

Application for an additional occupant

You should complete this form if you would like to add a member to your household who was not there when you began your rental agreement.

Your details				
Renter				
Address				
Details of new occupants		Attach proo	of of identity for each person	
Full name	Gender	Gender Date of birth Relationship to you		
Are any of these people currently on the Victorian Housing Register?				
If yes: Do they wish to remain o	on the housin	g register?	☐ Yes ☐ No	
Have any of these people ever been renters of SGCH or SGCH Victoria?			CH Yes No	
If yes: What was the address of	f the property	?		
Do any of these people have a disability or ongoing medical condition?				
If yes: Attach proof of disability or medical condition				
Name of manage with dischilt.	/madiaal	Diaghility/a	andinal anndiking	
Name of person with disability/medical condition		Disability/n	Disability/medical condition	
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and Thurston Street, Box Hill, VIC, 3128



		SGCH Victor
Do any of these people receive on	going support from an organisation,	program or
individual?	□No	
Name of person receiving support	Support provider	Contact phone number
Privacy Notice		
information about you to deliver or managing your tenancy, and comm information about you for reportin obligations, and as otherwise desc Act 1983 (Vic) and other contractu	related corporate bodies) collect a ur services to you, including process nunicating with you. We may also co g purposes to meet our contractual cribed in our Privacy Policy. We may all or regulatory requirements to co confirm eligibility and assess your r	sing your application, ollect and use personal , legal or regulatory be required by Housing llect certain personal
above. We may also disclose perso	tion about you to third parties, for to onal information about you to other are legally required or authorised to	third parties where you
you for the purposes described ab government agencies in Victoria. V your consent to do so, unless othe	ose health information or other sen- ove. We may disclose health inform Vhere we collect this information ab rwise permitted or required by law. to us, we may not be able to proces	ation to relevant bout you, we will obtain If you choose not to
information we hold about you and Privacy Policy and get more inform	about how you can access and/or of how you can make a privacy completion about privacy from our websing or by emailing privacyofficer@s	laint. You can read our te www.sgch.com.au or
·	he above-mentioned people to be hould be above-mentioned people to be hould in the decire and additional occupants.	
Signature:	Date:	
Email: victoria@sgch.com.au	is by email, post or in person at any (