ADDITIONAL DEPENDENT CHILDREN

Use this form to tell us about up to four other dependent children that you want listed on your application for social housing.

If you need to add more children, you will need to use extra copies of this form.

FILLING IN THIS FORM

Use blue or black pen. Write in CAPITAL letters. Mark boxes with a ☑ or ☒.

SECTION A

APPLICANT’S DETAILS

In this section, we ask for the details of the person who is the owner (primary applicant) of the Victorian Housing Register application.

Personal Information

Q1 → Title
☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Prof ☐ Dr ☐ Other

Q2 → First name

Q3 → Middle name

Q4 → Last name

Q5 → Date of birth
/ / /

Q6 → Gender
☐ Male ☐ Female ☐ Indeterminate ☐ Intersex ☐ Other

Q7 → Application number

Q8 → Telephone

Postal address

If you don’t have a postal address, you can enter the postal address of a friend, relative or support worker.

Q9 → Street name and number

Q10 → Suburb/Town

Postcode

OFFICE USE ONLY

Date received / / 

Received by

Date registered / / 

Service ID

Complete?
☐ Yes ☐ No

Need help or want this document in another format? Go to housing.vic.gov.au or contact your local Department of Health and Human Services office.
Residential address

011 ➔ □ Same as postal address □ I don’t have a fixed address

012 ➔ Street name and number

013 ➔ Suburb/Town

SECTION B
ADDITIONAL DEPENDENT CHILDREN DETAILS

In this section, we ask for the details of all dependent children you want to add to your Victorian Housing Register application.

DOCUMENT REQUIRED
You will need to give us a copy of a Medicare card, Health Care Card, or a birth certificate or extract to confirm the name of each child.
If you are requesting additional rooms for child access arrangements, we will also need documentation from a solicitor, the Family Law Court, or a statutory declaration from the primary caregiver to confirm the custody arrangements.

DEPENDENT CHILD 1

014 ➔ First name

015 ➔ Middle name

016 ➔ Last name

017 ➔ Primary caregiver

018 ➔ Date of birth / / 

019 ➔ Gender □ Male □ Female □ Indeterminate □ Intersex □ Other

020 ➔ Country of birth □ Australia □ Other

021 ➔ Aboriginal status □ No □ Aboriginal □ Torres Strait Islander □ Both

022 ➔ Australian residency status □ Australian citizen □ Temporary Protection Visa □ Sponsored migrant □ Permanent resident □ Protection Visa □ New Zealand resident □ Resolution of Status Visa

023 ➔ If they were born overseas, when did they start living in Australia? / /
DEPENDENT CHILD 2

Q24 → First name

Q25 → Middle name

Q26 → Last name

Q27 → Primary caregiver

Q28 → Date of birth

Q29 → Gender

Q30 → Country of birth

Q31 → Aboriginal status

Q32 → Australian residency status

Q33 → If they were born overseas, when did they start living in Australia?

Need help? Visit housing.vic.gov.au/forms-guides or contact your local office.
DEPENDENT CHILD 3

034 → First name

035 → Middle name

036 → Last name

037 → Primary caregiver

038 → Date of birth

039 → Gender

040 → Country of birth

041 → Aboriginal status

042 → Australian residency status

043 → If they were born overseas, when did they start living in Australia?

Need help? Visit housing.vic.gov.au/forms-guides or contact your local office.
DEPENDENT CHILD 4

044 → First name
045 → Middle name
046 → Last name
047 → Primary caregiver
048 → Date of birth
049 → Gender
050 → Country of birth
051 → Aboriginal status
052 → Australian residency status
053 → If they were born overseas, when did they start living in Australia?

INCOME AND ASSETS

If any of the children earn any income and own or part-own any assets (incl. real estate), list them in this table.

<table>
<thead>
<tr>
<th>Child’s name</th>
<th>Income/asset type</th>
<th>Gross Income (per week) or Asset Value ($)</th>
<th>If asset, can it be cashed in or sold?</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

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SECTION C
DECLARATION

This section is to be completed by the person who is the owner (primary applicant) of the Victorian Housing Register Application.

I declare that all the information requested in this additional dependent children form has been provided, and is true and correct.

I acknowledge that I must advise the Department of Health and Human Services if my circumstances change, and update the department with any details that are relevant to my application.

WARNING: If you wilfully give information that is untrue in this application, you may be liable to penalties under Section 40 of the Housing Act 1983 (VIC).

By signing this form, I have

☐ Completed all applicable areas of the form
☐ Attached all relevant documents, indicated with a icon

Full name ____________________________

Signature ____________________________ Date __/__/____

Information privacy

The Department of Health and Human Services is committed to protecting the privacy of your personal information. Personal information is information which directly or indirectly identifies a person. We need to collect and handle your personal information in order to be able to process your application. All the information you give us will be handled in accordance with the Privacy and Data Protection Act 2014 and the Health Records Act 2001.

If you are using other department programs we may share some of your information with them to help us coordinate better services for you. We will not use your information for any other purpose other than those listed on these forms, to provide services to you, or without your consent, unless the law requires us to do so.

You can access your information through the Freedom of Information Act 1982 or through the Privacy and Data Protection Act 2014. For information about Freedom of Information requests, call 1300 650 172 or apply online at foi.vic.gov.au. For further information about privacy, call 1300 884 706 or email privacy@dhhs.vic.gov.au
This publication is about housing. If you have difficulty reading English, you can get help with this publication. Please contact your local office or call Language Link on (03) 9280 0799 for an interpreter.