

TENANT INFORMATION FORM

This form is to be complete by each adult.

First Name:		
Surname:		
DOB:		
Marital Status:		
Gender:		
Country of Birth:		
Aboriginal or Torres Strait Islander (ATSI):		
Non-English-Speaking Background (NESB):		
Language:		
Ethnicity:		
Interpreter Required:		
Disabilities:		
Phone Number:		
Email Address:		
Customer Reference No.:		
Bank Details	Name of Bank:	
	Account Name	
	BSB	
	Account Number	
Previous Name:		
Support Service:		

Support Worker:		
Current Housing Situation (rental, homeless, friends):		
Current Income Type:		
(Household Compliment)	Number of Adults:	
	Number of Children:	
Next of Kin:	Name:	
	Address:	
	Phone Number:	

Complete the table below for each dependent child.

	First Name	Surname	M/F	Date of Birth	ATSI / NESB	Disability
1.						
2.						
3.						
4.						
5.						
6.						