Referral to Greater Sydney Aboriginal

**Tenancy Service**

### *Client Referral Form* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** ……../……../……..

**Name of Clien**t: ……………………………………………………………………………..

**Contact phone number:** …………………………………………………………………..

**Address:** ......................................................................................................................

**Landlord/Property Owner:** …......................................................................................

**Property Manager:** …………………………………………………………………………

**Name of referring service:** ………………………………………………………………..

**Contact person and phone number:** ……………………………………………………

# Issues:

* Arrears ❑ Property care ❑ Nuisance and Annoyance
* Other (please specify): ………………………………………………………………......

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# Urgency:

* Urgent (immediate action required) ❑ Other (please specify action deadlines): ………………………………………………………………………………...

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* NCAT Action:

Compliance Order obtained YES / NO Date: ……../……../……..

Possession Order obtained YES / NO Date: ……../……../……..

Warrant of Posession obtained YES / NO Date: ……../……../……..

Is the client aware of referral YES / NO (please circle)

# Comments:

Please attach a copy of GSATS Authority to Act Form signed by the Client (if possible)