## FAMILY ACCESS NETWORK Creating Connections Private Rental Brokerage Referral Form



Date of Referral			_	
Client Details				
Name:				
Identified Gender	:		Date of Birth:	
Preferred Pronou	ns:			
Are vou part of th	ie LGBTIQA+ Comn	nunitv?		
You do not need to services at FAN	o disclose this info	rmation howev	er we ask as we have L	.GBTIQA+ specific
Identifies as:	☐ Abori	ginal	☐ Torres Strait Isl	ander
identifies as.	☐ Both		☐ Neither	
Country of Birth:	□Australia	□Other:	Year of Arriva	l:
CALD:	□ Yes □ No	Language at	home: □English □Ot	her:
Contact Details				
Phone Number:				
Email Address:				
Children's Names	and Ages:			
<u>Address Detail</u>				
Street:			Suburb:	
State:			Postcode:	
				<del></del>
Emergency Conta				
<u>Given Name</u>	<u>Family Name</u>	Conta	<u>ct No</u>	Relationship



Referral Details Organisation:	Program:	
Referrer's Name:	Job Title:	
Phone Number:	<del></del>	
Email Address:		
Comment:		
Other Linked In Se	<u>ces</u>	— —
Current Accommoda  Description: Rent Amount:	<u>on</u>	_
Tenancy Issues:		
Employment Occupation:		
Employment Condition	F/T P/TCasual Permanent	
<u>Income</u>		
Fortnightly Income:	Income Source:	



## <u>Debts</u>

Tenant Database Listing
Public Housing Debt
Private Housing Debt
Rent Arrears Other Debts

Amount

Ed	u	ca	ti	0	r	1

Enrolled In:	School 🗆 TAFI	□ University		
Course:		,		
Expected Date of Co	mpletion:			
Future Plans:				
Housing Plan				
Type of Dwelling	House□	Unit□		
Number of Room	S	Price Range		
Type of Tenancy	Single Oc	ccupancy $\square$ Shared Accommodation $\square$		
Suburbs				
How will the clier	 nt pay for	Bond		
	,	Rent In Advan	nce	
		Essential Whit	<u> </u>	
Main Reason for	Referral/ Com	ments:		

## **Needs Assessment**



Legal Issues:
Drug & Alcohol
Mental Health
Disability
Health Issues
Living Skills
Family Relationships
Gambling
Cultural
Support