



**FAN**

# Creating Connections Private Rental Brokerage Program Referral Form – Eastern Metropolitan Region

Date:.....

**Personal Details:**

Name: .....

Date of Birth:.....

Current Address: .....

Household  
Composition:.....

Phone:.....

Email:.....

Aboriginal or Torres Strait Islander: .....

**Referrers Details:**

Name:.....

Agency: .....

Phone:.....

Email:.....

**Private Rental History**

Has client ever lived in private rental housing before: Yes/No

If yes:

Did the client have a lease in their name? Yes/No

How did the client exit private rental housing?

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.....

Does the client have any private rental references? Yes/No

If yes, who are they?

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.....

Has the client been blacklisted from private rental housing? Yes/No /Unsure

If yes , what for? i.e. rental arrears/damage to property

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.....

Does the client have a debt with the Office of Housing? Yes/No

Has the client accessed Housing Establishment Fund in the past year? Yes/No /Unsure

Where from?.....

**Ability to obtain and maintain private rental housing**

Income Source:.....

Amount per fortnight:.....

Does the client have any pet/s? .....

Does client have own transport ? .....

By looking at the explanation of what private rental ready is on the Private Rental Brokerage Program Brochure, do you feel that your client is private rental ready? Please explain:

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What are some things which can be addressed with your client to become private rental ready?

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Are there any identified areas of concerns or skill development that may limit this client's' ability to maintain private rental housing? Please list :

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Any other comments in making this referral?

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**Eligibility for the private rental brokerage program**

How long has the client remained engaged with your service?

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Is the client actively addressing agreed case plan goals? Yes/No

If yes, what are the two most important currently being addressed?

1.....

2.....

What type of accommodation is the client currently living in ? i.e. couch surfing , transitional housing

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.....  
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How long are they able to stay there?

.....

Has the client completed budget with a support worker to ensure that private rental housing is sustainable for the tenant in the long term? Yes/No

**IF yes can you please attach to referral form**

**Please fax referral form to Family Access Network (Inner East Referrals) on 9890 9919 or to Anchor (Outer East Referrals) on 9735 5047.**

***Please ensure that you include a copy of identification, healthcare card and a consent form from your client.***

