

Private Tenancy Support Service



REFERRAL FORM

Please complete this form and fax to (08) 9220 1252
or e-mail to privatetenancy@unitingcarewest.org.au

REFERING BODY (Tick)

- Property Manager Owner/ Landlord Case worker

DETAILS OF REFERING PERSON

Name & Agency

Telephone

Email

TENANT CONSENT TO REFER

I give permission for my Property manager and/ or case worker to share information on my tenancy with UnitingCare west Tenancy support, and for UnitingCare West to inform my Property manager and/ or case worker of the outcome of this request for service, and any other information relevant to my tenancy until I cease contact with UnitingCare West, or withdraw my consent.

Please tick presenting concerns in relation to tenancy:

- Rental arrears
- Property standards
- Property damage
- Complaints
- Ending the lease before due date
- Breach notice
- Eviction notice
- Other (please specify).....

Name:

Address:

Phone:

Signed:

Date:

Privacy: *UnitingCare West is committed to ensuring that all personal and sensitive information gathered by the Agency, will be collected, maintained, used and stored and disposed of in accordance with the requirements and obligations of the Privacy Act 1988, the Privacy Amendment (Private Sector) Act 2000, and the 10 National Privacy Principles as set out by the Privacy Commissioner.*