

APPLICATION FOR AN ADDITIONAL OCCUPANT

This form is to be completed by a tenant to apply to Alliance Housing WA for additional people to join their household. The questions that we need evidence for are marked on the form.

TITLE _____ FULL NAME _____

EMAIL _____ PHONE _____

STREET ADDRESS _____

SUBURB _____ POSTCODE _____

How many new additional occupants do you want to add? _____

Person 1

Full name _____

Date of Birth (dd-mm-yyyy) _____ Relationship to you _____

Customer Reference Number (CRN) _____

Date when moving into property _____

Country of Birth

Is the additional occupant born in Australia?

Yes / No

Additional occupant's current housing situation

Does this additional occupant currently reside at your property?

Yes / No

Additional occupant's housing history

Does this additional occupant have a current application for housing?

Yes / No

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Is this additional occupant a current tenant, an additional occupant or a former tenant of Alliance Housing WA?

Yes / No

Aboriginal or Torres Strait islander Origin

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

Yes / No

If not already provided, please attach confirmation of Aboriginality.

Disability/ongoing medical condition

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

Yes / No

Attach proof of disability or medical condition.

Support arrangements

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

Yes / No

Attach documents that support your answer.