

SUPPORTED CLIENT NOMINATION FORM

Document No: HS115.3

Organsation:								
TENANT DETAILS								
First Name:				Surname:				
Address:								
Suburb:				State:			Postcode:	
Phone (home):				Email:				
Phone (mobile):				Phone (work)				
Date of Birth:				Country of Birth				
Are you from an Aboriginal or Torres Strait Islander background				?	Yes			No
Do you require and Interpreter?	Yes		No)	First Language:			
If available, please provide your current Housing Pathways T-Refe				rence Number	Т-			
HOUSEHOLD MEMBERS								
Please list all other members of the l	househo	ld, include all w	vho v	will live with the	Client.			
Name	Sex	Date of Birth		lationship to You son, partner, wi	Centrel		elink CRN No. / Weekly Income	

Evolve Housing is committed to respecting and protecting the privacy and rights of individuals in relation to their personal information. Our Privacy Policy outlines how we collect, use, store and disclose information in accordance with the Australian Privacy Principles under the Privacy Act 1988 (Cth). Please refer to our Privacy Policy on the Evolve Housing website if you would like more detailed information. You may also request a copy of the Privacy Policy from any Evolve Housing employee.

Financial Information										
Please provide information about the household's gross income (before tax) including wages, benefits, pensions etc.										
Primary Source of Income (Centrelink, Employers Names etc)										
Type of Income (Wages, pension etc):										
Gross Amount per fortnight:										
Health and Disability										
Does the Client (or any household mem	Yes	No								
If 'yes', please provide details (if you would rather discuss this matter with one of our staff, please note here)										
Other Information										
If this household requires the acquisition of a property by Evolve Housing, please provide the following details.										
Bedroom Size										
Property Location										
Property Type										
Estimated Start-date:										
Other Requirements										
Contact Person										
Completed by (signature):	Date:									

 $Once \ complete \ please \ return \ this form \ to \ your \ Housing \ Manager \ or \ email \ myevolve @evolvehousing.com. au$