

# INSECURE HOUSING ELIGIBILITY CONFIRMATION

Victorian  
housing register  
application



## STOP

**Only workers at designated community organisations** can fill out this form.

## Use this form to confirm a client's eligibility for Priority Access under the Insecure Housing category.

The community organisation must complete all sections.

If the client is living in temporary housing, then a housing worker from the organisation that organised and/or manages the accommodation should complete this form.

If the client is living temporarily with family or friends then this form should be completed by an Initial Assessment and Planning worker or an equivalent housing-related worker.

Both the community organisation and the client must sign the declaration at the end of the form.

### Need more information?

If support services have any questions or need help filling in this form, please contact the local Department of Health and Human Services office and speak to a Housing Advice and Assistance team member.



## SUBMITTING THIS FORM

Take or send this form to the Department of Health and Human Services office that is managing the client's application, or give this form to the client so they can provide it to the Department with their Priority Access application.

OFFICE  
USE ONLY

Date received  
/ /

Received by

Date registered  
/ /

Service ID

Complete?

Yes  No

Need help or want this document in another format? Go to [housing.vic.gov.au](https://housing.vic.gov.au) or contact your local Department of Health and Human Services office.



## FILLING IN THIS FORM

Use **blue** or **black** pen.

Write in **CAPITAL** letters.

Mark boxes with a  or .

### SECTION A

#### APPLICATION DETAILS

Q1 → Application number

Q2 → Applicant's full name

*Write your full name as it appears on official documents*

Q3 → Date of birth

#### Residential address

Q4 → Street name and number

Q5 → Suburb/Town

Postcode

### SECTION B

#### ORGANISATION DETAILS

Q6 → Organisation name

Q7 → EPRIN Number

*External Party Register Identification Number*

Q8 → Street name and number

Q9 → Suburb/Town

Postcode

Q10 → Telephone

### SECTION C

#### ELIGIBILITY CONFIRMATION

Q11 → Is the client living in temporary housing, such as transitional housing, a refuge, crisis housing, or emergency accommodation?

No  Yes

Q12 → Is the client living temporarily with family or friends?

No  Yes

Q13 → Provide details about the client's housing situation.

Q14 → What is the date the client arrived in this accommodation and how long can they stay?

Q15 → What is the reason they can't remain there?

Q16 → What assistance have you provided the client?

- Assessment by IAP worker for placement on prioritisation list and possible referral to support service
- Advice and assistance on housing options, including private rental information, eligibility for the bond loan scheme and possible funds towards rent in advance
- Information about social housing - community and public - and the Victorian Housing Register
- Help to source and secure permanent accommodation

## DECLARATION BY COMMUNITY ORGANISATION

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I declare that the client named in Section A of this application has demonstrated that their housing circumstances meets the Victorian Housing Register Priority Access guidelines under the Special housing needs – Insecure housing category.

The client has received the assistance indicated above.

This service has not been able to secure permanent accommodation for the client.

Worker's full name

Worker's signature \_\_\_\_\_

Date

/ /

## DECLARATION BY PRIMARY APPLICANT

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I hereby authorise the person and organisation named on this form to receive or provide information to the Director of Housing or officers acting on behalf of the Director of Housing.

Q17 → Do you consent to the organisation named above being contacted about your application?

- No    Yes

If yes, I authorise the Director of Housing, or officers acting on behalf of the Director of Housing to confirm information concerning this application with the service named in Section B of this form.

Applicant's full name

Applicant's signature \_\_\_\_\_

Date

/ /