



VICTORIAN ABORIGINAL CHILD CARE

AGENCY

ABORIGINAL PRIVATE RENTAL ASSISTANCE PROGRAM

REFERRAL

Referral Date:

Clients Details:

Name:

D.O.B:

Address:

Contact Details – Phone:

Mobile:

Email:

Referrer Details

Name:

Organisation:

Contact Details – Phone:

Mobile:

Email:

Are you experiencing Family Violence? YES/NO

Rent Amount \$ _____ Weekly/Fortnightly

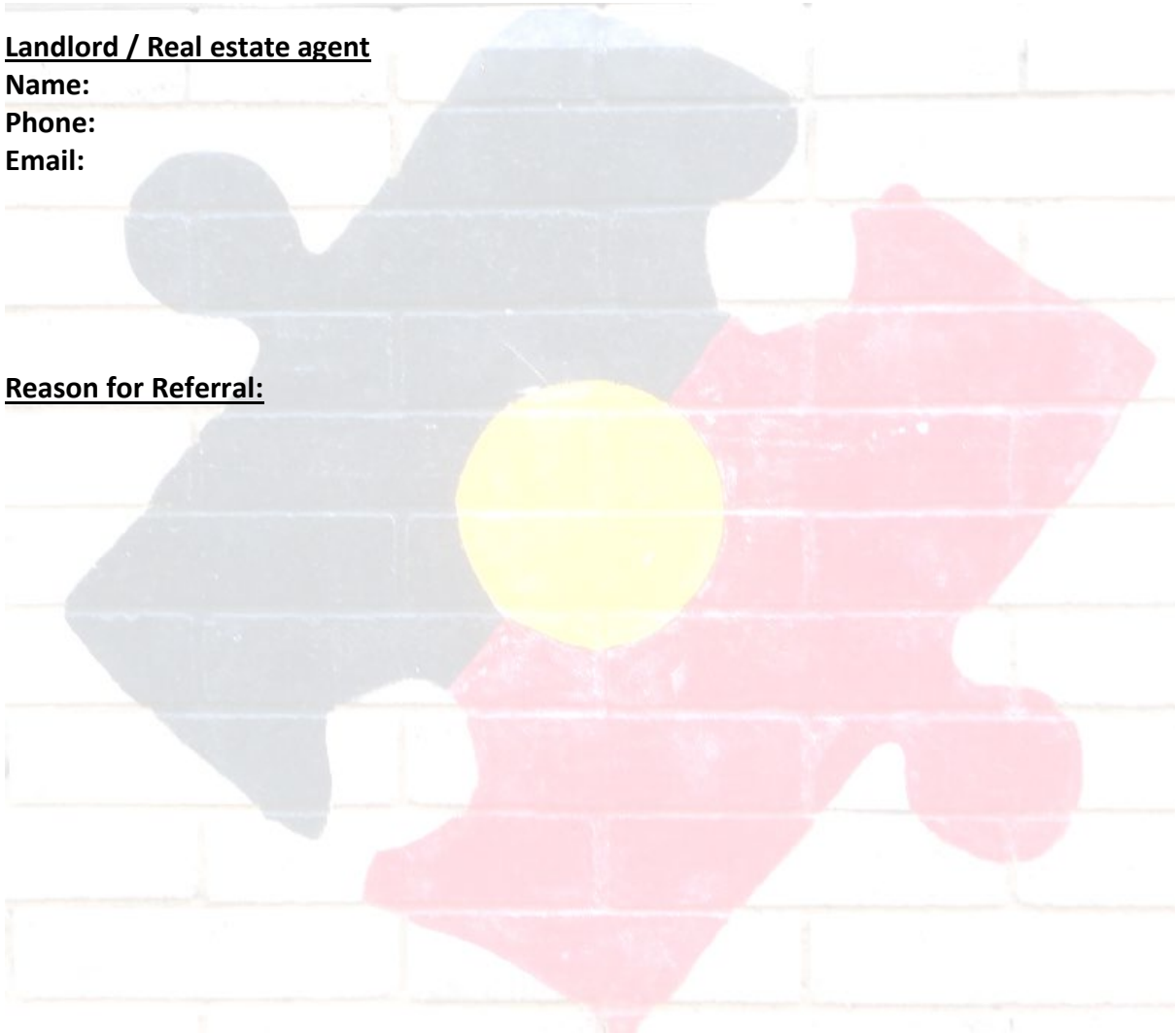
Landlord / Real estate agent

Name:

Phone:

Email:

Reason for Referral:



KEY ELIGIBILITY CRITERIA

<p>Applicant income: (Indicate type of Centrelink benefit or employment & weekly income)</p>	<p>Weekly income: \$ _____</p> <p>Type:</p> <p><input type="checkbox"/> Attach copy of income statement</p>
<p>Previous Employment income (most recent)</p>	<p>Weekly income: \$ _____</p> <p><input type="checkbox"/> Attach copy of last 6 payslips statement</p>
<p>Employment history: Note: Outline employment history including explanation of how employment ended and links to job network provider.</p>	
<p>Applicant ID (Indicate type)</p>	<p>Drivers Licence / Key Pass/ Passport /Medicare card/ Health card/ Other:</p> <p><input type="checkbox"/> Attach copy of identification</p>
<p>Current housing situation</p> <p>Length of tenancy. Any current arrears?</p>	<p>Please attached current lease agreement:</p> <p><input type="checkbox"/> Attach copy</p>

PROPERTY REQUIREMENTS

Property type ie unit/apartment/house	
Minimum # bedrooms	
Preferred property locations	<p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
Reason/s for preference (ties, schools, medical, safety etc)	
Open to looking at properties in other areas if needed? Where?	
Does the applicant have a car?	
Does the applicant have a pet?	
Any other requirements? Any difficulty with stairs or property modifications?	
Is a referral to a support service to establish or sustain tenancy required?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, please discuss with Tenancy broker


EVIDENCE

Provide the evidence required as per the relevant situation	
Recent unemployment with the prospect of new work soon	<ul style="list-style-type: none"> - -6 weeks of recent payslips OR Bank statements Depending on situation: <ul style="list-style-type: none"> - offer letter of new employment - letter from an employer stating hours will increase
Temporary payments until Centrelink entitlements start (eg. Parenting payments)	<ul style="list-style-type: none"> - Proof of lodgement of claim for Centrelink benefit
Family violence to allow client to resolve their financial issues (eg. Get more work, apply for correct payments, get house mate in, or find a more affordable property)	<ul style="list-style-type: none"> - Copy of the exclusion order or referral/letter from a family violence service Depending on the longer term plan: <ul style="list-style-type: none"> - If employment see details above - If waiting for Centrelink payments, see above - If planning to move to a more affordable property, evidence of applications while in the program.
Temporary absence from earning due to medical reasons	<ul style="list-style-type: none"> - Letter from a doctor stating how long the client will not be able to work

Other agencies involved:

Agency	Summary of Involvement

ASSESSMENT

<p>What is the current living for this client?</p> <p>What are the Barriers?</p> <p>Is the client on the Victorian housing register?</p>	
<p>Is this Tenancy currently at risk with legal Action OR pending VCAT hearing? Please provide as much detail as possible</p> <p>What is needed to make current property sustainable?</p> <p>What is the medium term plan to make tenancy sustainable?</p>	
<p>Supports: What supports are currently in place?</p>	
<p>Are there any existing debts? Bond Loss? VCAT? Please provide as much detail as possible.</p>	

I, (the applicant) _____ give permission for the above information to be provided to VACCA Private Rental Assistance Program for the purpose of referral only.

Signed: _____ Date: _____

OR

I, (the referrer) _____ have obtained verbal consent from my client as above

Referring worker: _____ Date: _____

Please send referral to:

westernapraphousing@vacca.org

