**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 No  ShareWay 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 NorthBrisbane EastBrisbane South  Brisbane WestInner 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 No  Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **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): | | | | | | |  | | | | | | |  | | |
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| 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 |  |