



# Housing Options Assessment

## Additional Householder – Child

**Purpose** Use this form for any additional child householders not already included in your Housing Options Assessment and/or any child (under the age of 18) who receives an income.

### Person Details

- What is this child's name?  
Mr ☐ Miss ☐ Other ☐   
Surname   
First Name   
Second Name
- What is this child's relationship to you?
- What is this child's gender?  
☐ Male ☐ Female  
☐ X (indeterminate, intersex or unspecified)
- What is this child's date of birth?  

D	D	M	M	Y	Y	Y	Y
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- Is this child of Aboriginal or Torres Strait Islander origin?  
☐ Aboriginal ☐ Torres Strait Islander  
☐ Both ☐ No ☐ Not Disclosed
- What is this child's Centrelink Reference Number? (CRN)  
 -  -  -
- What is this child's residency status?  
☐ Australian Citizen ☐ Permanent Resident  
☐ Sponsored Migrant ☐ Refugee  
☐ Asylum Seeker ☐ Temporary Visa  
☐ New Zealand Citizen

### Medical and Disability Information

- Does this child have a permanent medical condition or disability which impacts on their housing needs?  
Yes ☐ No ☐  
What is the nature of this disability or medical condition?  
☐ Physical  
☐ Lower limbs  
☐ Upper limbs

- ☐ Spinal  
☐ Multiple  
☐ Neurological  
☐ Psychiatric  
☐ Cognitive  
☐ Sensory  
☐ Hearing impaired  
☐ Sight impaired  
☐ Intellectual  
☐ High support needs  
☐ Low support needs

### Income Details (16 yo+)

- Does this child receive wages or a salary (including overtime)?  
Yes ☐ No ☐  
What is the fortnightly gross amount (before tax)?  
\$
- Does this child receive payments from Centrelink?  
Yes ☐ No ☐  
Refer to Question 6 to record this child's Centrelink Reference Number.  
*As a Centrelink customer you can have your payments and assets verified electronically by participating in the Income Confirmation Scheme (ICS). For further information, please request an ICS Consent Form.*  
List each payment type and the fortnightly gross amount (before tax) this child receives from Centrelink.

#### 1 Payment Type

Fortnightly gross amount (before tax)  
\$

#### 2 Payment Type

Fortnightly gross amount (before tax)  
\$

11. Does this child receive income from any other source?

Yes ☐ No ☐

List each **other** income type and the fortnightly gross amount (before tax) this child receives.

<b>1</b>	Income Type
<input type="text"/>	
Fortnightly gross amount (before tax)	
<input type="text"/>	

<b>2</b>	Income Type
<input type="text"/>	
Fortnightly gross amount (before tax)	
<input type="text"/>	

### Asset Information

12. What is the total amount of this child's cash assets? (*Cash assets are financial investments and any income derived from them. This can include deposits in bank accounts and managed investments*).

<input type="text"/>
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13. Does this child own or jointly own any real estate or land?

Yes ☐ No ☐

If yes, please provide further information

<input type="text"/>
<input type="text"/>
<input type="text"/>

#### Office use only

Received and checked by:

Date:

Person Ref:

Date received stamp