How do we assess your relationship?

The Australian Government Department of Human Services will assess your relationship based on the following 5 factors:

- financial arrangements
- nature of the household
- social aspects of the relationship
- presence or absence of sexual relationship
- nature of commitment.

We are collecting information on this form that we will use to make sure we assess your correct entitlement to payment at either the single or partnered rate.

Relationships and safety concerns

If you need to advise a change in your living arrangements or relationship and you are concerned about your safety, there may be help we can provide. We can support you if you are in, have left, or are preparing to leave a family and domestic violence situation.

For more information, go to humanservices.gov.au/domesticviolence

If you cannot answer the questions

It is important that you answer all the questions and give as much detail as you can. If you are unable to give any of the information asked for, please say so on the form. There are penalties for giving false or misleading information.

Online Services

You can access your Centrelink online account through myGov. myGov is a simple and secure way to access a range of government services online with one username and password. You can create a myGov account at my.gov.au and link it to your Centrelink online account.

Definition of a partner

Under social security and family assistance law, a person is considered to be your partner if you and the person are:

- married, or
- in a registered relationship (different-sex or same-sex), or
- in a de facto relationship (different-sex or same-sex),

and you and the person are not living separately and apart on a permanent or indefinite basis.

Note: Two people not physically living together can still be considered a member of a couple.

We generally consider a person to be in a de facto relationship from the time they commence living with another person as a member of a couple.

We recognise all couples, different-sex and same-sex.

For more information, go to humanservices.gov.au/moc

Filling in this form

- Please use black or blue pen.
- Print in BLOCK LETTERS.
- Mark boxes like this with a ✓ or X.
- Where you see a box like this Go to 5 skip to the question number shown. You do not need to answer the questions in between.
Returning your form

Check that all required questions are answered and that the form is signed and dated.

**Important Note:** If you are making a claim, you must return this form and all supporting documents at the same time you lodge your claim form. If you do not return all documents, your claim may not be accepted. The only exception will be if you are waiting for medical evidence or other documents from a third party.

You can return this form and any supporting documents:

- online – submit your documents online (excluding identity documents). For more information about how to access an Online Account or how to lodge documents online, go to [humanservices.gov.au/submitdocumentsonline](http://humanservices.gov.au/submitdocumentsonline)
- by post – return your documents by sending them to:
  
  **Department of Human Services**
  
  **Reply Paid 7802**
  
  **CANBERRA BC ACT 2610**
- in person – if you are unable to submit this form and any supporting documents online or by post, you can provide them in person to one of our service centres.

For more information

Go to [humanservices.gov.au/moc](http://humanservices.gov.au/moc) or call us on:

- **ABSTUDY** 1800 132 317
- Disability and Carers 132 717
- Employment Services 132 850
- Families 136 150
- Older Australians 132 300
- Youth and Students 132 490

or visit one of our service centres.

If you need a **translation** of any documents for our business, we can arrange this for you free of charge.

To speak to us in languages other than English, call 131 202.

**Note:** Call charges may apply.

If you have a hearing or speech impairment, you can contact the **TTY service** on Freecall™ 1800 810 586. A TTY phone is required to use this service.
1. **Your details**
   - **Your name**
     - [ ] Mr  [ ] Mrs  [ ] Miss  [ ] Ms  [ ] Other
   - **Family name**
   - **First given name**
   - **Second given name**
   - **Your date of birth**
     - / / 
   - **Your contact phone number**
     - ( )
   - **Your Customer Reference Number (if known)**
     - - - - -

2. **Your permanent address**
   - 
   - 
   - Postcode

3. **Please read this before answering the following question.**

   **Most of the questions in this form are about your relationship with the other person. Where the words the 'other person' appear, they refer to the other person named below.**

   - **Other person's details**
   - **Other person's family name**
   - **Other person's first and second given name(s)**
   - **Other person's date of birth**
     - / /
   - **Other person's phone number**
     - ( )

4. **Have you been married to, or been in a registered relationship or in a de facto relationship with the other person?**
   - [ ] No  [ ] Yes
     - [ ] Go to next question
     - [ ] Do not complete this form.
     - Call us on the number relevant to your payment listed on page 2.

5. **Is the other person the partner of anyone else in the household?**
   - [ ] No  [ ] Yes
     - [ ] Go to next question
     - [ ] Give details below
     - **Full name of other person's partner**
     - **Date of birth of the other person's partner**
       - / /

6. **Please read this before answering the following questions.**

   **Two people not physically residing together can still be considered a member of a couple, for example, one member may fly-in-fly-out or indefinitely live away for work, such as military, miners or oil rig personnel.**

   - **How do you describe your relationship with the other person (e.g. friend, house mate, boyfriend/girlfriend)?**

7. **Do you and the other person share accommodation at your current address?**
   - [ ] No  [ ] Yes
     - [ ] Go to next question
     - [ ] What date did you first start sharing?
       - / /

8. **How often does the other person stay at your address?**
   - [ ] Never  [ ] Sometimes  [ ] All the time
     - [ ] Go to 10
     - [ ] Go to 14

9. **Does the other person use your home as a base?**
   - [ ] No  [ ] Yes

10. **Do you know what address the other person is living at when they are not at your place?**
    - [ ] No  [ ] Yes
      - [ ] Go to next question
      - [ ] Give details below
      - **Their address (if known)**
        - 
        - Postcode
11 Do you expect the other person to return to live with you permanently?

No  Go to next question
Not sure  Go to next question
Yes  Expected date of return

12 What is the reason the other person does not currently live with you?

Works in another location
Chooses to maintain a separate home
Other  Give details below

13 Does the other person pay for accommodation at an address other than the address you currently live at?

No  Go to 16
Yes  Give details below

14 Why did you start sharing accommodation with the other person?

Give details below

15 How long do you intend to share accommodation with the other person and why?

Give details below

16 Have you ever lived at another address with the other person?

No  Go to next question
Yes  Give details below

17 Do you or the other person own the home you currently live in (including paying it off)?

No  Go to 20
Yes  Give details below

18 Who pays for the following?

The council rates

The water authority

19 Is your home still being paid off?

No  Go to 23
Yes  What are the total mortgage repayments?

$ per month

How much of this do YOU pay?

$ per month  Go to 23

Attach your latest loan account statement.

20
Do you pay rent at the place where you currently live?

No  [ ] Go to 22

Yes  [ ] Give details below

Name and address of the person or business you pay rent to

What is the total amount of rent paid?

What is the amount YOU pay?

$ per week  $ per week

21 Is there a tenancy agreement (lease) for the rent at this address?

No  [ ] Go to 23

Yes  [ ] Attach a full copy of your signed lease or tenancy agreement.

22 Do you pay for board and/or lodgings at your current address?

No  [ ] Go to next question

Yes  [ ] Give details below

Name and address of the person or business you make this payment to

What is the amount YOU pay?

$ per week

23 Do you share any other real estate assets jointly with the other person, such as investment properties, business properties, caravan sites or moorings?

No  [ ] Go to next question

Yes  [ ] Give details below

24 Does anyone else, including the other person, pay for accommodation at your current address?

No  [ ] Go to next question

Yes  [ ] Give details below

How much does each person pay and how often?

$ per

$ per

$ per

If there are more than 3 other people who pay, attach a separate sheet with details.

25 Have you indicated that you own, or pay rent or board/lodgings for the place where you currently live?

No  [ ] Go to next question

Yes  [ ] Go to 27

26 Give details about why you do not pay for your accommodation.

27 Does the place where you live have more than one living area such as a granny flat, caravan or converted garage?

No  [ ] Go to 29

Yes  [ ] What type of living area?

Tick ALL that apply

Granny flat  [ ]

Caravan  [ ]

Converted garage  [ ]

Other  [ ] Give details below

Attach proof (if available) such as documents relating to structural changes in the home (e.g. council approvals, building permits).

28 Give details of who lives in the additional living area(s).

29 Do you and the other person eat together at meal times?

No  [ ] Go to next question

Yes  [ ] How often?
30 Do you and the other person prepare meals for each other?
No Go to next question
Yes Give details below
How often and why?

31 Do you and the other person use the same kitchen?
No Give details on how you and the other person access a kitchen

Yes Give details on your sharing arrangements

32 Do you and the other person use the same laundry?
No Give details on how you and the other person access a laundry

Yes Give details on your sharing arrangements

33 Do you and the other person use the same bathroom?
No Give details on how you and the other person access a bathroom

Yes Give details on your sharing arrangements

34 Do you and the other person use the same bedroom?
No Go to next question
Yes Give details on your sharing arrangements

35 Are there any other rooms or areas of the home that are for your sole use and not shared with the other person?
No Go to next question
Yes Describe the areas

36 Please read this before answering the following questions.
Under social security law, we need to ask the following questions as one of the considerations for assessing your relationship status.

Do you have a sexual relationship with the other person?
No Go to next question
Yes Go to 38

37 Have you ever had a sexual relationship with the other person?
No
Yes

38 Are you and the other person free to form a sexual relationship with other people?
No
Yes
**39** Do you and the other person provide care or practical support/help to each other in any of the following circumstances?
- **Illness**
- **Personal crisis**
- **Money matters**
- **Family disputes**

**40** Do you and the other person holiday together or plan to go on holiday together in the future?
- **No** ➡ Go to next question
- **Yes** ➡ Give details on how often or when

**41** Do relatives, friends or regular associates (including social media contacts) consider you and the other person to be partnered?
- **No** ➡ Go to next question
- **Yes** ➡ Why? Give details below

**42** Have you ever claimed you and the other person were a member of a couple when you were not?
- **No** ➡ Go to next question
- **Yes** ➡ Give details explaining why, including the dates

**43** Are you and the other person invited out as a couple?
- **No** ➡ Go to next question
- **Yes** ➡ Give details of the events or occasions

**44** Do you share social and leisure activities with the other person (e.g. sporting events, family occasions, movies or other activities)?
- **No** ➡ Go to next question
- **Yes** ➡ What sort of activity and how often?

**45** Is the other person employed?
- **No** ➡ Go to next question
- **Yes** ➡ Give details of the other person’s employer

**46** Do you currently claim the other person as a dependent for taxation purposes?
- **No** ➡ Go to next question
- **Yes** ➡ Is this as a dependent spouse or as a housekeeper?
  - **Dependent spouse**
  - **Housekeeper**

**47** What names appear on your Medicare card?
- **Name 1**
- **Name 2**
- **Name 3**

**Attach a copy of your Medicare card.**
48 Do you and the other person have any joint accounts (including bank, credit and store cards)?

**No**  [Go to next question]

**Yes**  [Give details below]

Attach a copy of latest statement(s) of your current joint account(s).

1. **Name of financial institution the account is held with**
   - Type of account
   - Name(s) account is held in
   - Why is this account shared?

   If you have more than 3 current joint accounts, attach a separate sheet with details.

49 Do you have access to any of the other person’s accounts (including bank, credit and store cards)?

**No**  [Go to next question]

**Yes**  [Give details below]

1. **Name of financial institution the account is held with**
   - Type of account
   - Name(s) account is held in
   - Why do you have access to this account?

   If you have access to more than 1 account, attach a separate sheet with details.

50 Does the other person have access to any of your accounts (including bank, credit and store cards)?

**No**  [Go to next question]

**Yes**  [Give details below]

1. **Name of financial institution the account is held with**
   - Type of account
   - Name(s) account is held in
   - Why does the other person have access to this account?

   If the other person has access to more than 1 account, attach a separate sheet with details.
51 Do you and the other person have any outstanding joint debts on credit cards, hire purchase, store accounts or personal loans?
No ☐ Go to next question
Yes ☐ Give details below

1. Describe the debt type
   
   Date when debt occurred
   / / 
   
   Arrangement(s) for repaying this debt
   
   Why do you have this joint debt?
   
   If you have more than 2 debts, attach a separate sheet with details.

2. Describe the debt type
   
   Date when debt occurred
   / / 
   
   Arrangement(s) for repaying this debt
   
   Why do you have this joint debt?
   

52 Have you and the other person purchased any of the following items together?
No ☐ Go to next question
Yes ☐ Give details below

<table>
<thead>
<tr>
<th>Item</th>
<th>Date when debt occurred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Car</td>
<td>/ /</td>
</tr>
<tr>
<td>Caravan</td>
<td>/ /</td>
</tr>
<tr>
<td>Furniture</td>
<td>/ /</td>
</tr>
<tr>
<td>Household appliances</td>
<td>/ /</td>
</tr>
<tr>
<td>Electrical items</td>
<td>/ /</td>
</tr>
<tr>
<td>Other (Give details)</td>
<td>/ /</td>
</tr>
</tbody>
</table>

Why did you purchase this/these items jointly?

53 Have you and the other person ever been guarantor for one another?
No ☐ Go to next question
Yes ☐ Give details below

Who was the guarantor?

Date of the guarantee
/ /
Give information about the payment of the following household bills.

### Phone/Internet:
Do you share the payment of either a land line, internet or mobile phone with the other person?

- No ☐ Who pays it?
- Yes ☐ What is the arrangement for sharing the payment?

### Electricity:
Do you share the payment with the other person?

- No ☐ Who pays it?
- Yes ☐ What is the arrangement for sharing the payment?

### Gas:
Do you share the payment with the other person?

- No ☐ Who pays it?
- Yes ☐ What is the arrangement for sharing the payment?

Attach a copy of each of the most recent bills.

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### Vehicle 1

- Is the vehicle jointly owned?
  - No ☐
  - Yes ☐ What is the arrangement for sharing the payment?

- Who is responsible for the running costs?
  - I am ☐
  - The other person is ☐
  - We both are ☐
  - Third party is ☐ Who?

- When was the vehicle purchased?
  - / /

- Registration number

- Do you share the use of the vehicle?
  - No ☐
  - Yes ☐ Provide details of the sharing arrangements

### Vehicle 2

- Is the vehicle jointly owned?
  - No ☐
  - Yes ☐ What is the arrangement for sharing the payment?

- Who is responsible for the running costs?
  - I am ☐
  - The other person is ☐
  - We both are ☐
  - Third party is ☐ Who?

- When was the vehicle purchased?
  - / /

- Registration number

- Do you share the use of the vehicle?
  - No ☐
  - Yes ☐ Provide details of the sharing arrangements

If you (and/or the other person) have more than 2 vehicles, attach a separate sheet with details.
56 What are the arrangements for paying for food and housekeeping items for the household?
Who pays?

Who does the shopping?

57 What are the arrangements for doing the following household tasks?
- Cleaning
- Washing
- Gardening
- General maintenance

58 Do you and the other person have any jointly owned household goods?
No [ ] Go to 60
Yes [ ] Give details below

59 Have you and the other person made arrangements for the jointly owned household goods should either of you move out?
No [ ] Go to next question
Yes [ ] Give details below

60 Do you and the other person share joint private medical insurance?
No [ ] Go to next question
Yes [ ] Give details below
Who pays for the medical insurance?

Why do you share the medical insurance?

61 Do you and the other person hold any other joint insurance policies together?
No [ ] Go to next question
Yes [ ] Give details below
What type of policy is it (e.g. house and/or contents insurance, life insurance, vehicle insurance)?

62 Is the other person nominated as a beneficiary under your will, superannuation or life insurance?

Will
Do not have [ ]
No [ ]
Yes [ ]

Superannuation
Do not have [ ]
No [ ]
Yes [ ]

Life Insurance
Do not have [ ]
No [ ]
Yes [ ]

63 Are there children regularly living or staying at your address?
No [ ] Do not answer questions 64 to 68. Go to 69
Yes [ ] Go to next question
Give details of those children.

**Child 1**
- Family name
- First and second given name(s)
- Date of birth / / 
- Parent's/adoptive parent's full name
- Parent's/adoptive parent's full name

**Child 2**
- Family name
- First and second given name(s)
- Date of birth / / 
- Parent's/adoptive parent's full name
- Parent's/adoptive parent's full name

**Child 3**
- Family name
- First and second given name(s)
- Date of birth / / 
- Parent's/adoptive parent's full name
- Parent's/adoptive parent's full name

If there are more than 3 children who regularly live or stay at your address, attach a separate sheet with details.

**64** Do you and the other person both look after the children?
- No Go to next question
- Yes What are the current care arrangements for the children?

**66** Who is the primary carer?

**67** How often does the other person visit the school/sporting/leisure outings with, or on behalf of any children?

**68** Do you both help decide matters about the education and development of the children?
- No
- Yes

**69** Do any additional people live or regularly stay with you, or use your accommodation as a base away from home?
- No Go to next question
- Yes Give details of each person below

1. **Full Name**
   - Date of birth / / 
   - What is your relationship to this person?
   - How often and when do they stay?

2. **Full Name**
   - Date of birth / / 
   - What is your relationship to this person?
   - How often and when do they stay?

If there are more than 2 people who live or regularly stay at your address, attach a separate sheet with details.

**65** Do you and the other person both look after the children?
- No Go to next question
- Yes What are the current care arrangements for the children?

**70** In your opinion, how does your relationship with the other person differ from that of a married, registered or de facto couple?

- ........................................................................................................................................
- ........................................................................................................................................
- ........................................................................................................................................
- ........................................................................................................................................
- ........................................................................................................................................
- ........................................................................................................................................
71 Is there anything else you would like to tell us about your current circumstances that has not already been covered?

No [ ] Go to next question

Yes [ ] Give details below

72 Are there any other things that you are not able to write down that you would like to talk about in a phone interview?

No [ ] Go to next question

Yes [ ] Give details below

What is the best phone number to call you on?

( )

What is the best time to call you?

73 Did someone help you complete this form?

No [ ] Go to next question

Yes [ ] Give details below

Name of the person who gave you help

Provide details on why you needed help to complete this form

74 Which of the following documents are you providing with this form?

- Your latest loan account statement
  (if you answered Yes at question 19)
- Copy of signed current lease or tenancy agreement
  (if you answered Yes at question 21)
- Proof of structural changes
  (if you answered Yes at question 27)
- Copy of Medicare card
  (see question 47)
- Copy of latest statement(s) of your current joint account(s)
  (if you answered Yes at question 48)
- Copy of most recent bills
  (if you answered Yes at question 54)

75 IMPORTANT INFORMATION

Privacy and your personal information

Your personal information is protected by law (including the Privacy Act 1988) and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department, or given to other parties where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations).

You can get more information about the way in which the department will manage your personal information, including our privacy policy, at humanservices.gov.au/privacy

76 Statement

I declare that:

• the information I have provided in this form is complete and correct.

I understand that:

• giving false or misleading information is a serious offence.
• if submitting this document as part of a claim, the claim may not be accepted unless supporting documents are lodged at the same time as the claim. The only exception will be if I am waiting for medical evidence or other documents from a third party.
• the Australian Government Department of Human Services can make relevant enquiries to make sure that correct entitlements are received.
• if I am receiving a payment or benefit from the Australian Government Department of Human Services, I must notify the Australian Government Department of Human Services of any change(s) to this information within 14 days of the change(s) occurring.

Your signature

Date

/ /