

Residents Section

Please complete this section for each person who will live with you. This includes family, friends, housemates or children aged 16 and above.

If there are children under 16 or people who you support financially and will live with you, please complete the **Children and Dependants section**.

Personal Details

Full legal name

Date of birth

Gender

Relationship to you

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

Yes

No

Do they identify as First Nations?

Yes

No

I don't wish to answer this question

Income and Assets

We need to know their income and assets. To be eligible for housing assistance together, the total income and assets of your household needs to meet current limits. Find out their eligibility here: [Check your eligibility - Housing \(act.gov.au\)](https://act.gov.au/eligibility-housing)

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	\$

Please enter the details of all assets. This does not include the vehicle which they 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 household members with health and wellbeing requirements. Please tell us if they have medical needs, health issues or disabilities which significantly affect 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.

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

Does this person have any significant disability or health conditions that impact your ability to find other housing options?

No **(end of section)** Yes

Does this person consent for their information to be included in this application?

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 their wellbeing.

Please select the option that best describes how this person's condition(s) affect your ability to 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 this person needs to manage day-to-day living:

They need help to 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

They need full-time 24 hour care

Do they need an overnight carer?

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

No

Yes

How many overnight stays are needed each week?