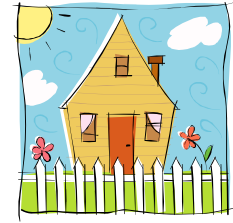


The R.E.N.T Program
2009 Application Form



Participants details

1. First Name.....Surname.....
Age.....Date/of/Birth..... Gender M/F
Phone number..... Mobile.....
Address.....
Date of course to attend.....

2. Name of referring Agency
Contact Name.....
Agency phone number..... Fax.....
Email
Postal Address.....

3. Has the young person been made aware of this referral: Yes / No
What is the young person's current accommodation?
 Homeless (moving from friend to friend, improvised dwelling, eg: tent, car)
 Currently renting in the private rental market
 At risk of becoming homeless
 Renting in social housing, eg: Department of housing / Community housing
 Shared accommodation
 Renting a caravan
 Living at home with immediate family

4. Has the young person rented a property before? Yes / No
If yes, how long did the young person rent for.....
Was the tenancy considered successful? Yes / No
If unsuccessful, what was the reason why?
.....
.....

4. How would the young person rate their existing knowledge on tenancy issues?
(1 being the lowest and 4 highest)

- 1. No previous knowledge or experience in the rental market or with tenancy issues
 - 2. Some knowledge of renting & tenancy issues
 - 3. Have had some personal experience in renting & tenancy issues
 - 4. Have rented previously and have good knowledge on tenancy issues
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5. Does the young person require any addition assistance to participate in the course? eg wheel chair access, reading / writing?.....
.....

6. Does the young person have special dietary needs? Yes/ No

- Vegetarian
 - Other.....
-

7. Please outline some of the outcomes / expectations the young person is hoping to achieve from participating in this course?

.....
.....

Igive the above agency permission to provide my personal details to the R.E.N.T program. I am aware of this referral and understand that I will be participating in the evaluation of the R.E.N.T program.

Signature young person..... Date.....

Signature referring agency..... Date.....

For more information please contact:

Dan Barnard at Christo Youth Services on 6584 9666, OR

Peter Carnaby at Youth Housing Support on 6584 4561

Please return this referral by mail, email or fax to:

Attention: Peter Carnaby

Youth Housing Support

PO Box 837

Port Macquarie NSW 2444

Email: peter@yhs.org.au OR Fax: (02) 6583 6520