



A new lease on life

Tenancy Referral Form

To refer a potential applicant, please complete this form and return to info@sanctuaryplace.com.au

APPLICANT DETAILS

Name	_____	Date	_____
Address	_____	Mobile	_____
	_____	Date of Birth	_____
Email	_____		_____

REFERRAL INFORMATION

Name and Company _____

Email _____

Telephone _____

Reason for Referral _____

What has the applicant being doing for the past 12 months?

Please complete all questions on the next page before emailing

What are the applicants current living arrangements?

Hotel/Motel Rental Homeless Friends/Family Refuge

Other _____

Does the applicant have a Support Worker No Yes - Details

(A support worker must be engaged with the applicant prior to accepting their application)

Is the applicant employed or looking for work No Yes - Details

Is the applicant on the Pension or Newstart? No Yes

Has the applicant been in a shared home before? No Yes

Is the applicant listed on TICA? No Yes

How quickly does the applicant need accommodation?

Does the applicant have any ongoing issues that we need to be made aware of? No

Yes

(If yes please provide details)

Please provide 100 points of ID for the applicant

Signed by (APPLICANT) _____

Date ____/____/____

Administration Use Only

Date Received _____ Interviewed? _____

Criteria Met _____ Date _____