

Community Housing Household Information Survey



The following information about you and your household is being requested by Momentum as part of our efforts to provide the highest quality service to you. We are also required to collect some of this information so we can report to Government about the type of households we are assisting. The reports that we are required to provide to Government do not identify you or other residents living in your home.

The information you provide to Momentum is confidential. Information about your household or about your tenancy with Momentum is not provided to other agencies or services without your consent to do so.

If you have any concerns with providing the information we are seeking, please feel free to discuss this with any Momentum Housing representative.

TENANCY INFORMATION	
Head tenant name:	
Address of property:	
Lease:	From: _____ To: _____
Telephone contacts	Mobile: _____ Other: _____
Email address:	
Postal address:	<input type="checkbox"/> As per property address <i>If mail is not to be sent to the property, please provide your postal address details</i>

HOUSEHOLD AND HOUSING INFORMATION	
Which housing option <u>BEST</u> describes where you are currently living?	<input type="checkbox"/> Community housing <input type="checkbox"/> Homeless <input type="checkbox"/> Other <input type="checkbox"/> Public housing <input type="checkbox"/> Private rental If Other, please specify: <input type="checkbox"/> Aboriginal housing <input type="checkbox"/> Home ownership
What is your household's <u>MAIN</u> source of income?	<input type="checkbox"/> Age Pension <input type="checkbox"/> Veterans Affairs <input type="checkbox"/> Superannuation <input type="checkbox"/> Carers payment <input type="checkbox"/> Austudy <input type="checkbox"/> Workers comp. <input type="checkbox"/> Disability pension <input type="checkbox"/> Abstudy <input type="checkbox"/> Other <input type="checkbox"/> Newstart <input type="checkbox"/> Wages/salary If Other, please specify: <input type="checkbox"/> Parenting payment <input type="checkbox"/> Child support
Do you own a home or another property?	<input type="checkbox"/> No (<i>go to next question</i>) <input type="checkbox"/> Yes If Yes, what is the address of that property? Why can't you live in this property?
Do you have pets?	<input type="checkbox"/> No (<i>go to next question</i>) <input type="checkbox"/> Yes If Yes, what pets do you have?
Have you registered for Rental Bonds Online?	<input type="checkbox"/> No <input type="checkbox"/> Yes

OTHER PEOPLE AND SERVICES		
Who is your next of kin? <i>This person would only be contacted by Momentum in an emergency</i>	Name:	
	Address:	
	Telephone contact/s:	
	Relationship to you:	
Are you receiving services under the Housing and Support Initiative (HASI) program?	<input type="checkbox"/> No (<i>go to next question</i>) <input type="checkbox"/> Yes	
	If Yes, what is the level of your support package? <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
	Who is your HASI service provider?	
	Service name:	
Contact person:		
Telephone contact:		
Are you receiving other support or services from another organisation? <i>Momentum would only contact these services or exchange information with them, if we have your written consent to do so.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No (<i>go to next question</i>)	
	If Yes, please provide details:	
	Service 1 name:	
	Type of services provided:	
	Contact person:	
	Telephone contacts:	
	Service 2 name:	
	Type of services provided:	
	Contact person:	
	Telephone contacts:	
Do you have any legal or other representation?	<input type="checkbox"/> Yes <input type="checkbox"/> No, I handle my own affairs (<i>go to next question</i>)	
	Legal matters (<i>e.g. signing agreements</i>)	
	Person/agency:	
	Contact details:	Tel: Email:
	Financial matters (<i>e.g. changing your Centrelink rent deductions</i>) <i>If the same as for legal matters, write "as above"</i>	
	Person/agency:	
	Contact details:	Tel: Email:
	General tenancy matters (<i>e.g. discussing general matters about your tenancy</i>) <i>If the same as for legal matters, write "as above"</i>	
	Person/agency:	
	Contact details:	Tel: Email:

BANK ACCOUNT DETAILS	
<p>Please provide information about your bank account</p> <p><i>Momentum will use these details to refund any money owing to you</i></p>	Name of bank:
	Your account name:
	Account number:
	Branch number (BSB)
	<p>I give permission for Momentum Collective to make any payments owing to me and to direct refunds to the above bank account</p> <p>Signed: Date:</p>

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HOUSEHOLD MEMBERSHIP - Information about people who will be living with you

Name						
Relationship to you	<input checked="" type="checkbox"/> Head tenant	<input type="checkbox"/> Partner <input type="checkbox"/> Child <input type="checkbox"/> Other adult	<input type="checkbox"/> Partner <input type="checkbox"/> Child <input type="checkbox"/> Other adult	<input type="checkbox"/> Partner <input type="checkbox"/> Child <input type="checkbox"/> Other adult	<input type="checkbox"/> Partner <input type="checkbox"/> Child <input type="checkbox"/> Other adult	<input type="checkbox"/> Partner <input type="checkbox"/> Child <input type="checkbox"/> Other adult
Centrelink CRN						
Date of birth						
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Indigenous background	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Isl. <input type="checkbox"/> Neither	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Isl. <input type="checkbox"/> Neither	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Isl. <input type="checkbox"/> Neither	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Isl. <input type="checkbox"/> Neither	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Isl. <input type="checkbox"/> Neither	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Isl. <input type="checkbox"/> Neither
Country of birth	<input type="checkbox"/> Australia <input type="checkbox"/> Other	<input type="checkbox"/> Australia <input type="checkbox"/> Other	<input type="checkbox"/> Australia <input type="checkbox"/> Other	<input type="checkbox"/> Australia <input type="checkbox"/> Other	<input type="checkbox"/> Australia <input type="checkbox"/> Other	<input type="checkbox"/> Australia <input type="checkbox"/> Other
Language spoken at home	<input type="checkbox"/> English <input type="checkbox"/> Other	<input type="checkbox"/> English <input type="checkbox"/> Other	<input type="checkbox"/> English <input type="checkbox"/> Other	<input type="checkbox"/> English <input type="checkbox"/> Other	<input type="checkbox"/> English <input type="checkbox"/> Other	<input type="checkbox"/> English <input type="checkbox"/> Other
Australian resident	<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
Disability	<input type="checkbox"/> None <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Psychiatric <input type="checkbox"/> Sensory <input type="checkbox"/> Multiple <input type="checkbox"/> Other - specify	<input type="checkbox"/> None <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Psychiatric <input type="checkbox"/> Sensory <input type="checkbox"/> Multiple <input type="checkbox"/> Other - specify	<input type="checkbox"/> None <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Psychiatric <input type="checkbox"/> Sensory <input type="checkbox"/> Multiple <input type="checkbox"/> Other - specify	<input type="checkbox"/> None <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Psychiatric <input type="checkbox"/> Sensory <input type="checkbox"/> Multiple <input type="checkbox"/> Other - specify	<input type="checkbox"/> None <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Psychiatric <input type="checkbox"/> Sensory <input type="checkbox"/> Multiple <input type="checkbox"/> Other - specify	<input type="checkbox"/> None <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Psychiatric <input type="checkbox"/> Sensory <input type="checkbox"/> Multiple <input type="checkbox"/> Other - specify

Signed: Tenant name: Date: