

Aged Homelessness Assistance Program

Vacancy advertisement form

A housing provider completes this form to advertise a vacant Aged Homelessness Assistance Program property.

Email all nominations to Housing SA on DLDHSAgedHomelessnessAssistanceProgramReferrals@sa.gov.au by the nomination due date.

Nominations for this property must be received by: _____

Housing provider's details

Housing provider: _____

Name: _____

Phone: _____ Email: _____

Property details

Suburb: _____

Allocation date: _____

Are there internal stairs? Yes No

Number of entry steps: _____

Size of yard: _____

Describe private car park facilities: _____

Stove: Gas Electric

Water heater: Gas Electric Solar

Heating system Gas Electric Solar N/A

Separate shower Separate bath Shower over bath

Is there access to public transport? Yes No

Describe any property modifications, for example handrails:

Describe any other issues affecting the allocation selection, for example neighbourhood disruption:

Describe any risk factors, for example in a group of 10 units:

Other factors to consider, for example no pets:

Office use only

Nomination and Allocation Panel meeting date: _____

Housing SA customer number: _____