**ACCOMMODATION APPLICATION FORM**

This application form is **confidential** and used to determine your suitability and eligibility for the accommodation programs. Please email completed forms to yosreferrals@salvationarmy.org.au

**Please note the following requirements:**
- The accommodation services is for **one tenant only**; we are unable to accommodate children and/or couples.
- **The age range for the program is 18 – 25 years** (16-18 years may be considered where appropriately fitting the service guidelines).- Active engagement in either education, training or employment is essential

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| --- | --- | --- | --- |
| Date: |  **/ /** | Referred by: |  |
| Contact details of person referring: |  |
| **CLIENT’S PERSONAL DETAILS** |
| Full Name: |  | D.O.B: |  |
| Preferred Name: |  | Gender: |  |
| Current Address: |  |
| Email Address: |  | Phone: |  |
| Cultural Background: |  | First Language: |  |
| **Do you have a current approved Department of Housing Application?** | [ ] Yes [ ] No |
| If **YES:** | Assessed Needs Level: |  | Application Number: |  |
| **Would you also like to be considered for a share house arrangement?** [ ] Yes [ ] NoShareWay is a shared house accommodation program which works with young people aged 18 - 25 years who are studying or working, interested in shared accommodation and wanting to engage in support to maintain their tenancy. |
| What is your preferred region(s)  | [ ] Brisbane North[ ] Brisbane East[ ] Brisbane South[ ] Brisbane West[ ] Inner City Brisbane |
| **INCOME** |  [ ]  Centrelink **☐** Employment **☐** Family **☐** Public Trustee [ ]  Other |
| Details: | Total fortnightly income: | **$** |
| Do you have capacity to pay bond and 2 weeks rent? | [ ] Yes [ ] NoDetails: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **ACCOMMODATION HISTORY** |
| Where are you currently living? (E.g.: With family, Youth Shelter, Boarding House, share house etc.) |
| Own accommodation through  | How long have you been there? **\_\_** Y **\_\_** M |
| What are the circumstances that have resulted in you needing accommodation? |
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| Issues that have impacted previous tenancies: |
| [ ] Rent Arrears[ ] Overcrowding/visitors[ ] Noise/behavioural breaches[ ] Damage to property[ ] Physical health issues[ ] Mental health issues[ ] Social isolation | [ ] Budgeting [ ] Drug and alcohol issues[ ] Domestic /family violence[ ] Legal/court issues[ ] Employment/training[ ] Cleanliness[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **DAYTIME ACTIVITY ENGAGED IN** | **Type / Name of organisation** | **Full / Part time (Average no. of hours per week)** |
| [ ] Employment (give details):[ ] Education / Study (give details):[ ] Training (give details): |  |  |
|  |  |
|  |  |
| Is there an expected end date to the activity? | [ ]  Yes **\_\_\_\_/\_\_\_\_/\_\_\_\_**  [ ]  No |
| Do you have a goal once this activity ends? | [ ]  Yes **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** [ ]  No |
| **Is there any further information you would like to share in support of your application?**[ ] **Yes** [ ] **No** |
| **Details:** |
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|  |
| Applicant Signature: |  | Date: |  |
| Referrer Signature: |  | Date: |  |

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| **Office Use Only (Criteria Check)** |
| DOH Application Approval |  | Age |  | Income |  | Activity Engagement |  |