

HOUSING CHOICES AUSTRALIA LIMITED

ACN 085 751 346

MIXED EQUITY REGISTRATION FORM

Registered Office: Level 4, 333 Queen Street, Melbourne 3000
Telephone: 1300 312 447
Fax: 1300 312 737 ROUND 4

DATE: _____

SURNAME: _____ DATE OF BIRTH: _____

OTHER NAMES: _____

CURRENT ADDRESS: _____

CONTACT DETAILS: PHONE: _____ MOBILE: _____

CONTACT PERSON: (If different from above) _____

RELATIONSHIP TO APPLICANT: _____

PHONE NUMBER: BH: _____ AH: _____ MOBILE: _____

DISABILITY: _____

CURRENT SUPPORT AGENCY: _____

ADDRESS: _____

CONTACT WORKER: _____

CONTACT DETAILS: PHONE NUMBER: _____ FAX NUMBER: _____

REGISTERED ON DHS DISABILITY SUPPORT REGISTER (DSR)? Please circle YES/NO

PROTOCOL ESTABLISHED: Please circle (Office Use Only) YES/NO

PROVIDE DETAILS OF CURRENT HOUSING: _____

FUTURE HOUSING NEEDS (ie. building type, number of bedrooms and preferred suburb): _____

IS DISABILITY ACCESS/MODIFICATION REQUIRED? _____

