



**Family Access Network and Anchor Community Care  
Private Rental Brokerage Program – Referral Form**



**DATE OF REFERRAL:** .....

**PROGRAM REFERRING TO:**

SEMINAR'S / WORKSHOPS

BORKERAGE MODEL

**PERSONAL DETAILS:**

NAME: .....

ADDRESS: .....

PHONE: .....

D.O.B .....  
.....

HOUSEHOLD  
COMPOSITION .....

TRANSPORT: .....

INCOME: .....

PETS: .....

**REFERRERS DETAILS:**

WORKER'S NAME: .....

AGENCY: .....

PHONE: .....

**PRIVATE RENTAL HISTORY:**

Has client managed private rental accommodation before? YES  NO

If so, how did client exit private rental accommodation? .....

Does the client have a bond loan debt with the Office of Housing? YES  NO

Has the client been blacklisted from private rental? YES  NO

**ABILITY TO OBTAIN AND MAINTAIN PRIVATE RENTAL:**

Do you feel the young person can manage private rental? Please explain.

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Are there any identified areas of concern or skill development that may limit this client’s ability to maintain private rental (i.e. lack of budgeting skills)? Please list.

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Any other comments in making this referral

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**ELIGIBILITY FOR PRIVATE RENTAL BROKERAGE PROGRAM:**

- Has the client remained engaged with your service for the past 3 months? YES  NO
- Is the client actively addressing agreed case plan goals? YES  NO
- Has the client maintained rental payments as per the THM requirements? YES  NO
- Does the client maintain transitional/private rental property in good condition? YES  NO
- Has the client completed a budget and financial plan with caseworker in order to determine whether the private rental amount is considered sustainable for the tenant in the long term? YES  NO
- Is the client eligible for receiving Office of Housing Bond Assistance? YES  NO

***When faxing referral form through the to Family Access Network (Inner East) 9890 9919 or Anchor Community Care (Outer East) 9735 5047, please ensure you include a copy of the client’s identification or health care card and a consent form.***

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Office Use Only: Accepted  Not Accepted