

Purpose: This form is for existing community housing registrants to advise changes to their circumstances, including contact details.



Government of South Australia

CHANGE OF CIRCUMSTANCES FORM **Community Housing**

Do you require an Interpreter? No Yes Language? _____

Please contact Housing SA on 131 299 if you need help to understand or complete this form.

IMPORTANT:

- Please ensure you complete ALL information in question 1 to enable us to identify you.
- **Only complete the sections that apply to the information you wish to update** (You do not need to fill in any information that remains the same as your original registration of interest).
- If you need to add / modify more than one additional household member please request a copy of the 'About the Additional Household Members' page of the registration of interest form for completion.
- If you feel there are reasons why your information should be withheld, please contact your primary contact organisation.
- You may access the information you provide by contacting your primary contact organisation.
- If you do not provide all the information requested, we may not be able to accept your updates.
- As a vacancy arises for which you may be suitable, you may be contacted directly by the relevant community housing provider to discuss your registration of interest further.

Send your change of circumstances form to: tenancy@yourplacehousing.com.au

YourPlace Housing Ltd
338-340 Tapleys Hill Rd
Seaton SA 5023

OFFICE USE ONLY

Customer number: _____ Registration number: _____ Family name: _____

Name of referring agency _____

Support requirements:

Name of support agency _____

Case management plan in place Yes No Eligible for support package Yes No

Type of support package/s in place:

1. _____ 2. _____ 3. _____

Registration requirements:

Original registration date _____ / _____ / _____ ROI complete Yes No

Date received _____ / _____ / _____ Proof of income & ID attached Yes No

Received by _____ Signature at declaration Yes No

Date updated on register _____ / _____ / _____ Sensitivity requested Yes No

PART A: The registrant

This section **MUST** be completed by **ALL** registrants

1. About you

Family name:	
Given name/s:	
Title (eg. Mr, Mrs, Miss, Ms etc.):	
Please specify any previous change of name (eg. maiden name):	
Date of birth:	/ /
Please specify your Customer Register Customer Number ? (8 digits) (This information can be found on your original confirmation of registration letter)	

Only complete the sections that apply to the information you wish to update.

(You do not need to complete any information that remains the same as your original registration of interest)

Centrelink Customer Reference Number (CRN):	
Veteran Affairs File Number:	
Do you have a current Public Housing registration with Housing SA? If yes, what is your Housing SA customer number? (if known)	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Registration details

Would you like to withdraw your registration of interest from the customer register? If yes, please specify a reason for the withdrawal.	<input type="checkbox"/> Yes
Would you like to defer your registration of interest on the customer register? If yes, please specify a reason for the deferral and a defer end date not exceeding 12 months.	<input type="checkbox"/> Yes
	/ /
Would you like to change your primary contact organisation on the customer register? If yes, please specify the new provider name. <i>Note: This is subject to the agreement of both the current and the new primary contact organisation.</i>	<input type="checkbox"/> Yes

3. a) Are you now homeless? Yes (continue with this question) No (go to Question 4)

b) Where would you **now** like correspondence sent relating to your registration?

Self (complete question 4) Support agency / worker (complete question 16) Friend / relative (complete question 17)

4. a) Do you need to change your current address details? Yes (continue with this question)

	State:	Postcode:
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b) Do you need to change your postal address? (if different to the above or currently what is recorded)

	State:	Postcode:
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c) How long have you been at this address: _____ Years _____ Months

(*If residing at current address less than three years please specify previous address below)

	State:	Postcode:
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d) Have your current contact details changed?

Home phone:	Mobile phone:
Daytime phone (if different):	Email address:

About the Registrant / household member

	The registrant	Household member
5 a) Do you need to	<input type="checkbox"/> Update	<input type="checkbox"/> Update <input type="checkbox"/> Add <input type="checkbox"/> Remove
Family name:		
Given name/s:		
Title (eg. Mr, Mrs, Miss, Ms etc.):		
Please list other name/s you have been known by (eg. maiden name):		
Date of birth:		/ /
Relationship to you: (i.e. son, daughter, friend, grandparent)		
Are you a sole parent:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Country of birth:		
Are you of Aboriginal / Torres Strait Island descent:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been under Guardianship of the Minister?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Language/s other than english spoken at home:		
If you are a refugee, when did you arrive in Australia?	/ /	/ /
Do you own / part own habitable property / real estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a returned service person or direct descendant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) SPECIAL NEEDS		
Do you have any special needs? (please tick all that apply)	<input type="checkbox"/> Physical Disability <input type="checkbox"/> Mental Health Issues <input type="checkbox"/> Wheelchair <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Acquired Brain Injury <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Other _____	<input type="checkbox"/> Physical Disability <input type="checkbox"/> Mental Health Issues <input type="checkbox"/> Wheelchair <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Acquired Brain Injury <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Other _____
c) INCOME: Weekly income (before tax). Only tick / complete relevant boxes		
Government payment received (please tick all that apply)	<input type="checkbox"/> DSP <input type="checkbox"/> Austudy <input type="checkbox"/> TPI <input type="checkbox"/> Abstudy <input type="checkbox"/> Aged Pension <input type="checkbox"/> Youth Allowance <input type="checkbox"/> Parenting Payment <input type="checkbox"/> NewStart <input type="checkbox"/> Family Tax Benefit <input type="checkbox"/> Carer's Payment <input type="checkbox"/> Other _____	<input type="checkbox"/> DSP <input type="checkbox"/> Austudy <input type="checkbox"/> TPI <input type="checkbox"/> Abstudy <input type="checkbox"/> Aged Pension <input type="checkbox"/> Youth Allowance <input type="checkbox"/> Parenting Payment <input type="checkbox"/> NewStart <input type="checkbox"/> Family Tax Benefit <input type="checkbox"/> Carer's Payment <input type="checkbox"/> Other _____
Centrelink Reference Number (CRN):		
Veteran Affairs File Number:		
Amount of government payments received / week:	\$	\$
Amount of gross wages received / week:	\$	\$
Amount of other income received / week (eg. maintenance):	\$	\$
Estimate the current cash / market value of your assets**	\$	\$

**Assets include the current cash or market value of all; savings, any property or real estate, shares, bonds & other investments, compensation payouts, personal life insurance policies, motor vehicles, caravans & boats, household contents and personal effects.

PART B: Current housing

6. What type of housing do you live in now? (please tick one box)

<input type="checkbox"/> Owner / Buyer	<input type="checkbox"/> Hotel / Motel / Caravan
<input type="checkbox"/> Private Rental / Boarding Privately	<input type="checkbox"/> College / University Housing
<input type="checkbox"/> Housing SA (Public, Aboriginal or Community Housing)	<input type="checkbox"/> Correctional Facility
<input type="checkbox"/> Shelter / Emergency Accommodation	<input type="checkbox"/> Living with Parents
<input type="checkbox"/> Boarding House / Hostel	<input type="checkbox"/> Moving between Family / Friends
<input type="checkbox"/> Homeless / No Accommodation	<input type="checkbox"/> Supported Housing
<input type="checkbox"/> Hospital / Nursing Home	<input type="checkbox"/> NRAS
<input type="checkbox"/> Transitional Housing	<input type="checkbox"/> Other _____

7. a) Do you need to leave your current accommodation?

Yes (continue with this question) No N/A I'm Homeless

b) By what date do you need to leave?

(Note: If you need to leave as soon as possible, please state today's date)

/	/
Day	Month Year

c) Why do you need to leave? (tick all that apply)

<input type="checkbox"/> My lease has expired or is about to	<input type="checkbox"/> I can't afford the rent
<input type="checkbox"/> I don't like where I live	<input type="checkbox"/> I have separated from my partner
<input type="checkbox"/> I have been asked to leave	<input type="checkbox"/> My safety is at risk
<input type="checkbox"/> I have been given an eviction notice	<input type="checkbox"/> I am at risk of domestic violence
<input type="checkbox"/> My house is too crowded	<input type="checkbox"/> My house is in an unsafe / unhealthy condition
<input type="checkbox"/> Medical / long term health issues	<input type="checkbox"/> I do not have a permanent place to stay
<input type="checkbox"/> Location of current housing is unsuitable	<input type="checkbox"/> Inaccessible – wheelchair access required
<input type="checkbox"/> I need to be closer to support services	<input type="checkbox"/> Poor / No access to public transport
<input type="checkbox"/> Other _____	

d) Have you been looking for another place to stay? (eg. private rental)

Yes (continue with this question) No

e) Have you been able to find another place to stay?

Yes (go to question 8) No (continue with this question)

e) Why do you think you have been unable to find another place to stay?

<input type="checkbox"/> I haven't found any suitable accommodation	<input type="checkbox"/> Other _____
<input type="checkbox"/> Land agents or owners refuse my application	

8. Do you need to alter the number of pets you have? Update Add Remove (The number and type of pets you have may affect what organisation and property type you are eligible for).

Type	Dog	Cat	Bird	Other	Other
Number					

PART C: Housing preferences

90. Do you need to change your area preference?

a) I have **no preference**; please consider me for **all** areas.

**Note this includes all country regions*

b) I have a **preference** for metropolitan:

East

North

South

West

c) There are **specific areas** I need to live in.

(Please list the corresponding area number/s below. Note: Selecting this option limits the housing offers).

Area number/s:					

10. Do you need to change your specific property requirements?

a) I have no specific requirements

OR

b) I **must** have housing that: *(please tick all that apply, you may be required to provide proof)*

<input type="checkbox"/> Has a bath	<input type="checkbox"/> Has no stairs	<input type="checkbox"/> Has access to public transport
<input type="checkbox"/> Has a walk in shower	<input type="checkbox"/> Has a small yard	<input type="checkbox"/> Has car parking access
<input type="checkbox"/> Has less than 1 to 2 steps	<input type="checkbox"/> Is wheelchair accessible	
<input type="checkbox"/> Modifications for a disability or medical condition <i>(please specify required modifications & who they are for below)</i>		
<input type="checkbox"/> The registrant	<input type="checkbox"/> Another household member	<input type="checkbox"/> Someone who stays regularly
Number of Bedrooms <i>(only tick one if the number of bedrooms you require is different to your household composition).</i>		
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 4*	<input type="checkbox"/> *5	<input type="checkbox"/> 6*
Please Note: If you require 4 or more bedrooms, please describe below any special circumstances to support your request <i>(e.g. regular overnight access to children)</i> as there are a limited number of larger properties.		
Please describe any other requirements you may have:		

PART D: Housing provider

11. Do you need to change your specific provider/s preference?

a) No, I have **no preference**; please open my registration to all providers I am eligible for.

OR

b) Yes, there are **specific providers** I **only** wish to register for. *(please list below)*

(Note: selecting this option will limit the likelihood of you being made a housing offer)

Provider Name:		
Provider Name:		

12. Are there specific organisations you wish to **exclude** from your registration? *(Please list if applicable)*

Provider Name:		
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13. Would you like to be considered for other non-government housing provider rental vacancies should they become available? *(Note: There may be different rent and tenancy conditions associated with these vacancies. Further information will be made available at the point of any offer of housing being made)*

Yes

No, only consider me for community housing accommodation

PART E: Skills and courses (applicable only to registrations for volunteer member-tenant managed housing)

14. Please indicate any new skills and abilities of all household members on this registration. A formal qualification is not required – ‘hands on’ experience is fine.

Skill / Ability	Experience Only	Formal Training	Skill / Ability	Experience Only	Formal Training
Admin / Secretarial	<input type="checkbox"/>	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	<input type="checkbox"/>
Bookkeeping	<input type="checkbox"/>	<input type="checkbox"/>	Organisational skills	<input type="checkbox"/>	<input type="checkbox"/>
Financial / Accounting	<input type="checkbox"/>	<input type="checkbox"/>	Communication / Interpersonal	<input type="checkbox"/>	<input type="checkbox"/>
Meeting procedures	<input type="checkbox"/>	<input type="checkbox"/>	Artist	<input type="checkbox"/>	<input type="checkbox"/>
Computer / IT	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Conflict management	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Environmental awareness	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>

15. Please list any specific community housing courses you / or any member of your household has attended.

Course Name	Date

PART F: Registration details

16. Is there a support agency and / or worker you have regular contact with?
 (Note: This may include a friend / relative or legal guardian where you do not have regular contact with a support agency)

Yes (continue with this question) No

Please provide the contact details of your support agency and / or worker

Support worker's name:	Phone:
Agency name:	
Address (if known):	
State:	Postcode:
*Are you happy for an approved community housing provider to discuss your registration with this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	

17. Do you need to update the details of a nominated contact if we cannot contact you?

Name:	Relationship to you (eg. mother) :	
Address:	State:	Postcode:
Home phone:	Daytime phone (if different):	
*Are you happy for an approved housing provider to discuss your registration with this person? <input type="checkbox"/> Yes <input type="checkbox"/> No		

19. Do you need to update referee details?

Referee Name # 1:	Phone:
Address:	State: Postcode:
Referee Name # 2:	Phone:
Address:	State: Postcode:

PART G: Declaration

This declaration **must** be signed for your registration to be processed.

The information collected on this form is used for the purpose of:

- Assessing your eligibility for community housing **and**
- Matching your registration to available vacancies; **and**
- For statistical purposes by the Commonwealth Government, Renewal SA, Housing SA, Department for Communities and Social Inclusion.

1. REGISTRANT DECLARATION

- I declare that all information I have given is true and correct.
- I understand that any assistance obtained on the basis of incorrect or false information supplied by me may result in my registration being withdrawn.
- I understand that I may become ineligible if my circumstances change.
- I consent to personal information I provide being disclosed within and between Renewal SA, and/or Housing SA, Department for Communities and Social Inclusion, registered community housing providers, and other approved non-government housing providers for the purposes described above.
- I understand that the disclosure of this information to Renewal SA and/or Housing SA,, Department for Communities and Social Inclusion may result in action being taken by Housing SA, Department for Communities and Social Inclusion to recover any outstanding amounts owed.
- I understand that personal information will otherwise be kept confidential and will not be disclosed to any other party without my consent, except as required by an Act of Parliament or Court Order, or where disclosure is authorised by the State Government's Information Privacy Principles.
- I understand that if I accept an offer of community housing (any program type) or public housing that any current community housing registration (other than for volunteer member-tenant managed housing) will be withdrawn.
- I understand that if I am housed by a community housing provider other than the provider named on the front of this form, that all documents relating to my registration may be transferred to the provider with whom I have been housed.
- I warrant that all persons named on this form are aware that their personal information is being disclosed as described above and consent accordingly.

Name: _____

Signature: _____

Date: / /

2. OTHER PERSON DECLARATION

(to be signed **only** where others have completed the form on behalf of the registrant)

- This form has been completed with the information the registrant has supplied to me.
- I have drawn the registrant's attention to the clauses on this declaration, and the registrant has indicated that he / she understands them and consents accordingly.

Name: _____

Relationship to registrant (ie. son, daughter, mother, support worker): _____

Signature: _____

Date: / /

CHECKLIST

Before submitting your **change of circumstances form**, please check:

- You are eligible for community housing and any specific provider nominated at question 11.
- You have attached acceptable proof of income for yourself and **all** other household members who receive an independent income (acceptable forms of proof are outlined on page 3).
- You have signed the Declaration on this page **or** if you have had someone assist you, they have signed the Declaration on your behalf.