Please Note: The lodgement of this form declares your interest being considered for community housing.
It does not guarantee you will be made an offer of 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:

- The information collected on this form will be disclosed to Housing SA, Department for Communities and Social Inclusion, Renewal SA, community housing providers and other approved non-government housing providers for the purpose of:
  - Assessing your eligibility for community housing;
  - Matching your registration to available vacancies; and
  - For statistical purposes by the Commonwealth Government and the relevant State Government housing authority.

- If you feel there are reasons why your personal information should be withheld, please contact the community housing provider with which you lodge this registration to discuss (see contact details below).

- Where it is identified you have an outstanding debt/s to Housing SA, this may result in Housing SA taking action to recover these amount/s.

- You may access the information you provide by contacting the organisation specified below.

- If you do not provide all the information requested, we may not be able to accept your registration.

- You can expect written confirmation of your registration within 30 days.

- If eligible, you will be entered onto a Register of persons interested in community housing.

- As a vacancy arises for which you may be suitable, you may be contacted directly by the relevant housing provider to discuss your registration further.

- Ensure you are aware that the rules for determining weekly subsidised rent may vary depending on the provider and your circumstances. These will be explained in full detail to you once a housing provider contacts you with a potential offer of housing.

Send your registration of interest form to:

Portway Housing Association Inc
PO Box 3032
PORT ADELAIDE SA 5015
To be eligible for community housing you must:

- Be living in South Australia; and
- Have an independent income.

You and each member of your household must also:

- Not be a home owner; and
- Not exceed government’s income limits; and
- Not exceed government’s asset limits.

You must also meet the specific criteria of any individual community housing providers you nominate on this form at question 11. If you do not satisfy the above criteria, you may still be eligible if you have special circumstances.
Proof of Income

You must provide proof of income (less than 2 weeks old) for:

- Yourself; and
- All others who will be living with you aged 16 years and over; and
- Others named on your registration who are aged under 16 who receive an independent income.

Acceptable forms of income include:

- Statement of Income for Housing from Centrelink showing the benefit paid in the previous fortnight.
- Statement / letter from Centrelink, Veterans Affairs, Austudy or other Government department confirming current pension / benefit payments.
- Employer’s Declaration Form (phone 131 299 for a copy).
- Current payslip showing gross wages (including overtime) with year to date earnings, or 6 to 8 weeks recent consecutive pay slips.
- Current letter / statement from your employer showing current or average gross weekly income.
- For self employed people – copy of the most recent tax return showing the net business income (gross income minus expenses) divided by 52 to determine average weekly income.
- For self employed people – letter from a Certified Practising Accountant or Tax Consultant showing personal gross weekly income.
- Statutory declaration signed from registrant’s parents where income is provided by the parent, stating the weekly / monthly financial support provided and value of any other support provided.

Proof of Identity

You must provide current proof of identity for:

- Yourself; and
- All others who will be living with you aged 16 years and over.

You must provide ONE form of identification from the list below: (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 the list below:

- Centrelink Concession / Health Card.
- State Government Concession Card.
- Immigration Papers or other documents issued by the Commonwealth Department of Immigration.
- Naturalisation or Citizenship Certificate.
- Birth Certificate or Extract.
- 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.
- Letter with common seal from Aboriginal Community confirming identity.
- Apprenticeship papers, Tradesperson’s certificate or letter from employer.
- School Reports or examination certificate.
- Prison discharge certificate.

Additional Information

All fields in this form marked with * must be completed. If you do not complete these fields your registration will not be accepted and will be returned for completion.

**Assets referred to in Question 4 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.

For a complete listing of all registered community housing providers in South Australia and their broad eligibility criteria, phone Housing SA on 131 299, visit your local Housing SA office or go to:

**PART A: The registrant**

**About you**

*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: / /

**Centrelink Customer Reference Number (CRN) (if relevant)**

**Veteran Affairs File Number (if relevant)**

Do you have a current **public housing** registration with Housing SA? If yes, what is your Housing SA customer number? (if known)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Have you previously registered for **community housing**? If yes, what is your community housing customer number? (if known)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

1. **Are you currently homeless?**

   □ Yes (continue with this question)  □ No (go to Question 2)

   a) Where would you like correspondence relating to your registration sent?

      □ My support agency /worker as specified at question 14
      □ The nominated contact as specified at question 15

2. **Address details**

   a) **What is your current home address?** *(mandatory unless you have ticked yes to question 1 above)*

      State:  
      Postcode:

   b) **What is your postal address?** *(if different to the above)*

      State:  
      Postcode:

   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:

   d) **How long were you living at this previous address:**

      _____ Years  _____ Months

3. **What are your current contact details?**

<table>
<thead>
<tr>
<th>Home phone</th>
<th>Mobile phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daytime phone <em>(if different)</em></td>
<td>Email address</td>
</tr>
</tbody>
</table>
### 4. Please provide other details for yourself, your partner and all other household members

*(Including other adults and children who will be living with you. Details of additional members 1, 2 & 3 can be provided overleaf)*

#### a) About You

<table>
<thead>
<tr>
<th>Field</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Family name:</td>
<td></td>
</tr>
<tr>
<td>*Given name/s:</td>
<td></td>
</tr>
<tr>
<td>Title <em>(eg. Mr, Mrs, Miss, Ms etc.)</em>:</td>
<td></td>
</tr>
<tr>
<td>Please list other name/s you have been known by <em>(eg. maiden name)</em>:</td>
<td></td>
</tr>
<tr>
<td>*Date of birth:</td>
<td></td>
</tr>
<tr>
<td>*Relationship to you: <em>(i.e. son, daughter, friend, grandparent)</em></td>
<td></td>
</tr>
<tr>
<td>*Are you a sole parent:</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>*Gender:</td>
<td>□ Male □ Female</td>
</tr>
<tr>
<td>Country of birth:</td>
<td></td>
</tr>
<tr>
<td>Are you of Aboriginal / Torres Strait Island descent:</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>*Have you ever been under Guardianship of the Minister?:</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Language/s other than English spoken at home:</td>
<td></td>
</tr>
<tr>
<td>If you are a refugee, when did you arrive in Australia?:</td>
<td></td>
</tr>
<tr>
<td>*Do you own / part own habitable property / real estate?:</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>*Are you a Returned Service Person or direct descendant?:</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

#### b) SPECIAL NEEDS

<table>
<thead>
<tr>
<th>Need Type</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Disability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wheelchair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Issues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual Disability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acquired Brain Injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visual Impairment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing Impairment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### c) INCOME: Weekly income (before tax). *Only tick / complete relevant boxes*

<table>
<thead>
<tr>
<th>Government payment received</th>
<th>DSP</th>
<th>TPI</th>
<th>Aged Pension</th>
<th>Parenting Payment</th>
<th>Family Tax Benefit</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Austudy</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Abstudy</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Youth Allowance</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NewStart</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Family Tax Benefit</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Carer’s Payment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 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**: | $ | $ |
Only complete this page if there are additional household members you have not already listed on page 5. (This includes other adults and children. If there are more than 3, please copy this page and attach to this form).

### a) Member Information

<table>
<thead>
<tr>
<th>Member 1</th>
<th>Member 2</th>
<th>Member 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Family name:</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Given name/s:</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Title (e.g. Mr, Mrs, Miss, Ms etc.):</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please list other name/s you have been known by (e.g. maiden name):</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Date of birth:</em></td>
<td>/</td>
<td>/</td>
</tr>
<tr>
<td>*Relationship to you: <em>(i.e. son, daughter, friend, grandparent)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Are you a sole parent:</em></td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td><em>Gender:</em></td>
<td>☐ Male ☐ Female</td>
<td>☐ Male ☐ Female</td>
</tr>
</tbody>
</table>

### b) SPECIAL NEEDS

Do you have any special needs? *(please tick all that apply)*

- ☐ Physical Disability
- ☐ Wheelchair
- ☐ Visual Impairment
- ☐ Hearing Impairment
- ☐ Mental Health Issues
- ☐ Intellectual Disability
- ☐ Acquired Brain Injury
- ☐ Other

### c) INCOME: Weekly income (before tax)

Only tick / complete relevant boxes

<table>
<thead>
<tr>
<th>Government payment received <em>(please tick all that apply)</em></th>
<th>Member 1</th>
<th>Member 2</th>
<th>Member 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ DSP</td>
<td>☐ TPI</td>
<td>☐ Aged Pension</td>
<td>☐ Parenting Payment</td>
</tr>
<tr>
<td>☐ DSP</td>
<td>☐ TPI</td>
<td>☐ Aged Pension</td>
<td>☐ Parenting Payment</td>
</tr>
</tbody>
</table>

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 *(e.g. maintenance)*:

$ $ $ 

*Estimate the current cash / market value of your assets**

$ $ $ 

---

**About the additional household members**

---
PART B: Current housing

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

<table>
<thead>
<tr>
<th>Option</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner / Buyer</td>
<td>Hotel / Motel / Caravan</td>
</tr>
<tr>
<td>Private Rental / Boarding Privately</td>
<td>College / University Housing</td>
</tr>
<tr>
<td>Housing SA (Public, Aboriginal or Community Housing)</td>
<td>Correctional Facility</td>
</tr>
<tr>
<td>Shelter / Emergency Accommodation</td>
<td>Living with Parents</td>
</tr>
<tr>
<td>Boarding House / Hostel</td>
<td>Moving between Family / Friends</td>
</tr>
<tr>
<td>Homeless / No Accommodation</td>
<td>Supported Housing</td>
</tr>
<tr>
<td>Hospital / Nursing Home</td>
<td>National Rental Affordability Scheme (NRAS)</td>
</tr>
<tr>
<td>Transitional Housing</td>
<td>Other</td>
</tr>
</tbody>
</table>

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

- Yes (continue with this question)
- No (go to Question 7)
- N/A I’m Homeless (go to Question 7)

b) *By what date do you need to leave?*  
(Note: If you need to leave as soon as possible, please state today’s date)

<table>
<thead>
<tr>
<th>Day</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
</table>


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

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

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

- Yes (continue with this question)
- No (go to question 7)

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

- Yes (go to question 7)
- No (continue with this question)

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

<table>
<thead>
<tr>
<th>Reason</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I haven’t found any suitable accommodation</td>
<td>Other</td>
</tr>
<tr>
<td>Land agents or owners refuse my application</td>
<td></td>
</tr>
</tbody>
</table>

7. If you have pets in your household, please specify the type and number below**.

<table>
<thead>
<tr>
<th>Type</th>
<th>Dog</th>
<th>Cat</th>
<th>Bird</th>
<th>Other</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**The number and types of pets you have may affect what organisation and property types you are eligible for.
PART C: Housing preferences

To answer the following question, please refer to the community housing area maps at the rear of this form.

8. Where do you need to live?
   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 from the areas listed on the maps at the rear of this form)  (Note: Selecting this option limits the housing offers available)
       Area number/s:

9. Do you have any 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)
       □ Has a bath  □ Has no stairs  □ Has car parking access
       □ Has a walk in shower  □ Has a small yard  □ Other __________________________
       Number of Bedrooms (only tick one if the number of bedrooms you require is different to your household composition).
       □ 1  □ 2  □ 3  □ 4  □ 5  □ 6
       Please Note: If you require 4 or more bedrooms, please describe below any special circumstances to support your request (e.g. regular overnight access to children) as there are a limited number of larger properties.
       Please describe any other requirements you may have:

PART D: Housing provider

10. Do you wish to register with a specific provider?
    a)  □  No, I have no preference; please open my registration to all providers I am eligible for.
    OR
    b)  □  Yes, there are specific provider/s 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:

11. Are there specific providers you wish to exclude from your registration? (Please list if applicable)
    Provider Name:

12. 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: Registration details**

13.  *Have you been housed by a community housing provider previously?*
    - [ ] Yes (continue with this question)  [ ] No (go to Question 14)
    
    If yes, please specify the name of the provider and your reason for leaving.

    Provider name:

    Reason/s for leaving:

14.  *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 (go to question 15)
    
    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?*
    - [ ] Yes  [ ] No

15.  **Please provide 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 community housing provider to discuss your Registration with this person?*
    - [ ] Yes  [ ] No

16.  **Please provide two referees**

    Referee name # 1:  Phone:

    Address:  State:  Postcode:

    Referee name # 2:  Phone:

    Address:  State:  Postcode:
Space to tell your story / give additional information in support of your registration of interest.
(optional, additional pages may be attached)
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, Housing SA, Department for Communities and Social Inclusion, community housing providers and other approved non-government housing providers for the purposes described above.
- I understand that the disclosure of this information to 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 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 Registration of Interest form, please check:

- You are eligible for community housing and any specific organisation nominated at question 10.
- 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.