

|  |
| --- |
| Insecure housing eligibility confirmation |
| Accessible version |

# Using this form

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

## Before you start

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.

# Submitting this form

Take or send this form to the Department of Health and Human Services offices 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.

# Need more information?

If support services have any questions or need help filling in this form, contact your local Department of Health and Human Services office that requested this form to be completed.

# OFFICE USE ONLY

| Date received |  |
| --- | --- |
| Received by |  |
| Date registered |  |
| Service ID |  |
| Complete? Yes or No |  |

# Section A

## Primary applicant details

We need to know about the primary applicant (the person who owns the housing application) so we can match this form to their application.

### Personal information

### Q1 Given name

| **Given name** |  |
| --- | --- |

### Q2 Middle name

| **Middle name** |  |
| --- | --- |

### Q3 Last name

| **Last name** |  |
| --- | --- |

### Q4 Date of birth

| **Date of birth** |  |
| --- | --- |

### Q5 Victorian Housing Register application number

| **Application number** |  |
| --- | --- |

### Q6 Telephone

| **Telephone** |  |
| --- | --- |

### Residential address

### Q7 Street name and number

| **Street name and number** |  |
| --- | --- |

### Q8 Suburb or town and postcode

| **Suburb or town** |  |
| --- | --- |
| **Postcode** |  |

# Section B

## Organisation details

## Eligibility confirmation

### Q9 Organisation name

| **Organisation name** |  |
| --- | --- |

### Q10 EPRIN

**EPRIN is the External Party Register Identification Number.**

| **EPRIN** |  |
| --- | --- |

### Q11 Street number and name

| **Street number and name** |  |
| --- | --- |

### Q12 Suburb or town and postcode

| **Suburb or town** |  |
| --- | --- |
| **Postcode** |  |

### Q13 Telephone

| **Telephone** |  |
| --- | --- |

# Section C

## Eligibility confirmation

### Q14 Is the applicant living in temporary housing, such as transitional housing, a refuge, crisis housing or emergency accommodation?

| Option | Mark with X |
| --- | --- |
| **No** |  |
| **Yes** |  |

### Q15 Is the applicant living temporarily with family or friends?

| Option | Mark with X |
| --- | --- |
| **No** |  |
| **Yes** |  |

### Q16 Provide details about the applicant's housing situation.

| ****Provide details about the applicant's housing situation.**** |
| --- |
|  |

### Q17 What is the date the applicant arrived in this accommodation and how long can they stay?

| ****What is the date the applicant arrived in this accommodation and how long can they stay?**** |
| --- |
|  |

### Q18 What is the reason they can't remain there?

| What is the reason they can't remain there? |
| --- |
|  |

### Q19 What assistance have you provided the applicant?

| Assistance type | Mark with X |
| --- | --- |
| 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 long term accommodation |  |

# Declaration by community organisation

I declare that the applicant 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 applicant has received the assistance indicated above.

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

| Worker’s full name |  |
| --- | --- |
| Worker’s signature | [Please sign by hand] |
| Date |  |

## Declaration by primary applicant

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.

### Q20 Do you consent to the organisation named above being contacted about your application?

| Option | Mark with X |
| --- | --- |
| **No** |  |
| **Yes** |  |

If yes, I 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 | [Please sign by hand] |
| Date |  |

To receive this publication in an accessible format phone 1300 475 170, using the National Relay Service 13 36 77 if required or [contact your local office](http://housing.vic.gov.au/contact-a-local-office) <http://www.housing.vic.gov.au/contact-a-housing-office>.

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

© State of Victoria, Department of Health and Human Services, March 2018.

ISBN 978-1-76069-296-4(/pdf/online)

Available at [Housing.Vic’s forms and guides](http://www.housing.vic.gov.au/forms-guides) page <http://www.housing.vic.gov.au/forms-guides> under the Apply for social housing heading.