



# Application for an Additional Occupant

This form is to be completed by a tenant to apply to Housing NSW for additional people to join their household. The questions that we need evidence for are marked on the form. Information about the type of evidence we need is in the *Evidence Requirements Information Sheet*. For information or assistance with this form, phone **1300 Housing** 24 hours a day, seven days a week. 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.

Client reference number	T-File number	Payment reference number
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Tenant details

Title   
Mr, Mrs, Ms, Miss

Last name or family name

Given name (s)

Unit/House number  Street/Avenue

Town/Suburb  Postcode

Phone  Mobile

Email address

## Additional occupant information

This section is to be completed by the Tenant. 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 *Evidence Requirements Information Sheet* for

### A1. Personal details of additional occupant

Full name (include: title, first, middle and family names)	Title (Mr Mrs, Miss, Ms)	Sex M/F	Date of birth	CRN (if applicable)	Date when moving into property
			DD / MM / YYYY		DD / MM / YYYY
			DD / MM / YYYY		DD / MM / YYYY
			DD / MM / YYYY		DD / MM / YYYY
			DD / MM / YYYY		DD / MM / YYYY

**Note:** If there are more than five additional occupants on your application, ask for an extra copy of this form.

Is the additional occupant known by another name?

Yes  
↓ Give details

No → Go to next question

Name of additional occupant	Name additional occupant is known by

## A2. Relationship to the tenant

What is the additional occupant's relationship to the tenant ?

Name of additional occupant	Relationship to tenant (e.g. friend, daughter, partner)

## A3. Country of birth

Is the additional occupant born in Australia?

Yes  
Give details




No  
Give details



Name of additional occupant	Country of birth	Main language spoken at home	Australian Citizen Y/N (If no, go to A4)

## A4. Non Australian citizen

For each additional occupant who is not an Australian citizen, what is their residency status and their visa subclass number?

(Give their names, write the relevant residency status then write the visa subclass number)

Name of additional occupant	Residency status (e.g. sponsored migrant, New Zealand Special Category Visa, refugee)	Visa subclass number	Date of arrival
			DD / MM / YYYY
			DD / MM / YYYY
			DD / MM / YYYY
			DD / MM / YYYY

## A5. Additional occupant's housing history

Do any additional occupants have a current application for housing?

Yes

No

Name of additional occupant	T-file number or Client reference number	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

Are any of the additional occupants a current tenant, an additional occupant or a former tenant of Housing NSW?

Yes

Give details below

No


### A6. Aboriginal or Torres Strait Islander Origin

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

Yes

List person's name and tick if they are Aboriginal, Torres Strait Islander or both

No

 If not already provided, attach confirmation of Aboriginality. See the *Evidence Requirements Information Sheet* for details.

Name	Aboriginal	Torres Strait Islander	Aboriginal and Torres Strait Islander
			DD / MM / YYYY
			DD / MM / YYYY
			DD / MM / YYYY
			DD / MM / YYYY


### A7. Disability/ongoing medical condition

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

Yes

Provide details below

No

 Attach proof of disability or medical condition. See the *Evidence Requirements Information Sheet* for details.

Name of the person with the disability or medical condition	Disability or medical condition

## A8. Support arrangements

Do you or a person on this application receive ongoing support from an organisation, a program or a person/individual?

Yes

No

Give details below



Attach documents that support your answer.  
See the *Evidence Requirements Information*

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

## Tenant's permission and declaration

I give my permission for the additional occupant listed in this application to be housed with me, if Housing NSW approves the application. I understand that this application does not in any way make the additional occupants eligible for separate accommodation in their own right. I state that the information contained herein is true and correct in every way, and I understand that fines or imprisonment or both can be imposed under the *Housing Act 2001* for making a false statement or false representation.

Tenant's name (Please print)

Tenant's signature

Date

## Notice and consent

Under the *Housing Act 2001*, 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.

Under the *Housing Act 2001* a fine of up to \$2,200 and/or three months imprisonment applies for making a false statement or representation. Anyone who wilfully makes any false statements that result in them obtaining accommodation or financial benefit of any kind may be refused further assistance or prosecuted.

### 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 tenant.

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

Additional occupant name (please print)	Signature	Date
		DD / MM / YYYY
		DD / MM / YYYY
		DD / MM / YYYY
		DD / MM / YYYY

**Office Use Only**

Application approved?

Yes

No

- Issue approval letter to the tenant
- Issue approval letter to the additional occupant
- Issue Rent Subsidy Application form to the tenant

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

Rent subsidy updated

Client Service Officer's name (please print)

Signature

Date