



District No.
Sub District No.
Meshblock No.
Questionnaire No.

# Dwelling Questionnaire

## Instructions

- A Dwelling Questionnaire is legally required to be filled in for every dwelling which is occupied on Census night.
- If this is a private dwelling, the person who fills in the Dwelling Questionnaire should be either:
  - a person who owns this dwelling,
  - or, if a rental dwelling, a person in whose name the dwelling is rented,
  - or any other responsible person.
 This person, who must be living in the dwelling on Census night, is called the **occupier**.
- If this is not a private dwelling, the person who fills in the Dwelling Questionnaire should be either the proprietor, superintendent or other person in charge on Census night. This person is called the **occupier**.
- The **occupier** is also required to ensure that a Personal Questionnaire is filled in for every person (including baby) present in the dwelling on Census night.
- Persons arriving at or returning to this dwelling between midnight on 4 March and noon on 5 March must fill in a Personal Questionnaire at this dwelling, unless one has been filled in at another dwelling.

## The information you provide will remain confidential to the Department of Statistics.

- This completed questionnaire will be seen only by employees of the Department of Statistics who have taken a statutory declaration of secrecy. The information you provide will be used for statistical purposes only and identifiable details about you or your household or dwelling will not be disclosed to any other government department, organisation or person.
- This Census is taken under the authority of Section 23 (1) of the Statistics Act 1975.

S. KUZMICICH  
Government Statistician

## Please refer to the guide notes before you fill in this questionnaire

For each question, please either tick box  or enter number eg:  or print answer eg: Street number and name

**1 Name of occupier**

Surname or family name

First or Christian names

**2 Address of this dwelling**

DO NOT give P.O. Box or Rural Delivery numbers

Street number and name

Suburb or rural locality

City or town or county

• If an institution, hotel, motel, hospital, school hostel, camp, boarding house or ship

Please give name

**3 If this dwelling is in a rural locality, rural township, or county ... please state**

Name of nearest Post Office

Distance to nearest Post Office by usual route | km or | miles

**1 How many persons are present in this dwelling on the night of 4 March 1986? (include babies)**

| | | persons

**2 Is this dwelling either**

(a) a private dwelling?

01 Separate house

02 Two flats or houses joined together

03 Three or more flats or houses joined together

04 Flat or house attached to a business or shop

05 Bach, crib or hut (*not in a work camp*)

06 Caravan, cabin or tent in a motor camp

07 Other

Please state

or

(b) not a private dwelling?

11 Hotel, motel or guest house

12 Boarding house or rooming house

Other (*such as hospital, construction camp*)

Please state

- The following questions are for **private dwellings** only.
- If not a private dwelling — please sign at bottom of this page

**3 How many bedrooms are there in this dwelling?**

bedrooms

**4 Is this dwelling**

- 01 Owned with a mortgage
- 02 Owned without a mortgage
- 03 Provided rent-free
- 04 Rented or leased

**5 If you rent or lease this dwelling:**

(a) How much is the WEEKLY rent?

\$   per week  
dollars cents

(b) Who do you rent or lease from?

- 1  Private organisation, person or real estate agency
- 2  Housing Corporation
- 3  Other government department (including hospital or education board)
- 4  Local authority (including council, electric power board or harbour board)

(c) Is this dwelling rented or leased on a furnished basis?

- 5  No—unfurnished
- 6  Yes—furnished

(d) Do you rent or lease from your employer?

- 7  No—not rented from employer
- 8  Yes—rented from employer

**6 What do you use to heat this dwelling?**

Tick one or more boxes

- ① Electricity
- ② Gas
- ③ Wood
- ④ Coke or coal
- ⑤ Oil (including kerosene)
- ⑥ Other

Please state

- ⑦ No means of heating

**7 What type of hot water supply do you have in this dwelling?**

Tick one or more boxes

- ① Electric
- ② Gas
- ③ Other (such as wood, solar)
- ④ No hot water supply

**8 How many motor vehicles available for private use do persons in this dwelling have in their care on Census night?**

Do not include: motor bikes, scooters, tractors

- 0 None
- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five or more

**9 Persons away on Census night (4 March 1986)**

List below:

- Those persons who are temporarily away (for less than 3 months) on Census night, but who usually live at this dwelling, such as persons on business, on holiday, or in hospital.
- Children at boarding school.
- Mother and baby at a maternity hospital.

Do NOT list below:

- Those persons who are away for longer than 3 months, but who usually live in this dwelling, such as long-term hospital patients, armed forces personnel overseas.
- University or tertiary students who live away from this dwelling for most of the year.

ABSENT PERSON 1

ABSENT PERSON 2

ABSENT PERSON 3

ABSENT PERSON 4

Surname or family name

First or Christian names

Sex

Age (in years)

Marital status (such as married)

Relationship to you (such as son)

Address or location on 4 March 1986

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**Signature:** I declare that the information I have given is true and complete as far as I know:

Sign here