

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

Q11 → Same as postal address I don't have a fixed address

Q12 → **Street name and number**

Q13 → **Suburb/Town**

Postcode

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

Q14 → **First name**

Q15 → **Middle name**

Q16 → **Last name**

Q17 → **Primary caregiver**

Q18 → **Date of birth**

Q19 → **Gender**

Male Female Indeterminate Intersex Other

Q20 → **Country of birth**

Australia Other

Q21 → **Aboriginal status**

No Aboriginal Torres Strait Islander Both

Q22 → **Australian residency status**

- Australian citizen Protection Visa
 Temporary Protection Visa New Zealand resident
 Sponsored migrant Resolution of Status Visa
 Permanent resident

Visa Subclass

*For Temporary Protection Visa,
Protection Visa and Resolution
of Status Visa*

Q23 → **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** Male Female Indeterminate Intersex Other

Q30 → **Country of birth** Australia Other

Q31 → **Aboriginal status** No Aboriginal Torres Strait Islander Both

Q32 → **Australian residency status**

- | | |
|--|--|
| <input type="checkbox"/> Australian citizen | <input type="checkbox"/> Protection Visa |
| <input type="checkbox"/> Temporary Protection Visa | <input type="checkbox"/> New Zealand resident |
| <input type="checkbox"/> Sponsored migrant | <input type="checkbox"/> Resolution of Status Visa |
| <input type="checkbox"/> Permanent resident | |

Visa Subclass

*For Temporary Protection Visa,
Protection Visa and Resolution
of Status Visa*

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

DEPENDENT CHILD 3

Q34 → **First name**

Q35 → **Middle name**

Q36 → **Last name**

Q37 → **Primary caregiver**

Q38 → **Date of birth**

Q39 → **Gender** Male Female Indeterminate Intersex Other

Q40 → **Country of birth** Australia Other

Q41 → **Aboriginal status** No Aboriginal Torres Strait Islander Both

Q42 → **Australian residency status**

- | | |
|--|--|
| <input type="checkbox"/> Australian citizen | <input type="checkbox"/> Protection Visa |
| <input type="checkbox"/> Temporary Protection Visa | <input type="checkbox"/> New Zealand resident |
| <input type="checkbox"/> Sponsored migrant | <input type="checkbox"/> Resolution of Status Visa |
| <input type="checkbox"/> Permanent resident | |

Visa Subclass

*For Temporary Protection Visa,
Protection Visa and Resolution
of Status Visa*

Q43 → **If they were born overseas, when did they start living in Australia?**

DEPENDENT CHILD 4

Q44 → **First name**

Q45 → **Middle name**

Q46 → **Last name**

Q47 → **Primary caregiver**

Q48 → **Date of birth**

Q49 → **Gender** Male Female Indeterminate Intersex Other

Q50 → **Country of birth** Australia Other

Q51 → **Aboriginal status** No Aboriginal Torres Strait Islander Both

Q52 → **Australian residency status**

- Australian citizen Protection Visa
 Temporary Protection Visa New Zealand resident
 Sponsored migrant Resolution of Status Visa
 Permanent resident

Visa Subclass

For Temporary Protection Visa, Protection Visa and Resolution of Status Visa

Q53 → **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.

Q54 → Child's name	Income/asset type	Gross Income (per week) or Asset Value (\$)	If asset, can it be cashed in or sold?
		\$	<input type="checkbox"/> No <input type="checkbox"/> Yes
		\$	<input type="checkbox"/> No <input type="checkbox"/> Yes
		\$	<input type="checkbox"/> No <input type="checkbox"/> Yes
		\$	<input type="checkbox"/> No <input type="checkbox"/> Yes
		\$	<input type="checkbox"/> No <input type="checkbox"/> Yes
		\$	<input type="checkbox"/> No <input type="checkbox"/> Yes
		\$	<input type="checkbox"/> No <input type="checkbox"/> Yes
		\$	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

LANGUAGELINK

For other languages, an interpreter is available through your local office.

English

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.

中文 Simplified Chinese

这是一份关于住房的出版物。如果你英语阅读有困难，可以获得帮助。请联系本地办事处或拨打 (03) 9280 0791 联系 Language Link 要求口译员协助。

繁體中文 Chinese

本刊物有關住房資訊。假如您閱讀英語有困難，您可以尋求瞭解本刊物內容的幫助，請聯絡本地公房辦事處或撥打翻譯熱線 (03) 9280 0789。

Hrvatski Croatian

Ova publikacija sadrži informacije o stambenom smještaju. Ako ovu brošuru ne razumijete zato što je pisana na engleskom, imate pravo na pomoć. Molimo vas, kontaktirajte svoj mjesni ured ili nazovite Language Link na broj (03) 9280 0792 i spojiti će vas se sa tumačem.

Polski Polish

Niniejsza informacja dotyczy kwestii mieszkaniowych. Jeśli masz trudności z czytaniem po angielsku, możesz otrzymać pomoc w zrozumieniu tej publikacji. Prosimy zwrócić się do swojego lokalnego biura lub zadzwonić do Language Link pod numer (03) 9280 0793 i poprosić o ustnego tłumacza.

Af-Soomaali Somali

Daabacaadan waxay ku saabsan tahay gurisiinta. Haddii aad qabto dhibaato xaga aqriska Ingiriisiga, waxaad caawimaad ka helaysaa daabacaaan. Fadlan la xiriir xafiiska degaankaaga ama ka wac Language Link taleefanka (03) 9280 0795 wixii la xiriira turjumaanka.

русский язык Russian

Эта публикация касается жилищных вопросов. Если вам трудно прочитать ее по-английски, то вам может быть предоставлена помощь. Вы можете обратиться в свой местный жилищный отдел или связаться с переводчиком, позвонив на Языковую линию (Language Link) по номеру (03) 9280 0794.

Español Spanish

Esta publicación es sobre vivienda. Si tiene dificultad para leer inglés, se le puede ayudar con esta publicación. Por favor póngase en contacto con su oficina local o llame a Language Link en el (03) 9280 0796.

Türkçe Turkish

Bu yayın konular hakkındadır. İngilizce okumakta güçlük çekiyorsanız, bu yayınlara ilgili yardım alabilirsiniz. Lütfen yerel ofisinizle ilişkiye geçin veya bir tercüman için (03) 9280 0797'den Dil Bağlantısı'nı arayın.

Tiếng Việt Vietnamese

Ấn phẩm này nói về vấn đề nhà ở. Nếu quý vị gặp khó khăn đọc tiếng Anh, quý vị có thể được giúp đỡ để hiểu ấn phẩm này. Xin hãy liên lạc với văn phòng địa phương hoặc gọi cho Language Link theo số (03) 9280 0798 để có thông dịch giúp đỡ.

عربي Arabic

هذه النشرة هي عن الإسكان. إذا كان لديكم صعوبة في قراءة اللغة الإنكليزية، يمكنكم تلقي المساعدة لفهم هذه النشرة. رجاءً اتصلوا بالمكتب المحلي في منطقتكم أو اتصلوا برابط اللغة Language Link على الرقم (03) 9280 0790 لطلب مترجم شفهي.

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