



Government of South Australia
 Department for Communities
 and Social Inclusion

Housing SA

REGISTRATION OF INTEREST FOR **Public and Community Housing**

NOTE:

- This form can **only** be submitted to Housing SA. If you only want to register for Community Housing you must contact a Community Housing Provider.
- If you have a current Community Housing registration, this form will only be used to register you for Public Housing. You must contact your Primary Contact Organisation to discuss or update your Community Housing registration as these details will not be forwarded.
- The information you provide on this form will be shared by Housing SA and Community Housing Providers (excluding volunteer member-tenant managed providers) to:
 - assess your eligibility for Public and/or Community Housing;
 - match your registration to available vacancies;
 - collect statistics required by the Commonwealth Government, Housing SA and the DCSI.
- If you do not provide all the information requested we may not be able to accept your registration.
- You may access the information you provide by contacting any Housing SA office.
- If you are eligible, you will be entered onto a Register of persons interested in Public and/or Community Housing.
- You can expect written confirmation of your Registration of Interest within 30 days.
- You may be contacted directly by a housing provider to discuss your registration if a property you may be suitable for becomes available.

Register for ONE of the following:

- Public and Community Housing
- Public Housing only
- Aboriginal and Community Housing
- Aboriginal Housing only

Note: Confirmation of Aboriginality is required if you want to register for Aboriginal Housing

Do you need an interpreter? YES NO

If you need help or have questions about this form contact Housing SA on 131 299, or visit a Housing SA office.

OFFICE USE ONLY

C/N:

FAMILY NAME:

FRONT COUNTER

Date Received	_____ / _____ / _____	Benefit Required	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Proof of ID	YES <input type="checkbox"/> NO <input type="checkbox"/>	Debt Amount	_____	
Proof of Income	YES <input type="checkbox"/> NO <input type="checkbox"/>	Debt Arranged	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Trigger Letter Req'd	YES <input type="checkbox"/> NO <input type="checkbox"/>	Debt Other H/holders	YES <input type="checkbox"/>	NO <input type="checkbox"/>

REGISTRATION

Registration Registered	YES <input type="checkbox"/> NO <input type="checkbox"/>	Property Owner	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Registration Updated	YES <input type="checkbox"/> NO <input type="checkbox"/>	Sent File to	_____	
Asset Assessment Req'd?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Date Processed	_____ / _____ / _____	
		Registration User ID	_____	

HOUSING SA LODGEMENT RECEIPT

This Lodgement receipt is to confirm that _____ has lodged a registration for housing at _____ office on ____/____/____

A formal letter advising of your eligibility for housing will be sent to you shortly.

Staff User ID _____ Housing Officer's Signature _____

GENERAL INFORMATION

Eligibility for public and community housing

To be eligible you must:

- be living in South Australia
- have an income paid directly to you
- not own or partly own any property or real estate
- meet any of the specific criteria required by the individual public and community housing providers you have selected.

You and your household must also:

- meet the public and community housing income and asset limits or have a need that can't be met by any other type of housing.

Eligibility for public housing

To be eligible for public housing, you must also:

- not be excluded from Housing SA services due to disruptive behaviour
- have an active arrangement to repay your debt if you owe money to Housing SA.

Eligibility for Aboriginal housing

To be eligible for Aboriginal housing you must also confirm you are of Aboriginal or Torres Strait Islander descent. Forms for confirmation of Aboriginality are available:

- online at www.sa.gov.au/HousingSAcustomer
- by phoning Housing SA on 131 299
- at any Housing SA office.

Your registration can't be accepted if:

- you (or the person completing this application for you) don't sign the declaration on page 12 or
- you do not provide proof of income and identification for yourself and other household members who receive an income.

Registrations from people in prison may be accepted without proof of income and identification if accompanied by a letter from the prison. Proof of income and identification must be given to Housing SA on release.

Housing SA will advise you in writing if you are not eligible for housing.

Additional Information

For a complete listing of all registered Community Housing Providers in South Australia and their eligibility criteria:

- go to www.sa.gov.au/CommunityHousing/Renting
- phone Housing SA on 131 299
- visit any Housing SA office.

PROOF REQUIRED

Proof of income

You must provide proof of income that is less than 2 weeks old for:

- yourself
- anyone aged 16 and over who will be living with you
- anyone else included on your registration aged under 16 who receives an independent income.

Tax File Numbers should be removed or covered from all proof of income documents provided.

Acceptable forms of income

- Employer's Declaration Form, available from Housing SA.
- Current payslip showing gross wages, including overtime, with year to date earnings or 6 to 8 weeks consecutive payslips.
- Statement of Income for Housing from Centrelink showing the benefit paid in the previous fortnight.
- Statement or letter from Centrelink, Veterans Affairs, Austudy or other government departments, confirming current pension/benefit payments.
- Current letter or statement from your employer showing average gross weekly income.
- For self employed persons – either a copy of the most recent tax return showing your net business income (gross recent income minus expenses) divided by 52 to determine weekly income or a letter from a Certified Practising Accountant or Tax Consultant showing personal gross weekly income.
- Statutory declaration from your parent, if they provide income, stating the weekly/monthly financial support provided and value of any other support provided.

Proof of Identification

You must provide current proof of identification for you and anyone living with you aged 16 and over.

You must provide **ONE** form of identification from this list (must include photo and signature):

- Passport
- Current driver's licence/permit with photograph
- Current student or employer ID

OR

You must provide **TWO** forms of identification from this list:

- Marriage Certificate
- Life Insurance Policies
- Divorce Papers
- Current bank, credit union or building society passbook/ access card
- Confirmation letter from an authorised officer from Families SA, a medical/legal practitioner or a Minister of religion
- Apprenticeship papers, Tradeperson's certificate or letter from employer
- School reports or examination certificate
- Prison discharge certificate
- Birth Certificate or Extract
- Centrelink Concession/Health Card
- State Government Concession Cards
- Immigration Papers or other documents issued by the Commonwealth Department of Immigration
- Letter with common seal from Aboriginal community confirming Aboriginality
- Naturalisation or Citizenship Certificate
- Any other form of identification not listed above but deemed acceptable by Housing SA

HOUSEHOLD DETAILS

Provide details of all household members. Write "as above" if the details in one box are the same as in the box above.

REGISTRANT This is the person whose name the registration will be in.		PARTNER	OTHER HOUSEHOLD MEMBERS includes other adults and children	
			MEMBER # 1	MEMBER # 2
Family name:				
1st name:				
2nd name:				
Have you been known by any other names?	Family:			
	1st:			
	2nd:			
Date of birth:	/ /	/ /	/ /	/ /
Title: (eg Mr, Mrs, Ms etc.)				
Male / Female:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to registrant? (eg partner, son, friend etc.)	SELF			
Country of birth:				
Are you of Aboriginal or Torres Strait Islander descent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or have you been under the Guardianship of the Minister?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Your current address:				
Your phone and contact details:	H:	H:		
	W:	W:		
	M:	M:		
	E:	E:		
Your separate postal address (if applicable):				

Where would you like correspondence relating to your Registration sent?

- The postal or residential address provided above
 The nominated contact as specified at Question 8
 My Support Agency/Worker as specified at Question 7

HOUSEHOLD DETAILS continued

Provide details of all household members. Write "as above" if the details in one box are the same as in the box above.

OTHER HOUSEHOLD MEMBERS includes other adults and children

	MEMBER # 3	MEMBER # 4	MEMBER # 5	MEMBER # 6
Family name:				
1st name:				
2nd name:				
Have you been known by any other names?	Family:			
	1st:			
	2nd:			
Date of birth:	/ /	/ /	/ /	/ /
Title: (eg Mr, Mrs, Ms etc.)				
Male / Female:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to registrant? (eg partner, son, friend etc.)				
Country of birth:				
Are you of Aboriginal or Torres Strait Islander descent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or have you been under the Guardianship of the Minister?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your current address:				

★ If you need more room to include other household members, ask for another form to attach to this one.

HOUSEHOLD DETAILS continued

Please provide details of all household members. Please write "as above" if the details in one box are the same as in the box above

REGISTRANT This is the person whose name the registration will be in.	PARTNER		OTHER HOUSEHOLD MEMBERS includes other adults and children			
			MEMBER # 1		MEMBER # 2	
Family name:						
1st name:						
2nd name:						
If you do not speak English, what language do you speak?						
If you have a disability that we should be aware of, tick all applicable boxes:	Physical (Eg: paraplegic, arthritis etc)	Physical (Eg: paraplegic, arthritis etc)	Physical (Eg: paraplegic, arthritis etc)	Physical (Eg: paraplegic, arthritis etc)	Physical (Eg: paraplegic, arthritis etc)	
	Vision Impaired	Vision Impaired	Vision Impaired	Vision Impaired	Vision Impaired	
	Hearing Impaired	Hearing Impaired	Hearing Impaired	Hearing Impaired	Hearing Impaired	
	Intellectual	Intellectual	Intellectual	Intellectual	Intellectual	
	Mental Health	Mental Health	Mental Health	Mental Health	Mental Health	
	Other Disability	Other Disability	Other Disability	Other Disability	Other Disability	
If you are a Refugee, when did you arrive in Australia? (you may need to provide proof)						
Do you own or partly own any property or real estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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? (CH only)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

INCOME DETAILS: Weekly Household Income (before tax). Only complete relevant boxes.

Type of government payment received? (Eg: NewStart, DSP)				
Amount of government payment received?				
Amount of gross wage received?				
Other income type? (Eg: maintenance payments)				
Amount of other income received?				
Centrelink Number (CRN) (1234567X):				
Veteran Affairs File Number (SPX 00110):				
Current cash or market value of your assets?*				

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

HOUSEHOLD DETAILS continued

Please provide details of all household members. Please write "as above" if the details in one box are the same as in the box above

OTHER HOUSEHOLD MEMBERS

includes other adults and children

	MEMBER # 3	MEMBER # 4	MEMBER # 5	MEMBER # 6
Family name:				
1st name:				
2nd name:				
If you do not speak English, what language do you speak?				
If you have a disability that we should be aware of, tick all applicable boxes:	Physical (Eg: paraplegic, arthritis etc)	Physical (Eg: paraplegic, arthritis etc)	Physical (Eg: paraplegic, arthritis etc)	Physical (Eg: paraplegic, arthritis etc)
	Vision Impaired	Vision Impaired	Vision Impaired	Vision Impaired
	Hearing Impaired	Hearing Impaired	Hearing Impaired	Hearing Impaired
	Intellectual	Intellectual	Intellectual	Intellectual
	Mental Health	Mental Health	Mental Health	Mental Health
	Other Disability	Other Disability	Other Disability	Other Disability
If you are a Refugee, when did you arrive in Australia? (you may need to provide proof)				
Do you own or partly own any property or real estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Returned Service Person or direct descendent? (CH only)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

INCOME DETAILS: Weekly Household Income (before tax). Only complete relevant boxes.

Type of government payment received? (Eg: NewStart, DSP)				
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Other income type? (Eg: maintenance payments)				
Amount of other income received?				
Centrelink Number (CRN) (1234567X):				
Veteran Affairs File Number (SPX 00110):				
Current cash or market value of your assets?*				

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

★ If you need more room to include other household members, ask for another form to attach to this one.

CURRENT HOUSING

1. **Have you previously applied for Community Housing? (Volunteer member-tenant managed providers or Associations)** YES NO

If yes, what is your Community Housing customer number? _____

2. **What type of housing do you live in now? Please tick (✓) one box.**

Private house/flat/unit	<input type="checkbox"/> HF	Hospital/nursing home	<input type="checkbox"/> HN	Housing Trust (including Aboriginal Housing)	<input type="checkbox"/> HSA
Community Housing	<input type="checkbox"/> CH	Hotel/motel/caravan	<input type="checkbox"/> HM	Shelter/supported housing	<input type="checkbox"/> SH
College/University housing	<input type="checkbox"/> CU	Boarding house/hostel	<input type="checkbox"/> BH	Correctional facilities	<input type="checkbox"/> CO
Homeless/no accommodation	<input type="checkbox"/> N	Other _____			<input type="checkbox"/> O

If you are living in Housing Trust or Community Housing are you the tenant or the partner of a tenant?

YES NO

You may need to provide proof of the above.

3. **What are your current living arrangements?**

Owner/buyer	<input type="checkbox"/> B	Living with parents	<input type="checkbox"/> L	Sharing with other family/friends	<input type="checkbox"/> S
Renting/boarding	<input type="checkbox"/> R	Moving between family/friends	<input type="checkbox"/> M	Homeless/no accommodation	<input type="checkbox"/> N
Other _____					<input type="checkbox"/> O

4. **How long have you been at your current address?** _____ Years _____ Months
(If you have resided at your current address for less than 3 years, specify your previous address below)

5. **a) Do you need to leave your current housing?**

YES NO

If yes, what date do you need to leave by? _____

- b) Why do you need to leave?** (can be more than one reason)

My lease has expired	<input type="checkbox"/> L	I cannot afford the rent	<input type="checkbox"/> R
I do not like where I live	<input type="checkbox"/> D	I have separated from my partner	<input type="checkbox"/> P
I have been asked to leave/notice to quit	<input type="checkbox"/> Q	My safety is at risk	<input type="checkbox"/> S
I have been given an eviction notice	<input type="checkbox"/> E	I am at risk of domestic violence	<input type="checkbox"/> V
My house is too crowded	<input type="checkbox"/> C	My house is in an unsafe/unhealthy condition	<input type="checkbox"/> H
I must move because of medical reasons	<input type="checkbox"/> M	I do not have a permanent place to stay	<input type="checkbox"/> N
Location of current housing is unsuitable	<input type="checkbox"/> LU		
Other _____			<input type="checkbox"/> O

- c) Have you been looking for another place to stay – eg private rental?**

YES Continue with this question NO Go to question 6

- d) Have you been able to find another place to stay?**

YES Go to question 6 NO Continue with this question

- e) Why do you think you have not been able to find another place to stay?**

I need help with the bond and rent	<input type="checkbox"/> BR
I have not found any suitable houses	<input type="checkbox"/> NS
Land agents or owners refuse my application	<input type="checkbox"/> LA
Other _____	<input type="checkbox"/> O

Other _____

You may need to provide proof of the above.

CURRENT HOUSING continued

6. Do you have a pet/s?

YES NO

If yes, provide details _____

7. Is there a Support Agency and/or Worker (eg Public Trustee, Social Worker) you are in regular contact with?

(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 Go to question 8

Provide the contact details of your Support Agency and/or Worker:

Support Worker's Name _____ Phone _____

Agency Name _____

Address (if known) _____

Are you happy for Housing SA or a Community Housing Provider to discuss your registration or tenancy, when you are housed, with this person?

YES NO

8. Provide details of a nominated contact if we cannot contact you.

Name _____

Relationship (Eg: mother, friend) _____

Address _____

Home telephone _____

Daytime phone (if different) _____

Are you happy for Housing SA or a Community Housing Provider to discuss your registration or tenancy, when you are housed, with this person?

YES NO

HOUSING PREFERENCES

9. List the area/s you would like to live in.

You must choose the areas you would like to live in from the Housing SA maps. Maps are available:

- online at www.sa.gov.au/HousingSACustomer
- by phoning Housing SA on 131 299
- at any Housing SA office.

Area/s _____

If you are eligible, you will be offered the first available property you are eligible for in these areas.

10. Tick (✓) the type of housing you want to register for (can be more than one type).

NOTE: This choice only applies to offers of housing made by Housing SA. Community Housing Providers do not offer properties based on housing type preferences.

Housing SA will attempt to offer you the type of housing you have requested but this can't be guaranteed.

- MEDIUM DENSITY** One or two storey townhouses with a small yard, usually in close proximity to neighbours.
- HOUSES** Detached maisonette properties with a larger private yard.
- FLATS** Group of units, usually two or three storeys, with shared common areas and no private yard.
- COTTAGE FLATS** One storey units in small groups with shared common areas and no private yard.

11. Bedroom Entitlement.

The following table shows the general bedroom entitlement for different household types. There may be exceptions to this.

Household Type	Bedroom Entitlement
Single person	1 – 2 bedrooms
Couple (no children)	1 – 2 bedrooms
Two singles (i.e. sharing)	2 bedrooms
Single or couple with one child	2 – 3 bedrooms
Single or couple with two children	3 bedrooms
Single or couple with three children	3 – 4 bedrooms*
Single or couple with four or more children	3 – 4 bedrooms*

***There are a limited number of four bedroom properties available.**

If you will be the only person living in your property, tick (✓) if you would accept:

- Bedsitter housing (lounge room and bedroom are combined) YES NO
- 1 bedroom housing YES NO

12. Do you need an extra bedroom because of exceptional circumstances? (Eg: you have regular overnight access to children or need space for medical equipment)

YES Continue with this question NO Go to question 13

Why do you need an extra bedroom? _____

You will need to provide proof of the reason you require the extra bedroom.

HOUSING PREFERENCES continued

13. Tick (✓) if you must have housing that has:

A bath (not all houses have one)

A small yard

A walk in shower

Wheelchair access

Less than 1-2 entry steps

No stairs

Housing modifications for a disability or medical condition

Please list below what modifications you need:

Who in the household needs these requirements?

Describe any other requirements that you must have.

You may need to provide proof of your household's need for some of the above requirements.

14. Community Housing Providers (If selected on the front of this form)

Do you wish to register with a specific organisation?

NO, I have no preference. Open my registration to all organisations I am eligible for

YES, there are specific organisations I only wish to register for (list below)

(Selecting this option will limit the likelihood of you being made a housing offer)

Are there specific organisations you wish to exclude from your registration? (List if applicable)

15. Have you been housed by a Community Housing Provider previously?

YES NO

If yes, specify the name of the Community Housing Provider and your reason for leaving:

Community Housing Provider name _____

Reason/s for leaving _____

DECLARATION – MUST BE COMPLETED

1. REGISTRANT DECLARATION – must be completed and signed by the registrant

- I declare that all information I have given is true and correct. I understand that any assistance obtained because of incorrect or false information supplied by me may be withdrawn and/or subject to repayment.
- I understand that I may become ineligible if my circumstances change.
- I understand that if I incur any debt to the SA Housing Trust now or in the future, I will be required to pay the amount I owe in full or arrange and make regular payments towards the debt, or my access to future services may be affected.
- I authorise Housing SA to make enquiries to find my new address and consent to details of my new address being supplied to Housing SA if I move address without notifying Housing SA and I have an outstanding debt to the SA Housing Trust.
- I consent to personal information I provide being disclosed within and between Housing SA, DCSI, and Community Housing Providers (excluding volunteer member-tenant managed providers) for the purpose of assessing my eligibility for Public and/or Community Housing in order to match my registration to available vacancies. This includes any further information submitted by me or a third party in support of this registration eg. needs assessment and verification supplied to support the assessment outcome.
- 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 Act of Parliament or Court Order, or where disclosure is authorised by the South Australian Government's Information Privacy Principles.
- I understand that if I accept an offer of public or community housing my registration will be closed.
- I understand that if I am housed by an organisation other than Housing SA that all documents relating to my registration may be transferred to the organisation 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.
- If others have completed this form on my behalf, they have explained the relevant questions and clauses to me.

I **DO/DO NOT** give permission for other people named on this registration to be provided with information about this registration if they ask (cross out whichever does not apply).

Name _____

Signature _____ Date ____/____/____

2. OTHER PERSON DECLARATION (to be signed if another person has completed the form on behalf of the registrant).

This form has been completed with the information the registrant supplied to me.

I drew the registrant's attention to the above clauses, and they have agreed that they understand.

Name _____

Relationship to registrant _____

Signature _____ Date ____/____/____

MAY 2015