

**Women’s Services**

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**Tenancy Review and Exit Plan Form**

**Tenant name:**       **Date:**

**Support worker:**       **Support Agency:**

**Address of THM:**

**1st lease start date:**       **Months in property:**

The Transitional Housing Management Program has been designed as a response for people who are experiencing homelessness and who require a period of supported, stable housing whilst they seek long term housing and address any issues that may impact on the stability of future housing options.

Lease reviews are conducted in order to determine a tenant’s ongoing eligibility for transitional housing and their ability to maintain stable long term housing. Please submit the form to Women’s Housing Ltd Tenancy Administration Worker (TAW) so that the lease review can be assessed.

* *Lease extensions up to 7 months approved by TAW*
* *Lease extensions 8 - 19 months approved by WSM*
* *Lease extensions beyond 19 months approved by CEO*

A tenant may not be granted a second or subsequent period of tenancy if she is not adhering to the terms and conditions of her lease *or* does not meet the following conditions:

***Please complete all sections and obtain all required signatures***

**ONGOING SUPPORT ISSUES**

Is the tenant engaging with support and adhering to the case plan? **Yes** **[ ]  No** **[ ]**

Comments:

(Please check all that are appropriate and add any further information as required)

Ongoing domestic/family violence [ ]  Family / relationship break down [ ]

Financial management [ ]  Independent living skills [ ]

Ongoing legal/court issues [ ]  Culturally and linguistically diverse [ ]

Child protection requirements [ ]  Physical disability [ ] Intellectual disability [ ]  Social isolation [ ]

Awaiting visa/residency [ ]  Language barriers [ ]

Drug/Alcohol dependence [ ]  Access to education, employment [ ]

Mental Health [ ]  and training

Additional relevant information:

**ABILITY TO MAINTAIN TENANCY**

Please identify tenancy skills that could impact on your client’s ability to maintain a long term stable tenancy outside of the THM program.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Tenancy skill | No issue | Requires support | Addressing in case plan | Additional information |
| Rent:* Pays rent regularly and on time
* Responds to arrears notices
* Informs WHL of changes to income
 | **[ ]** **[ ]** **[ ]**  | **[ ]** **[ ]** **[ ]**  | **[ ]** **[ ]** **[ ]**  | **­­­­**      |
| Maintenance:* Reports maintenance in a timely manner
* Understands the need to be available for contractors
* Allows access for contractors
* Informs WHL if maintenance is not completed within timeframes
 | **[ ]** **[ ]** **[ ]** **[ ]**  | **[ ]** **[ ]** **[ ]** **[ ]**  | **[ ]** **[ ]** **[ ]** **[ ]**  |       |
| Other lease obligations: * House kept reasonably clean
* Tenant does not infringe upon neighbours’ right to peace and quiet enjoyment
* Tenant understands she is responsible for her visitors’ behaviour
* Tenant is aware of own rights and responsibilities under the Residential Tenancies Act.
 | **[ ]** **[ ]** **[ ]** **[ ]**  | **[ ]** **[ ]** **[ ]** **[ ]**  | **[ ]** **[ ]** **[ ]** **[ ]**  |       |
| Any other issues identified: | **[ ]** **[ ]**  | **[ ]** **[ ]**  | **[ ]** **[ ]**  |            |

**HOUSING EXIT**

Is the tenant actively seeking long term housing?  **Yes [ ]  No [ ]**

Applications for long term housing have been submitted by time of first lease review (3 months from sign up)? **Yes [ ]  No [ ]**

If No, please provide reasons:

WHL require **ALL** sustainable exit options to be explored. Please detail below what housing options have been explored with the tenant:

|  |
| --- |
| **OoH - Homeless with Support Category (Segment One)** |
| OoH App. No.      Approval Date:      Effective Date:      Tenant understands first property offer must be accepted? **Yes [ ]  No [ ]**  Complete details below OR attach CURRENT Segment One Approval LetterOoH Broadbands (if less than 3 please indicate reasons in comments or exemptions section below) 1.      2.      3.      Bedroom Size?      B/R’sOoH approved exemptions / modifications (please list):      **If Segment One NOT APPROVED please indicate reasons:** In progress **[ ]**  Not sustainable **[ ]** Date of lodgment / /  **[ ]** Not suitable **[ ]** Not eligible **[ ]** Additional comments:       |

|  |
| --- |
| **Community Housing**  |
| Applications / Expressions of interest submitted to:

|  |  |  |
| --- | --- | --- |
| **Housing Association** | **Date**  | **Location(s)** |
|       |       |       |
|       |       |       |
|       |       |       |

**If no applications submitted please indicate reasons:** In progress **[ ]**  Not sustainable **[ ]** Not suitable **[ ]** Not eligible **[ ]**  |

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| **Private Rental** |
| 55% of tenant’s income: $      per F/NIf private rental is the anticipated housing outcome WHL require a minimum of 3 applications per week (this will increase according to tenant’s circumstances). Please attach a list of all properties applied for and include location, rental amount, number of bedrooms, and real-estate agent. Location (List 3 main suburbs. It is assumed search includes surrounding areas):1.       2.       3.      Tenant understands the following private rental application conditions: Search must include surrounding suburbs  **Yes [ ]  No [ ]** Number of bedrooms in accordance with OOH bedroom policy **Yes [ ]  No [ ]** Market rent of property is up to 55% of income(include Commonwealth Rent Assistance) **Yes [ ]  No [ ]** **If no applications submitted please indicate reasons:** In progress **[ ]**  Not sustainable **[ ]** Not suitable **[ ]** Not eligible **[ ]**  |

**Tenant’s name:** **Signature:**

**Support worker’s name:** **Signature:**

|  |
| --- |
| **WHL office use only:**  |
| Approved / Not Approved / Require more information: Date:  |
| TAW: WSM: CEO:  |

Comments: