

**centrelink**

## When to use this form



Use this form to tell us about your living arrangements so we can assess your correct entitlement to payment at either the single or partnered rate. This may be for future entitlements, payments received in the past or assessing entitlements for past periods, for example, family assistance.

We may need you to fill in this form even if you do not share your accommodation with someone. This is so we can pay you the right amount for your situation.

We generally require a completed form from both yourself and the other person identified in this form for an assessment to be completed.

If you have a partner, you will need to complete a **Partner details (MOD P)** form.

If the person you live with is your ex-partner, you will need to complete a **Relationship details – Separated under one roof (SS293)** form.

If you do not have a form you need, go to [servicesaustralia.gov.au/forms](https://servicesaustralia.gov.au/forms)

Once you have returned the form(s), we may need to talk to you.

## Keeping your information safe

If your relationship or living arrangements have changed, there are things you need to do to keep your personal information safe.

Changing your passwords or PIN will make sure only you have access to your myGov and online accounts.

For more information, go to [servicesaustralia.gov.au/keepinformationsafe](https://servicesaustralia.gov.au/keepinformationsafe)

## How do we assess your relationship?

To assess your relationship and decide if you are a member of a couple, we will consider the following:

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

For more information on how we assess your relationship, go to [servicesaustralia.gov.au/moc](https://servicesaustralia.gov.au/moc)

## Relationships and safety concerns

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

If the person you are sharing with gets a payment or service from us, we must tell them the outcome of the relationship assessment. We will do this by sending them a letter of our decision. If you have concerns for your safety, we can refer you to a social worker to discuss your options.

If any of the questions in this form cause you distress or you are affected by family and domestic violence, you may wish to speak to a social worker. You can call us on **132 850** or visit one of our service centres and ask to speak to a social worker.

For more information, go to [servicesaustralia.gov.au/domesticviolence](https://servicesaustralia.gov.au/domesticviolence)

## If you cannot answer the questions

It is important that you answer all questions and give as much detail as you can. If you are not able to give any of the information asked for, say so on the form.

## Having a partner

We consider you to have a partner and be a member of a couple if you are either:

- married
- in a registered relationship. This is when your relationship is registered under a law of a state or territory.
- in a de facto relationship. This is when you and your partner are in a marriage like relationship but you are not married or in a registered relationship.

We may still consider you a member of a couple if you are not actually living with your partner. For example, your partner may fly-in fly-out or live away for work, like military or oil rig workers.

For more information, go to [servicesaustralia.gov.au/moc](https://servicesaustralia.gov.au/moc)

## How to choose a suitable referee

Your referee must be 18 or older and not be your:

- parent, step parent, sibling or child
- correspondence nominee
- most recent ex-partner.

Your referee should also be familiar with your circumstances.

It is preferable that a referee be a person of some standing in the community. For example, a minister of religion, doctor, police officer, counsellor, social or welfare worker, solicitor, or community leader.

**Services Australia may contact your referee to discuss your current relationship status.**

## For more information



If you need to call us, go to [servicesaustralia.gov.au/phoneus](https://servicesaustralia.gov.au/phoneus)

### Information in your language

We can translate documents you need for your claim or payment for free.

To speak to us in your language, call **131 202**.

### Hearing and speech assistance

If you have a hearing or speech impairment, you can use:

- the National Relay Service **1800 555 660**, or
- our TTY service on **1800 810 586**. You need a TTY phone to use this service.

For more information about help with communication, go to [servicesaustralia.gov.au](https://servicesaustralia.gov.au) and search 'other support and advice'.

## Section 1 – your details and relationship with another person

### Filling in this form

You can complete this form on your computer using Adobe Acrobat Reader, or you can print it.

For help on how to fill in our forms, go to **servicesaustralia.gov.au/formhelp**

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.
- Where you see a box like this ☐ **Go to 1** skip to the question number shown.

### Your details

#### 1 Your Customer Reference Number (if known)

Your name

Family name

First given name

Second given name

Your date of birth (DD MM YYYY)

#### 2 Has your phone number changed since you last told us?

No ☐ **Go to 3**

Yes ☐ Give details below

Your contact phone number (including area code)

Is the phone account in your name?

No ☐

Yes ☐

#### 3 Your permanent address


Postcode

### Your relationship with another person

#### 4 Read this before answering the following questions.

We may decide you are a member of a couple based on an assessment of your relationship or living arrangements. This could be someone you live with or someone who lives separately to you.

Where the words 'other person' appear in this form, they refer to the person you name below.

Other person's Customer Reference Number (if known)

Other person's family name

Other person's first given name

Other person's second given name

Other person's date of birth (DD MM YYYY)

#### 5 Other person's contact phone number (including area code)

#### 6 Are you experiencing family and domestic violence?

Any information you give us is private. It will only be used to help connect you to the right services and support. This question is so you receive the right help for your current circumstances if you may be at risk due to violent, threatening, coercive or controlling behaviour by someone else. If you are not sure how to answer this question or would like more information you can contact us on **132 850** or visit one of our service centres and ask to speak to a social worker. You can contact us at any time in the future if your circumstances change and you need support.

No ☐ **Go to 9**

Yes ☐ **Go to next question**



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7 Is the family and domestic violence in relation to the other person (named at **Question 4**)?

No ☐ Go to next question

Yes ☐ If the person you share with gets a payment or service from us, we are legally required to tell them about our decision once the relationship assessment has been completed.

► Go to next question

8 Read this before answering the following question.

If you have concerns for your safety, a social worker can contact you to discuss your support options.

Would you like a social worker to contact you?


When a social worker contacts you, the call will display as a private number.

No ☐

Yes ☐

9 Are you partnered to someone else, whether living in the same household or not?

No ☐ Go to next question

Yes ☐  You will need to complete and return a **Partner details (MOD P)** form. If you do not have this form, go to [servicesaustralia.gov.au/forms](https://servicesaustralia.gov.au/forms)  
► Go to 41

10 Is the other person the partner of anyone else, whether living in the same household or not?

No ☐ Go to next question

Yes ☐ Go to 41

I do not know ☐ Go to next question

11 Read this before answering the following questions.

We may still consider you a member of a couple if you are not physically living with your partner.

For example, your partner may fly-in fly-out or live away for work, like military or oil rig workers.


How do you describe your relationship with the other person?

Tick **one** of the boxes below to describe your relationship status right now.


Friend or housemate ☐ Go to next question

Boyfriend or girlfriend ☐ Go to next question

Non-binary relationship ☐ Go to next question

Separated ☐  You will need to complete and return a **Relationship details – Separated under one roof (SS293)** form. If you do not have this form, go to [servicesaustralia.gov.au/forms](https://servicesaustralia.gov.au/forms)

► Go to 41

Partner (Married, registered or de facto) ☐  You will need to complete and return a **Partner details (MOD P)** form. If you do not have this form, go to [servicesaustralia.gov.au/forms](https://servicesaustralia.gov.au/forms)

► Go to 41

Other ☐ Give details below

How do you describe your relationship with the other person?


12 Does the property where you live have a separate self-contained area, for example, a granny flat, caravan or converted garage?

A self-contained area is a place which includes separate or private sleeping, cooking and bathroom facilities.

No ☐ Go to 15

Yes ☐ Who lives in the self-contained area?

**Tick one only**

I do ☐ Go to next question

Other person ☐ Go to next question

Me and the other person ☐ Go to 15

No-one ☐ Go to 15

Third party ☐ Give details below


► Go to 15

**13** What type of self-contained accommodation do you or the other person live in?

**Tick one only**

Caravan ☐

Granny flat ☐

Separate area  
attached to property ☐

Other ☐ Give details below


**14** What areas or facilities do you or the other person have private (sole) access to, within the self-contained accommodation?

**Tick all that apply**

Bedroom ☐

Kitchen ☐

Bathroom ☐

No areas ☐

*Go to next question*

Bedroom, kitchen  
and bathroom ☐ **Go to 41**

## Section 2 – living arrangements

### Financial arrangements

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

No ☐ ➤ **Go to 17**

Yes ☐ ➤ Give details below

**Tick one only**

We own the home together ☐ ➤ *Go to next question*

I own the home on my own ☐ ➤ **Go to 18**

I, or we, own the home with another person ☐ ➤ **Go to 18**

The other person owns the home ☐ ➤ **Go to 18**

- 16** Is your home still being paid off?

No ☐ ➤ **Go to 18**

Yes ☐ ➤ Give details below

What are the total mortgage repayments?

\$  per month

How much of this do **you** pay?

\$  per month



Provide your latest loan account statement.

➤ **Go to 18**

- 17** Do you pay rent, board or lodgings at the place where you currently live?

No ☐ ➤ Give details below about why you **do not** pay for your accommodation.

Yes ☐ ➤ Give details below

**Tick one only**

Accommodation expenses are split ☐ ➤ *Go to next question*  
equally amongst all residents

Accommodation expenses are not ☐ ➤ Give details below  
split equally amongst all residents.

If you need more space, provide a separate sheet with details.

- 18** 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

**Tick all that apply**

Investment properties ☐

Business properties ☐

Caravan sites ☐

Moorings ☐

Other ☐ ➤ Give details below

Do you plan to sell or change these joint assets?

No ☐ ➤ Give details below about why you **do not** plan to sell or change these joint assets

Yes ☐ ➤ Give details below about when you plan to sell or change these joint assets

If you need more space, provide a separate sheet with details.

**19** 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

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

Name of financial institution the account is held with

Type of account

What is the purpose of the joint account?

**Tick all that apply**

Shared rent or utilities only ☐

Joint savings account ☐

Joint mortgage ☐

Joint credit card(s) ☐

Other ☐ Give details below

Do you plan to separate this account?

No ☐ Give details below about why you **do not** plan to separate this account

Yes ☐ Give details below about when you plan to separate this account

If you need more space, provide a separate sheet with details.

**20** Do you and the other person have access to any of each other's account(s) (including bank, credit and store cards)?

No ☐ Go to next question

Yes ☐ Give details below

**Tick all that apply**

I have access to the other person's account(s) ☐

The other person has access to my account(s) ☐

Why do you or the other person have access?

If you need more space, provide a separate sheet with details.

**21** 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

Describe the debt type

Date when debt occurred (DD MM YYYY)

Arrangement(s) for repaying this debt

What are the arrangements for separating the debt?

If you need more space, provide a separate sheet with details.

**22** Have you and the other person purchased any of the following items together?

No ☐ Go to next question

Yes ☐ Give details below

Tick all that apply	Date purchased (DD MM YYYY)							
Car <input type="checkbox"/>	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>							
Caravan <input type="checkbox"/>	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>							
Furniture <input type="checkbox"/>	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>							
Household appliances <input type="checkbox"/>	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>							
Electrical items <input type="checkbox"/>	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>							
Other (Give details) <input type="checkbox"/>								
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Why did you purchase the items jointly?


What are the arrangements for the jointly owned items if either of you move out?


If you need more space, provide a separate sheet with details.

**23** Give information about the payment of the following household expenses.

**Phone and internet**

Do you share the payment of a landline, internet or mobile phone with the other person?

No ☐ Who pays for it?

--

Yes ☐ What is the arrangement for sharing the payment?


**Electricity**

Do you share the payment with the other person?

No ☐ Who pays for it?

--

Yes ☐ What is the arrangement for sharing the payment?


**Gas**

Do you share the payment with the other person?

No gas connected ☐

No ☐ Who pays for it?

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Yes ☐ What is the arrangement for sharing the payment?


**Food**

Do you share the food or shopping expenses with the other person?

No ☐ Who pays for it?

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Yes ☐ What are the arrangements for sharing this expense?




**24** Do you and the other person jointly own any of the following insurance policies?

No ☐ ► *Go to next question*

Yes ☐ ► Give details below

**Tick all that apply**

Private medical ☐

House or contents insurance ☐

Vehicle insurance ☐

Other policies ☐ ► Give details below

Do you plan to cancel or change the joint insurance policies?

No ☐ ► Give details below about why you **do not** plan to cancel or change the joint insurance policies

Yes ☐ ► Give details below about the planned cancellation or change

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

Do not have these policies ☐ ► *Go to next question*

No ☐ ► *Go to next question*

Yes ☐ ► Give details below

**Tick all that apply**

Will ☐

Superannuation ☐

Life insurance ☐

Other ☐

Do you plan to cancel or change your beneficiary?

No ☐ ► Give details below about why you **do not** plan to cancel or change your beneficiary

Yes ☐ ► Give details below about your plan to cancel or change your beneficiary

**Nature of the household**

**26** Do you and the other person share a bedroom?

No ☐ ► *Go to next question*

Yes ☐ ► Give details below about why you share a bedroom.

**27** Who does the following household tasks?

Cleaning

**Tick one only**

I do ☐

Other person ☐

We both do ☐

Third party ☐ ► Give details below

## Washing

I do ☐

Other person ☐

We both do ☐

Third party ☐ Give details below


Does not apply ☐

I do ☐

Other person ☐

We both do ☐

Third party ☐ Give details below


I do ☐

Other person ☐

We both do ☐

Third party ☐ Give details below


- No ☐  Go to next question

Yes ☐ Give details below

No  Go to next question

Yes ☐ What are the current care arrangements for the child(ren)?

[illegible]

If you need more space, provide a separate sheet with details.

**29** Do relatives, friends or regular associates (including social media contacts) consider you and the other person to be partnered?

For example, are you and the other person invited out as a couple.

No ☐  Go to next question

Yes ☐ Give details below

This image shows a full page of primary-ruled paper. It features ten sets of horizontal lines, each consisting of a solid top line, a dashed midline, and a solid bottom line, providing a guide for letter height and placement. The entire page is enclosed within a rectangular border.

If you need more space, provide a separate sheet with details.

- For example, financial institution, Medicare, Australian Taxation Office.

No  Go to next question

Yes ☐ Give details below explaining why, including the dates

[illegible]

If you need more space, provide a separate sheet with details.

31 Do you share social and leisure activities with the other person?

For example, sporting events, family occasions, movies, holidays or other activities.

No ☐ Go to next question

Yes ☐ What sort of activity and how often?

Sporting events ☐

Weekly ☐

Monthly ☐

Other ☐

Why do you participate jointly in this activity?

Family occasions ☐

Weekly ☐

Monthly ☐

Other ☐

Why do you participate jointly in this activity?

Movies ☐

Weekly ☐

Monthly ☐

Other ☐

Why do you participate jointly in this activity?

Holidays ☐

Once a year ☐

Other ☐

Why do you participate jointly in this activity?

Other activities ☐ Give details below, including how often

Sexual relationship

32 Read this before answering the following questions.

We need to ask the following question as one of the factors to consider, when deciding if you are a member of a couple.

See **Notes** page 1 for more information on how we assess your relationship.

Do you currently have a sexual relationship with the other person?

No ☐

Yes ☐

Nature of commitment

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

Tick one only

Less than 3 months ☐

3–6 months ☐

6–12 months ☐

More than 12 months ☐

Why do you continue to share accommodation?

34 If the other person is employed, are you listed as the emergency contact at their work?

Not applicable ☐

No ☐

Yes ☐ Why are you listed as the emergency contact?

**35** Do you and the other person provide care or support to each other in any of the following circumstances?

## Illness

No ☐

Yes ☐ Give details below

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## Personal crisis

No ☐

Yes ☐ Give details below

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## Money matters

No ☐

Yes ☐ Give details below


## Family disputes

No ☐

Yes ☐ Give details below


### Child schooling events

No ☐

Yes ☐ Give details below

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**36** In your opinion, how is your relationship with the other person different from that of a married, registered or de facto couple?

[illegible]

### Other things you can tell us

**37** Is there any other information you would like to add, which may help us with this assessment or review?

No  Go to next question

Yes ☐ Give details below

[illegible]

**38** Are there 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 ☐ What is the best phone number to call you on?  
(including area code)

Someone who knows about your relationship status

39 We need the name and contact details of a suitable referee who knows about your current relationship status.

Your referee must be 18 or older and not be your:

- parent, step parent, sibling or child
- correspondence nominee
- most recent ex-partner.

See **Notes** page 2 for information on how to choose a referee.

If you cannot give details below, tell us why.

Full name

Address

Postcode

Phone number (including area code)

Relationship to you

If you cannot give referee details, tell us why.

Questions continue ►

## Section 3 – privacy notice and declaration

### Checklist

- 40** Which of the following documents are you providing with this form?

Your latest loan account statement (If you answered Yes at <b>question 16</b> )	<input type="checkbox"/>
Copy of latest statement(s) of your current joint account(s) (If you answered Yes at <b>question 19</b> )	<input type="checkbox"/>

### Privacy notice

#### 41 You need to read this

##### Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to [servicesaustralia.gov.au/privacypolicy](https://servicesaustralia.gov.au/privacypolicy)

### Declaration

#### 42 I declare that:

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

##### I understand that:

- 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
- if I am receiving a payment or benefit from Centrelink, I must notify Services Australia of any change(s) to this information **within 14 days** of the change(s) occurring
- Services Australia can make relevant enquiries to make sure that correct entitlements are received
- giving false or misleading information is a serious offence.

Your signature



Date (DD MM YYYY)

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### Next Steps

- 1 Check that you have answered all the questions that you need to.
- 2 Provide all requested information and any extra forms.
- 3 Check you have signed and dated this form.

### Returning this form

Return this form and any supporting documents:

- online** using your Centrelink online account. For more information, go to [servicesaustralia.gov.au/centrelinkuploaddocs](https://servicesaustralia.gov.au/centrelinkuploaddocs)
- by post to  
Services Australia  
PO Box 7802  
CANBERRA BC ACT 2610
- in person at one of our service centres.