|  |  |
| --- | --- |
|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. |
| This form is to be used in addition to an application for public housing services. |
| Office use only |
| Received by |  | Date |  / / |
| Group no |  | Application | [ ]  Rebate [ ]  Public Housing [ ]  Bond [ ]  Other  |
| Household member |
| Title | [ ]  Mr / [ ]  Mrs / [ ]  Ms / [ ]  Miss / [ ]  Other | Gender | [ ]  Male [ ]  Female [ ]  Unspecified  |
| First name(s) |  |
| Last name |  | Date of Birth |  / / |
| Mobile |  | Other phone |  |
| Relationship to applicant / tenant |  |
| Aboriginal or Torres Strait Islander | [ ]  Aboriginal [ ]  Torres Strait Islander [ ]  Do not identify as Aboriginal or Torres Strait Islander  |
| DisabilityIf Yes, please specify | [ ]  Yes [ ]  No [ ]  Psychiatric [ ]  Physical [ ]  Intellectual [ ]  Sensory ☐ Other  |
| Household member |
| Title | [ ]  Mr / [ ]  Mrs / [ ]  Ms / [ ]  Miss / [ ]  Other | Gender | [ ]  Male [ ]  Female [ ]  Unspecified  |
| First name(s) |  |
| Last name |  | Date of Birth |  / / |
| Mobile |  | Other phone |  |
| Relationship to applicant / tenant |  |
| Aboriginal or Torres Strait Islander | [ ]  Aboriginal [ ]  Torres Strait Islander [ ]  Do not identify as Aboriginal or Torres Strait Islander  |
| DisabilityIf Yes, please specify | [ ]  Yes [ ]  No [ ]  Psychiatric [ ]  Physical [ ]  Intellectual [ ]  Sensory ☐ Other  |
| Household member |
| Title | [ ]  Mr / [ ]  Mrs / [ ]  Ms / [ ]  Miss / [ ]  Other | Gender | [ ]  Male [ ]  Female [ ]  Unspecified  |
| First name(s) |  |
| Last name |  | Date of Birth |  / / |
| Mobile |  | Other phone |  |
| Relationship to applicant / tenant |  |
| Aboriginal or Torres Strait Islander | [ ]  Aboriginal [ ]  Torres Strait Islander [ ]  Do not identify as Aboriginal or Torres Strait Islander  |
| DisabilityIf Yes, please specify | [ ]  Yes [ ]  No [ ]  Psychiatric [ ]  Physical [ ]  Intellectual [ ]  Sensory ☐ Other  |
| Household member |
| Title | [ ]  Mr / [ ]  Mrs / [ ]  Ms / [ ]  Miss / [ ]  Other | Gender | [ ]  Male [ ]  Female [ ]  Unspecified  |
| First name(s) |  |
| Last name |  | Date of Birth |  / / |
| Mobile |  | Other phone |  |
| Relationship to applicant / tenant |  |
| Aboriginal or Torres Strait Islander | [ ]  Aboriginal [ ]  Torres Strait Islander [ ]  Do not identify as Aboriginal or Torres Strait Islander  |
| DisabilityIf Yes, please specify | [ ]  Yes [ ]  No [ ]  Psychiatric [ ]  Physical [ ]  Intellectual [ ]  Sensory ☐ Other  |
| Household member |
| Title | [ ]  Mr / [ ]  Mrs / [ ]  Ms / [ ]  Miss / [ ]  Other | Gender | [ ]  Male [ ]  Female [ ]  Unspecified  |
| First name(s) |  |
| Last name |  | Date of Birth |  / / |
| Mobile |  | Other phone |  |
| Relationship to applicant / tenant |  |
| Aboriginal or Torres Strait Islander | [ ]  Aboriginal [ ]  Torres Strait Islander [ ]  Do not identify as Aboriginal or Torres Strait Islander  |
| DisabilityIf Yes, please specify | [ ]  Yes [ ]  No [ ]  Psychiatric [ ]  Physical [ ]  Intellectual [ ]  Sensory ☐ Other  |
| Household member |
| Title | [ ]  Mr / [ ]  Mrs / [ ]  Ms / [ ]  Miss / [ ]  Other: | Gender | [ ]  Male [ ]  Female [ ]  Unspecified  |
| First name(s) |  |
| Last name |  | Date of Birth |  / / |
| Mobile |  | Other phone |  |
| Relationship to applicant / tenant |  |
| Aboriginal or Torres Strait Islander | [ ]  Aboriginal [ ]  Torres Strait Islander [ ]  Do not identify as Aboriginal or Torres Strait Islander  |
| DisabilityIf Yes, please specify | [ ]  Yes [ ]  No [ ]  Psychiatric [ ]  Physical [ ]  Intellectual [ ]  Sensory ☐ Other  |
| End of form |