



FAMILY ACCESS NETWORK

Creating Connections

Private Rental Brokerage Referral Form

Date of Referral

Client Details

Given Name: _____ Family Name: _____

Identified Gender: Male Female Other _____ Date of Birth: _____

Preferred Pronouns: _____
(eg: she, her, hers/ they, them, theirs) _____

Identifies as: Aboriginal Torres Strait Islander
 Both Neither

Country of Birth: Australia Other: _____ Year of Arrival: _____

CALD: Yes No Language at home: English Other: _____

Contact Details

Phone Number: _____

Email Address: _____

Children's Names and Ages: _____

Address Detail

Street: _____ Suburb: _____

State: _____ Postcode: _____

Emergency Contact

<u>Given Name</u>	<u>Family Name</u>	<u>Contact No</u>	<u>Relationship</u>



Referral Details

Organisation: _____ Program: _____
Referrer's Name: _____ Job Title: _____
Phone Number: _____
Email Address: _____
Comment: _____

Other Linked In Services

Current Accommodation

Description: _____
Rent Amount: _____
Tenancy Issues: _____

Employment

Occupation: _____
Employment Conditions: F/T P/T Casual Permanent

Income

Fortnightly Income: _____ Income Source: _____
CRN: _____



Debts

Tenant Database Listing	Yes/No/Unknown	
Details		
Public Housing Debt	Yes/No/Unknown	
Private Housing Debt	Yes/No/Unknown	
Rent Arrears	Yes/No	If yes, how much: \$
Other Debts		
Repayment Plan/s	Yes/No/Unknown	
Details		

Education

Enrolled In: School TAFE University

Course: _____

Expected Date of Completion: _____

Future Plans: _____

Housing Plan

Type of Dwelling	House	_____	Unit	_____
Number of Rooms	_____			
Type of Tenancy	Single Occupancy	_____	Shared Accommodation	_____
Price Range	_____			
Suburbs	_____			

How will the client pay for	Bond	_____
	Rent In Advance	_____
	Essential Whitegoods	_____

Main Reason for Referral/ Comments:



Needs Assessment

Legal Issues:

Drug & Alcohol

Mental Health

Disability

Health Issues

Living Skills

Family Relationships

Gambling

Cultural

Support
