



## HELPING HAND

Phone: (02)9556 1769; Fax: (02)9556 2679

P.O Box 659 Rockdale 2216

E-mail: [brokerage@2connect.org.au](mailto:brokerage@2connect.org.au)

Website: [www.2connect.org.au](http://www.2connect.org.au)

### **Application for Helping Hand Assistance**

***Before lodging an application for assistance, the agency has to ensure that the applicant has met the following criteria for application to be considered: (Please tick the box if criteria are met)***

- The person(s) currently reside(s) and / or have supportive links in the St George or Sutherland areas.
- The person(s) is 16yrs and over.
- The person(s) has provided documentation or other proof that they are at imminent risk of homelessness or have become homeless which you have attached to application (Eg, Termination Notice, Verification of eviction from Tenancy Tribunal etc).
- The person(s) has tried to obtain assistance from Housing DCJ to address their accommodation situation (Housing DCJ (Hurstville) – ph. 9585 7211)
- The person(s) situation is financially sustainable (ie. their accommodation cost is no more than 60% of the total household income).
- The person(s) does not have any unaddressed issues that will prevent them from sustaining accommodation in the private sector (eg: AOD, Mental Health, Unemployment etc).
- That your organisation is prepared to complete an assessment and provide whatever support is required to prevent the person from becoming homeless.

**Date of Application:**.....

### **Agency Details:**

1. Name of Organisation :.....
2. Name of worker: .....
3. Contacts: Ph..... Mobile.....



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### **Applicant Details:**

1. Name:.....

2. Address:.....

Post Code:..... 3. Contact number:.....

4. Date of Birth..... 5. Marital Status.....

6. Gender: Male  Female  Other .....

7. Country of Birth: ..... Year of Arrival (if born overseas): .....

8. Children Details (If any)  
Full Name, DOB & Country of Birth: .....

.....  
.....

9. Culturally Identify as:  
.....

10. Identify as: Aboriginal  Torres Strait Islander  No

11. Language Mainly Spoken At Home.....

12. Is Interpreter required: Yes  No

13. Employment Status: .....

14. Income Type:  
.....

15. Total Weekly Household Income (Estimate): .....



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16. Current Weekly Accommodation Cost: .....

17. Type of Current Accommodation (eg. House/Flat etc.) .....

18. Name, Address and Phone Number of Housing Provider:.....

.....

19. Is applicant a victim of Domestic Violence? Yes  No

20. Does applicant has difficulties with: Self Care  Mobility  Communication

21. Does applicant has mental health diagnosis? Yes  No

22. Other Services involved / working with applicant: .....

.....

23. Type of Assistance Required : .....

.....

24. Reason(s) for the Assistance:.....

.....

.....

25. Has applicant had an episode of homelessness: (a) in the last month? Yes No  
(b) in last 12 months? Yes / No

If Yes, where does the person live.....



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26. Is applicant eligible for government assistance to address their situation?  
(eg. Housing NSW Rentstart or a Centrelink Advance Payment/Crisis Payment)

Yes  No  If No, please provide reason: .....

.....

27. Have you been given consent to provide the applicant's personal information and for it to be used in reporting non-identifying data to Helping Hand's funding body?

Yes  No  Signature of Worker:.....

**The following document(s) in support of the application are attached:**

- Real Estate Agent advice of tenancy
- Evidence of Total Income
- Tenancy lease (eg. Centrelink Income Statement/Payslip etc.)
- Termination notice
- Other: .....
- Removalist quote/invoice (unpaid)
- Storage quote/invoice (unpaid)

**\*\*\* Please return completed application form and all necessary documents to Helping Hand by fax or email \*\*\***

**(Please contact the Office if you have not received a confirmation of the receipt of your application within 3 working days)**

For office use only:	<u>Agreements / Actions Agreed</u>
Date Commenced:    /    /	Date Concluded:    /    /    CIMS Entered <input type="checkbox"/>