



LAUNCH PAD and SHAREWAY APPLICATION FORM

This application form is **confidential** and used to determine your suitability and eligibility for the accommodation program.

Please note the following requirements:

- The Launchpad program is for **one tenant only**; we are unable to accommodate children and / or couples
- **The age range for the program is 18 – 25 years** (16-18 years may be considered where appropriately fitting the program guidelines)
- Active engagement in either education, training or employment is essential

Date:	
Referred by:	
Contact details of person referring:	

CLIENT'S PERSONAL DETAILS			
Full Name:			
D.O.B:		Gender:	
Current Address:			
Phone No.:		Email:	
Cultural Background:		First Language:	

Do you have a current Department of Housing Application? YES / NO			
If YES :	Assessed Needs Level:		Application Number:
If NO :	<p>You will need to complete a Department of Housing Application for Housing Assistance form. It can be found at www.qld.gov.au/housing/public-community-housing</p> <p>When you have the Application for Housing Assistance form, you can:</p> <ul style="list-style-type: none"> • Complete the form with help from the service referring you to YOS • Complete the form with help from family, friends, or another service • Complete the form on your own <p>Then, submit the completed form to a Department of Housing office.</p>		

Would you also like to be considered for a share house arrangement? YES / NO	
ShareWay is a shared house accommodation program which works with young people aged 18 - 25 years who are studying or working, interested in shared accommodation and wanting to engage in support to maintain their tenancy.	
Please list any names of persons that have or will be applying that you would consider sharing with.	



INCOME

Centrelink - *Payment type:* _____

Employment Family Public Trustee Other: _____

Total amount per fortnight: \$ _____

ACCOMMODATION HISTORY

Where are you currently living? (E.g.: With family, Youth Shelter, Boarding House etc.)

What are the circumstances that have resulted in you needing accommodation?

Issues that impacted previous tenancies:

- | | |
|--|--|
| <input type="checkbox"/> Rent Arrears
<input type="checkbox"/> Overcrowding/visitors
<input type="checkbox"/> Noise/behavioural breaches
<input type="checkbox"/> Damage to property
<input type="checkbox"/> Physical health issues
<input type="checkbox"/> Mental health issues
<input type="checkbox"/> Social isolation | <input type="checkbox"/> Budgeting
<input type="checkbox"/> Drug and alcohol issues
<input type="checkbox"/> Domestic /family violence
<input type="checkbox"/> Legal/court issues
<input type="checkbox"/> Employment/training
<input type="checkbox"/> Cleanliness
<input type="checkbox"/> Other: |
|--|--|

Day Time activities actively engaged in:

- Employment: (Provide details): _____
- Education / Study: (Provide details): _____
- Training: (Provide details): _____

Young Person signature:		Date:	
Support Worker signature		Date:	

Office Use Only (Criteria Check)

DOH Application Approval		Age		Income		Activity Engagement	
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