

# ADDITIONAL OCCUPANT FORM

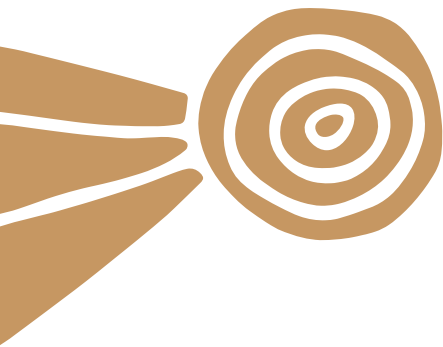
## 1. PERSONAL DETAILS - Additional Occupant

TITLE:	<input type="radio"/> MR	<input type="radio"/> MRS	<input type="radio"/> MISS	<input type="radio"/> MS
FIRST NAME:			KNOWN AS:	
LAST NAME:				
NATION/CLAN:				
MARITAL STATUS:	<input type="radio"/> SINGLE	<input type="radio"/> MARRIED	<input type="radio"/> DE FACTO	<input type="radio"/> WIDOWED
ADDRESS:				
PLACE OF BIRTH:			DATE OF BIRTH:	
CONTACT:	HOME:	MOBILE:		
	WORK:	CRN (if applicable):		
	EMAIL:			
ARE YOU CURRENTLY STUDYING:	<input type="radio"/> YES <input type="radio"/> NO			
DO YOU HAVE A CRIMINAL RECORD:	<input type="radio"/> YES <input type="radio"/> NO If Yes, please explain.			

## 2. EMPLOYMENT DETAILS - Additional Occupant

EMPLOYMENT STATUS:	<input type="radio"/> FULLTIME	<input type="radio"/> PART TIME	<input type="radio"/> CASUAL
	<input type="radio"/> SELF-EMPLOYED (go to Q's 2.1)	<input type="radio"/> UNEMPLOYED	<input type="radio"/> RETIRED
NAME OF EMPLOYER:			
POSITION HELD:			
EMPLOYER CONTACTS:	ADDRESS:		
	EMAIL:		PH:
LENGTH OF EMPLOYMENT :	GROSS ANNUAL INCOME :		

(PLEASE TURN PAGE) ↩



## 2. EMPLOYMENT DETAILS - Additional Occupant continued

DO YOU RECEIVE INCOME FROM AN ADDITIONAL SOURCE?	<input type="radio"/> YES <input type="radio"/> NO	If yes, please provide documentation.
DO YOU OWN/ PART OWN ANY PROPERTIES IN AUSTRALIA?	<input type="radio"/> YES <input type="radio"/> NO	If yes, please provide documentation.
DO YOU RECEIVE INCOME FROM INVESTMENTS?	<input type="radio"/> YES <input type="radio"/> NO	If yes, please provide documentation.

### 2.1 PLEASE PROVIDE:

ABN:	GROSS ANNUAL INCOME:
<input type="radio"/> PROFIT AND LOSS STATEMENT FOR THE LAST 2YRS	

## 3. SUPPORTING DOCUMENTS

<input type="radio"/> IDENTIFICATION	Confirmation letter and Photo ID.
<input type="radio"/> LETTER OF OFFER OR CONTRACT	From employer.
<input type="radio"/> PROOF OF RESIDENCY	From landlord or main tenant of property.
<input type="radio"/> TAX ASSESSMENT	2 most recent financial years.

### ADDITIONAL OCCUPANT

FULL NAME:		SIGNATURE:
DATE:	CONTACT NUMBER:	