

Second Applicant Section

You must complete this section if you are applying for housing assistance with another person.

You must be [eligible](#) for housing assistance and be aged 16 and above. You will be listed as a Tenant on the Tenancy Agreement when you sign it.

You must answer all questions unless they are optional.

Please sign the Privacy Statement and the Disclaimer and Agreement in the Application for Housing Assistance.

Personal Details

Full legal name

Other names you have been known by

Preferred name

Date of birth

Gender

Residential Address

Postal Address (if different)

Phone number

Email Address

Relationship to other applicant (if applicable)

Are you a citizen/resident of Australia without time limit?

Yes

No

Have you lived in the ACT for more than 6 months?

Yes

No

Do you identify as First Nations?

Yes

No

I don't wish to answer this question

What is your country of birth?
(this information is used for reporting purposes only).

What is your preferred language?

Do you need an interpreter?

Yes

No

Do you have a legal, financial guardian or power of attorney related to housing?

Yes No

Full name

Phone number

Email

Emergency contact details

Full name

Phone number

Email

What is their relationship to you?

Family or Friend

Support person or agency

Other

Income and Assets

We need to know your income and assets. To be eligible for housing assistance as a joint applicant, you must meet current income and asset limits. Find out your eligibility here : [Check your eligibility.](#)

Please include if you:

- **Receive** child support payments.
- **Pay** child support. We exclude it from the income and assets limit.

Income	Gross Weekly Amount (before tax)
Centrelink benefits/ Family Tax Benefit	\$
Wages	\$
Casual earnings	\$
Self-employed	\$
Child support payments you receive	\$
Overseas pension / payments	\$
Compensation / insurance payments	\$
Investment from banks, shares, companies' income	\$
Rental income	\$
Other income	\$
Total	\$
Child support payments made to someone else	\$

Do you own or have partial ownership of a residential property in Australia? This includes properties that you are unable to live in for a range of reasons.

No

Yes

Please enter the details of all assets. This does not include the vehicle which you use to get around.

Assets	Total Value
Bank Account/Savings/ Term deposit	\$
Shares/ Bonds/ Stocks/ Investments	\$
Secondary vehicle/boats/ caravans	\$
Other assets (including superannuation that can be accessed)	\$
Commercial property or land in Australia	\$
Land or property overseas	\$
Residential property in Australia	\$
Total	\$

Health and Wellbeing

We can support you if you have health and wellbeing requirements. Please tell us if you have medical needs, health issues or disabilities which significantly affect your ability to work or live independently.

This helps us understand how we can support your housing need.

Please include evidence to support your answers in this application. You can use the evidence checklist to check if you have suitable documents to support your application.

You can also provide the Medical Support Form to your medical professional. Return it to us after it has been completed.

Do you have any significant disability or health conditions that impact your ability to work or find other housing options?

No **end of section**

Yes

Please select the type of condition(s)

Intellectual/
learning

Sensory/speech

Physical health, disability or
neurodiverse

Psychosocial/
mental health

Trauma*

Alcohol and drug dependency

Other addictive behaviours
(eg; gambling)

*Trauma includes past incidents of domestic violence, childhood abuse or torture which still affects your wellbeing.

Please select the option that best describes how the condition(s) impact your ability to work or find suitable housing:

(select one option only)

The condition(s) have a temporary or short-term effect.

A short -term effect may include an injury, surgery recovery period or condition(s) that improve with treatment.

The condition(s) have an ongoing moderate effect.

An ongoing moderate effect may include condition(s) which can be managed with ongoing treatment but affects your ability to work or live in shared accommodation.

The condition(s) will worsen and have an increasing effect.

An increasing effect means the condition(s) are degenerative or will continue to get worse over time, making it harder for you to work or find suitable housing.

The condition(s) have an ongoing major effect.

An ongoing major effect generally means you receive the Disability Support Pension (DSP) or Aged Pension and need constant support to manage day-to-day living.

Please select the option that best describes the level of support you need to manage day-to-day living:

You need someone to help you shower, cook, clean, shop or participate in activities.

(select one option only)

No support or occasionally when unwell

Regular support on a weekly or fortnightly basis

Daily support

I need full-time 24 hour care

Do you need an overnight carer?

You have strong health or disability reasons for a Registered Carer to stay overnight.

No

Yes

How many overnight stays are needed each week?