This form is to be completed by Customer applying for additional people to their household.

Please include the details of each new additional occupant to be housed with you. Attach proof of identity for each additional occupant in your household. You will also need to attach Proof of Citizenship, Residency or Visa Category, property ownership, income and assets for each additional person 18 years old or over. See the Factsheet - Evidence Requirements for more information.

If you need more information or assistance completing this form, please contact Hume Housing, Customer Service, 02 9777 4300 to book an appoint with your Neighbourhood Officer/ Support Coordinator or come into one of our offices.

Please mark relevant boxes with a  If you need more room to answer any questions, please include details on a separate page and attach it to this form.

**Customer Information**

|  |  |
| --- | --- |
| **Customer last name or family name:** | **Given name(s):** |
| **Tenancy Address:** | **Phone:**  **Mobile:** |

**Additional occupant information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Full Name**  (include: first, middle and family names) | **Title**  (Mr Mrs,  Miss, Ms) | **Sex**  M/F | **Date of Birth** | **Relationship to you** | **Customer Reference Number (CRN)**  (if applicable) | **Contact Phone Number** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Country of Birth**

**Is the additional occupants born in Australia?**  Yes  No

If no, please completed table below;

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Additional Occupant** | **Country of Birth** | **Main language spoken at home** | **Australian Citizen**  **Y/N** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Non Australian citizen**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Additional Occupant** | **Residency status**  (e.g. sponsored migrant,  New Zealand Special  Category Visa, refugee) | **Visa subclass**  **number** | **Date of arrival** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**For each additional occupant who is not an Australian citizen, what is their residency status and their Visa Sub-class number?**

**Additional occupant’s current housing situation**

**Do any additional occupants live at your property now?**  Yes  No

|  |  |  |
| --- | --- | --- |
| **Name of Additional Occupant** | **Living with you now**  **What date did they move in?** | **Not living with you now**  **What is the current address?** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Additional occupant’s housing history**

**Do any additional occupants have a current application for social housing?**  Yes  No

|  |  |  |
| --- | --- | --- |
| **Name of Additional Occupant** | **Customer Code or**  **Property Code** | **Wishes to remain on the**  **NSW Housing register? (Y/N)**  *If no, the additional occupant*  *should provide a written request to*  *remove them from the register* |
|  |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |

**Are any of the additional occupants a current customer, an additional occupant or a former customer of Hume or Housing NSW?**  Yes  No

**Aboriginal or Torres Strait Islander Origin**

**Are you, or the additional occupant, of Aboriginal or Torres Strait Islander origin?**

If not already provided, attach confirmation of Aboriginality. Refer to Factsheet – Evidence Requirements

Yes  No

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Additional Occupant** | **Aboriginal** | **Torres Strait**  **Islander** | **Aboriginal and**  **Torres Strait**  **Islander** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Disability/ongoing medical condition**

**Do you or anyone on this application have a disability or ongoing medical condition?**

Attach proof of disability or medical condition. Refer to Factsheet – Evidence Requirements

Yes  No

|  |  |
| --- | --- |
| **Name of the person with the disability or medical condition** | **Disability or medical condition** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Support arrangements**

**Do you or a person on this application receive ongoing support from an organisation, a program or a person/individual?** Attach documents that support your answer. Refer to Factsheet – Evidence Requirements

Yes  No

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of person receiving support** | **Name of**  **organisation or**  **program providing**  **support**  (if relevant) | **Name of support**  **worker or person/**  **individual** | **Contact phone**  **number** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Customer’s permission and declaration**

I give my permission for the additional occupant listed in this application to be housed with me, if Hume Community Housing approves this application. I understand that this application does not in any way make the additional occupants eligible for separate accommodation in their own right. I acknowledge that the rent for the property will be reassessed and may increase due to the inclusion of an additional occupant.

I state that the information contained herein is true and correct in every way.

|  |  |  |
| --- | --- | --- |
| **Customer’s name (please print):** | **Customer’s signature:** | **Date:** |
| **Customer’s name (please print):** | **Customer’s signature:** | **Date:** |

**Notice and Consent**

**Under the *Privacy and Personal Information and Protection Act 1998,* and the *Health Records and Information Privacy Act 2002,* you must be told why your personal information (including health information) is being collected, how it will be used and whether it will be given or exchanged with another party.**

**Notice**

Your personal information and any relevant health information provided on this form will be used for the purpose of processing this application.

**Consent**

Each additional occupant on the application aged 18 years or over must provide their written permission for their personal information to be collected by the customer.

I give my permission for my personal information in this form to be collected by the customer.

|  |  |  |
| --- | --- | --- |
| **Additional Occupant name (please print):** | **Signature:** | **Date:** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**\*\*\*Office Use Only\*\*\***

Application approved?  Yes

No

**Yes:**

|  |
| --- |
| * Issue approval letter to the customer |
| * Issue approval letter to the additional occupant |
| * Issue Rent Subsidy Application form to the customer |

**No:**

|  |
| --- |
| * Issue declined letter to the customer |
| * If the additional occupant is already living in the dwelling advise customer that the occupant must vacate |
|  |

SDM updated

Rent subsidy updated

|  |  |  |
| --- | --- | --- |
| Neighbourhood Officer’s name (please print) | Signature: | Date: |
|  |  |  |