

Form: Additional Occupant

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  $\boxtimes$  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	Rel to y	ationship /ou	Customer Reference Number (CR (if applicable)		Contact Phone Number
Country of Birth  Is the additional occupants born in Australia?  Yes No								
Is the additional occupants born in If no, please completed table below;	Australia	•	l		63			
Name of Additional Occupant	Country of Birth				Main spoken a	language t home	Aus Citi Y/N	
	<u> </u>				<u> </u>			

Policy Name:	F- Add Occupant	Version:	001
Requires T.V Consultation	No	Effective Date:	17/02/2014
Requires Board Approval	No	Approved Date:	16/02/2014
Approved by:	C00	Review Date:	17/02/2016



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No

No

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Non Australian citizen  For each additional occupant who Visa Sub-class number?	is n	ot an Australian citizen,	what i	s their residency	status and their
Name of Additional Occupant	(9		Visa subclass number		Date of arrival
Additional occupant's current hous Do any additional occupants live at				☐ Yes	□No
Name of Additional Occupant		Living with you now What date did they move	e in?	Not living with y What is the curr	
Additional occupant's housing hist	_				
Do any additional occupants have a	a cur	rent application for social	housi	ing?	☐ No
Name of Additional Occupant		Customer Code or Property Code		remove them from	egister? (Y/N) nal occupant written request to n the register
				Yes	No No
				☐ Yes	□ No □ 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?					

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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	n						
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							
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				

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# 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 print):	Occupant	name	(please	Signature:	Date:

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

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Application approved?	☐ Yes	
	□No	
Yes:		
Issue approval letter to the customer Issue approval letter to the additional of Issue Rent Subsidy Application form to		
No:		
Issue declined letter to the customer If the additional occupant is already livi	ing in the dwelling advise customer that the	occupant must vacate
SDM updated		
Rent subsidy updated		
Neighbourhood Officer's name (please print)	Signature:	Date:

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