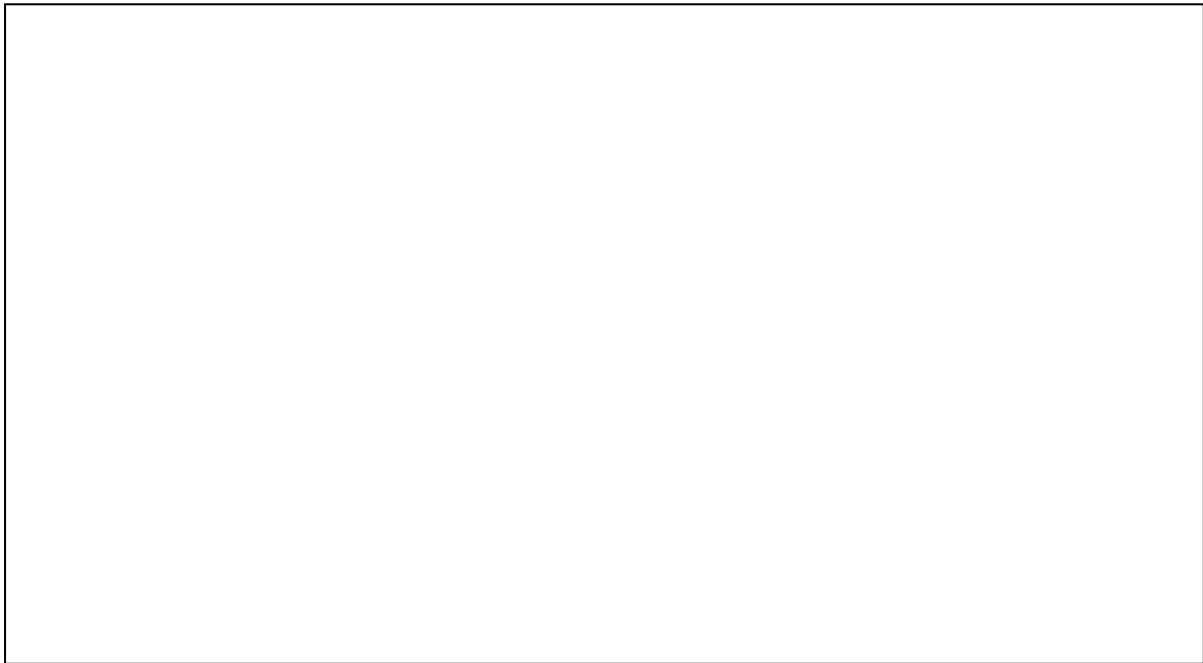
Brief description of clients rental history (past 2 years)

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Previous tenancy information

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Provide evidence of why assistance is required? Explain other options that have been explored

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SUPPORTING DOCUMENTATION CHECKLIST – All applications

- VACCA Exchange & Release Information form
- Current Centrelink statement
- Identification (photo ID preferred)
- Last 13 weeks of payslips, if applicable

Client Consent

I/We (client), _____ agree for the referring agency to disclose relevant information to VACCA regarding my/our current housing and support needs. The Client also agrees to VACCA recording the above information, along with anything disclosed directly to VACCA regarding their housing and support needs on SHIP (Secure data collection platform).

By signing this the referring person advises the above information is accurate to the best of their knowledge.

- Verbal consent obtained

Referring worker: _____ Date: _____

Client: _____ Date: _____

Client: _____ Date: _____

Please email completed application with all supporting documentation to paulah@vacca.org

Please note: Assessments can not be completed until ALL documents are provided