

Additional household members form

This form is to be used in addition to an application for public housing services.

OFFICE USE ONLY	Receiving LGDHCD user ID		Date	
TMS Group no		Application	<input type="checkbox"/> Rebate	<input type="checkbox"/> Public Housing
			<input type="checkbox"/> Bond	<input type="checkbox"/> Other

Household member				
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
First name(s)				
Last name			Date of Birth	
Mobile			Home phone	
Relationship to applicant / tenant				
Aboriginal or Torres Strait Islander	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Do not identify as Aboriginal or Torres Strait Islander			
Disability If Yes, please specify	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Psychiatric <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Sensory <input type="checkbox"/> Other			
Household member				
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
First name(s)				
Last name			Date of Birth	
Mobile			Home phone	
Relationship to applicant / tenant				
Aboriginal or Torres Strait Islander	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Do not identify as Aboriginal or Torres Strait Islander			
Disability If Yes, please specify	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Psychiatric <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Sensory <input type="checkbox"/> Other			
Household member				
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
First name(s)				
Last name			Date of Birth	
Mobile			Home phone	
Relationship to applicant / tenant				
Aboriginal or Torres Strait Islander	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Do not identify as Aboriginal or Torres Strait Islander			
Disability If Yes, please specify	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Psychiatric <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Sensory <input type="checkbox"/> Other			

Additional household members form

Household member			
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
First name(s)			
Last name		Date of Birth	
Mobile		Home phone	
Relationship to applicant / tenant			
Aboriginal or Torres Strait Islander	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Do not identify as Aboriginal or Torres Strait Islander		
Disability If Yes, please specify	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Psychiatric <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Sensory <input type="checkbox"/> Other		
Household member			
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
First name(s)			
Last name		Date of Birth	
Mobile		Home phone	
Relationship to applicant / tenant			
Aboriginal or Torres Strait Islander	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Do not identify as Aboriginal or Torres Strait Islander		
Disability If Yes, please specify	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Psychiatric <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Sensory <input type="checkbox"/> Other		
Household member			
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
First name(s)			
Last name		Date of Birth	
Mobile		Home phone	
Relationship to applicant / tenant			
Aboriginal or Torres Strait Islander	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Do not identify as Aboriginal or Torres Strait Islander		
Disability If Yes, please specify	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Psychiatric <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Sensory <input type="checkbox"/> Other		