|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 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 | | | | | | | |
| Disability  If 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 | | | | | | | |
| Disability  If 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 | | | | | | | |
| Disability  If 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 | | | | | | | |
| Disability  If 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 | | | | | | | |
| Disability  If 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 | | | | | | | |
| Disability  If Yes, please specify | | | | | Yes  No  Psychiatric  Physical  Intellectual  Sensory ☐ Other | | | | | | | | | |
| End of form | | | | | | | | | | | | | | |