



Referral

Housing Support – Indigenous Tenants at Risk Program

When form details & internal checks are complete please forward referral to Rural Housing Network

PART A: Eligibility Criteria: To be eligible for the program the tenant must be Aboriginal or have family/household members who are Aboriginal and living in Aboriginal Housing Victoria, Office of Housing or Rumbalara/Mungabareena Community Housing property. **The tenant/s must have, or be at risk pending risk of, a minimum of 1 issue under the RTA and 2 Support issues.**

Current Tenancy Issue: Please attach Rental Statement.

Rental Balance: \$	In receipt of rebate: Yes / No	Arrears due to cancellation of rebate: Yes / No	Transfer Requested Yes / No
NTV Sent: Yes / No	App: Lodged: Yes / No	Hearing Listed: Yes / No	Notices Attached; Yes / No

Breach of Duty : Please attach copy of Breach Notice.

<input type="checkbox"/> Damages	<input type="checkbox"/> Cleanliness	<input type="checkbox"/> Anti Social	<input type="checkbox"/> Illegal Activity	<input type="checkbox"/> Sub-Let/Squatting
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Support Issues: Please attach relevant documentation.

<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Relationship/Family Breakdown	<input type="checkbox"/> Cultural/Communication Factors
<input type="checkbox"/> Financial Difficulty	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Health Mental / Physical / I.D.
<input type="checkbox"/> Legal / Court Matters	<input type="checkbox"/> Daily Living Skills	<input type="checkbox"/> Overcrowding
<input type="checkbox"/> Housing Location / Amenities	<input type="checkbox"/> Other	

PART B: Tenant/s Details:

Tenant 1

First Name Second Name
 Surname D.O.B Age
 Country of Birth Aboriginal Torres Strait Islander
 Phone Mobile

Tenant 2.

First Name Second Name
 Surname D.O.B Age
 Country of Birth Aboriginal Torres Strait Islander
 Phone Mobile

Property Details:

Address
 Town Post Code

Emergency Contact Name Phone
 Next of Kin Relationship Phone

Tenancy Details:	
<input type="checkbox"/> <input type="checkbox"/> Aboriginal Housing Victoria	<input type="checkbox"/> <input type="checkbox"/> Office of Housing
Commencement Date	Housing Segment
Application/Account No.	

Income Details: Please attach copy of current Income Statement or Authority to access Centrelink	
Tenant 1.	Centrelink Benefit (type)..... Wages
Tenant 2.	Centrelink Benefit (type)..... Wages

Tenancy History:	
Is there a previous tenancy history or issue/s?	<input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No
<input type="checkbox"/> Abandonment	<input type="checkbox"/> Eviction <input type="checkbox"/> Transfer <input type="checkbox"/> <input type="checkbox"/> Anti Social Behaviours
<input type="checkbox"/> Rent Arrears	<input type="checkbox"/> Maintenance Debt <input type="checkbox"/> <input type="checkbox"/> R.T.A. Action Taken

Other Household Members: Please attach additional documentation if required.						
Name	D.O.B.	M/F	Indigenous Yes / No	Relationship To Tenant	Income Source	Amount - per Week/fortnight

Support Agencies Involved:		
Agency	Support Worker	Phone
Agency	Support Worker	Phone
Agency	Support Worker	Phone

I,, hereby authorise the Office of Housing/Aboriginal Housing Victoria and Support Agencies as listed on this form to release to Rural Housing Network Ltd. any information relevant to my housing and support needs. This Authority is effective throughout the period of my case management with Rural Housing Network. I further consent to information given to be used for the purpose of statistical collection and analysis by the National Data Collection Agency. I understand that I will not be identified by name, all personal details will be encrypted and that by law, NDCA cannot give information identifying me to police, Centrelink, government department or other organisation or individual.

Name:..... Signature:..... Date:..... / /

Name:..... Signature:..... Date:..... / /

Referee:..... Signature:..... Date:..... / /

Referred by: Self Family/Friend Agency

Office Use Only:		
Referring H.S.O.	Office Location	Phone
Sent to Rural Housing Network Ltd. Date: / / Via: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Personal Delivery		

