

PRIMARY DOCUMENTS

APPLICANT NAME: _____

APPLICANT ADDRESS: _____

The Main Applicant and Co-applicant must provide 100 points of identification.

ORIGINAL (not copies) must be sighted.

Please check the list of acceptable documents:

ONE document from the following= 70 points. Additional documents will not be counted.

- | | |
|---|---|
| <input type="checkbox"/> Birth Certificate or Extract | <input type="checkbox"/> Australian Citizenship Certificate |
| <input type="checkbox"/> Current passport or a passport which has expired (not been cancelled) within the last 2 years | |
| <input type="checkbox"/> Another document of identity having the same characteristics as a passport e.g., diplomatic documents and some documents issued to refugees. | |

PHOTOGRAPHIC DOCUMENTS

First document = 40 points, 25 points for each additional document.

- | | |
|---|---|
| <input type="checkbox"/> Australian Driver's License or Permit
Veterans' Affairs | <input type="checkbox"/> Centrelink Card/ Department of |
| <input type="checkbox"/> ID card issued to a public employee
student | <input type="checkbox"/> ID card issued to a tertiary education |

NON-PHOTOGRAPHIC DOCUMENTS

- | | |
|--|--|
| <input type="checkbox"/> Written verification from a current
employer or a former employer within
the last 2 years (on letterhead with
contact details) | <input type="checkbox"/> Council or Shire Rates Notice |
| <input type="checkbox"/> Marriage Certificate | <input type="checkbox"/> Vehicle Registration or Insurance
documents |
| <input type="checkbox"/> Bank Card (Debit or Credit) | <input type="checkbox"/> Overseas driving license |
| <input type="checkbox"/> Utilities bill (phone, electricity, gas,
water) | <input type="checkbox"/> Medicare Card |
| <input type="checkbox"/> Current Tenancy Agreement | <input type="checkbox"/> Records of a professional or trade
association membership. |

ORIGINALS SIGHTED

STAFF NAME/SIGNATURE: _____ DATE: ____/____/____