

Additional Resident Form



TENANT DETAILS	
Address of property	
Tenant name	
Occupation date	

ADDITIONAL RESIDENT DETAILS			
Name:	First name		Surname
Former address			
Telephone contact/s			
Relationship to tenant			
Date moved in			
Date of birth			
Indigenous	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Not Aboriginal		
First language			
Interpreter required	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Disability	<input type="checkbox"/> None <input type="checkbox"/> Psychiatric <input type="checkbox"/> Physical - Diverse <input type="checkbox"/> Unknown	<input type="checkbox"/> Intellectual - Learning <input type="checkbox"/> Sensory – Speech <input type="checkbox"/> Multiple	
HASI Package	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Next of Kin	Name		
	Address:		
	Contact Details:		
Type of income received			
Centrelink CRN (if applicable)			
Next payment date			

ACKNOWLEDGEMENT	
Client authorisation	<p>I declare the above information is true and correct.</p> <p>I have attached proof of income for the additional resident.</p> <p>Signature of tenant: Date:</p>