PRIVATE RENTAL ASSISTANCE PROGRAM Application form

PRAP Self Referral Form



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Date:		Applicants Names:						
Referral Form/ Intake Form – please complete all sections in full								
Eligibility								
Do you have a Notice to \	Are you exiting crisis accommodation?							
or VCAT hearing?			☐ Yes ☐ No					
Are you currently homeless with an offer of			Have you been applying for private rentals?					
private rental?			☐ Yes ☐ No					
Details of Applicants								
Name:			Name:					
Date of birth:		Date of birth:						
Country of Birth:			Country of Birth:					
Main Language spoken at home:			Main Language spoken at home:					
Other Language: Other Language: Dest and a:								
Address:				Post code:				
New address:					Post code:			
Home phone:	Mobile p	phone: Email:						
Reason for Referral	– Your	rental must l	be at risk if y	you a		<u> </u>		
Rental Matter		House	Household Type		Have you got a good or bad rental history			
Homeless with offer		Single			Good			
Arrears		Single parent		Bad				
Notice to Vacate issued		Couple – no children		DFFH Bond Debt \$				
In the process of eviction		Couple with children		Other Debt \$				
Couch surfing		Carer		Bond returned?				
Breach Notice		Individual Income Tenant 1		Individual Income Tenant 2				
Lease breaking		Jobseeker		Jobseeker				
Exiting crisis accom		Disability Support Pension		Disability Support Pension				
VCAT		Parenting Payment		Parenting Payment				
Warrant		Carers Payment		Carers Payment				
Immediate notice		Employed			Employed			
Other		Other:			Other:			
		Amount per w	veek \$		Amount pe	r week \$		

Approved Stream Manager November 2019

Other Client Information			
Aboriginal or Torres Strait Islander: Interpreter required: Disability: Literacy issues: Diagnosed Mental Health Drug & Alcohol Other	Yes	No Please list any No N	current workers:
Current Rental Details - Current	Rental Provid	er or New Rental P	rovider(property offer)
Agent / Rental Provider	Address: Contact no:		
Lease start date:	Lease end date:		Currently on month by month Yes No
Rent amount per week \$	Bond amount \$ □DFFH or □ Tenants own		Current notice to vacate Yes No
Current VCAT notification Yes No	VCAT Hearing Details: Date: Time:		Warrant Pending ☐ Yes ☐ No
People who are or will be living i	Venue:	Name / Data of high	9 malation aloin
Name/ Date of birth & relationship		Name/ Date of birth	i & relationship
Your situation and support requi	red (Provide a	s much information a	as possible)
\$ for			y/relationship will be accepted

Identification for all parties							
Please note that applications can take up to five working days to process. If all information has not been completed and documents provided this will delay the processing of your application.							
I, the applicant hereby give consent for the Private Rental Broker to make contact with my current Rental Provider/Real Estate/ New Rental Provider/New Real Estate for the purpose of conducting a rental reference check of my current/ prior rentals in order to confirm details provided in this application. I also give permission for Quantum Support Services to use the information collected about me for the purpose of evaluating Quantums' services and to provide data to Government funding Agencies. I give this permission with the understanding that my name will not be identifed in relation for the use of data.							
This authority for releasing information will last for up to six months unless I expressly withdraw this permission							
Signature Date							
Signature Date							

Please note that only one application per year for each family/relationship will be accepted