FAMILY ACCESS NETWORK Creating Connections Private Rental Brokerage Referral Form



Date of Referral						
Client Details						
Name:						
Identified Gender	:	Date of Birth:				
Preferred Pronoui	ns:					
Are you part of th	ie LGBTIQA+ Comm	nunitv?				
You do not need to services at FAN	o disclose this infor	mation however	we ask as we have I	LGBTIQA+ specific		
	☐ Abori	ginal	☐ Torres Strait Is	lander		
Identifies as:	□Both		□Neither			
Country of Birth:	□Australia	Other: Click or tap here to enter text.	r Year of	Click or tap here to enter text.		
CALD:	☐ Yes ☐ No	Language at hor	me: □English □Ot	her: Click or tap here to enter text.		
Contact Details						
Phone Number:						
Email Address:						
Children's Names	and Ages:					
Address Detail						
Street:	Suburb:					
State:	Postcode:					
_						
Civan Nama		Cantact	N.a.	Dolotionship		
<u>Given Name</u>	Family Name	Contact	<u>INU</u>	<u>Relationship</u>		



Referral Details	
Organisation:	Program:
Referrer's Name:	Job Title:
Phone Number:	
Email Address:	
Comment:	
Other Linked In	Services
-	
Current Accomm	<u>odation</u>
Description:	
Rent Amount:	
Tenancy Issues:	
<u>Employment</u>	
Occupation:	
	itions: F/T P/TCasual Permanent
Employment Cond	tions. F/T P/TCdsudi Permanent D
<u>Income</u>	
<u>mcome</u>	
Fortnightly	Income Source:
Income: CRN:	



<u>Debts</u>

Tenant Database Listing
Public Housing Debt
Private Housing Debt
Rent Arrears
Other Debts
Choose an item.

<u>Education</u>				
Enrolled In:	ool 🗆 TAFE	☐ University		
Course:				
Expected Date of Comple	etion:			
Future Plans:				
Housing Dlan				
Housing Plan				
Type of Dwelling	House□	Unit□		
Number of Rooms			Price Range	
Type of Tenancy	Single Occupancy			
Suburbs		. ,		
How will the client pay for		Bond		
		Rent In Advance	<u> </u>	
		Essential Whitegoods		
Main Reason for Refe	erral/ Comme	ents:		

Needs Assessment



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