Application for Private

Rental Assistance Housing SA

**Apply online at** [**www.sa.gov.au/housing**](http://www.sa.gov.au/housing)

**ALL APPLICATIONS MUST INCLUDE PROOF OF IDENTIFICATION AND INCOME**

**Ask if you need help with this form**

The information you provide on this form will be used by Housing SA to help you with an appropriate service. If you don’t provide all the information requested, Housing SA may not be able to help you.

Housing SA may use the information you provide for statistical purposes. You can access the information you provide by contacting Housing SA.

**Eligibility**

You must meet all of the below:

• be renting within South Australia

• have an independent income

• your household meets the income limits

• your household meets the cash asset limits (no more than $5,000)

• find rental accommodation for less than 50% of your income before tax

• the total property rent is no more than $450 per week

• you don’t have a debt of more than $1,000 with Housing SA

• you must have an active arrangement to repay your debt if you owe money to Housing SA

• you aren’t bankrupt with a debt to Housing SA

• you aren’t an overseas student

• you don’t own or partly own any residential property

• your assistance into the property will not contravene the conditions of an interim or confirmed intervention order.

Housing SA may still be able to help you if you don’t meet the eligibility criteria but have special circumstances - eg homeless, medical conditions.

Applications can’t be accepted if:

• you don’t sign the declaration on page 6

• you don’t provide proof of income and identity for you and/or your partner.

**Household type** Single Single with children Couple Couple with children

Your household is:

• you

• your partner

• any dependant children who don’t receive their own income.

Anyone else who will be living in the property will have to complete their own application. This includes:

• children aged 18 or over who have their own income paid directly to them

• other people you will be sharing the property with. Do you need an interpreter? YES NO

***Contact Housing SA on 131 299 if you have any questions about this form, or to make or cancel an appointment***

**Applicant 1**

**Office use only**

**Surname: First Name: Customer Number:**



Proof of ID YES NO Proof of Income YES NO

**Applicant 2**

**Surname: First Name: Customer Number:**

Proof of ID YES NO Proof of Income YES NO Date Received / /

**P R O O F O F I N C O M E P R O O F O F I D E N T I F I C A T I O N**

**You must provide proof of income that’s less than**

**2 weeks old for:**

• you (Applicant 1)

• your partner (Applicant 2)

Cover or remove Tax File Numbers from your documents. If there’s any doubt, Housing SA may require additional

documentation.

**Acceptable Proof of Income**

**Centrelink income**

Provide one of these:

• a signed Income Confirmation Service (ICS) Consent Authority. This will allow Housing SA to confirm your payment directly with Centrelink

• an income statement from Centrelink.

**Centrelink income and wages**

• If you receive Family Tax Benefit only or a Blind pension provide proof of your wages as well as your Centrelink income.

• If you receive any other Centrelink income, provide a signed ICS Consent Authority or an income statement from Centrelink.

**Wages**

Provide one of these documents:

• a completed and signed Employer’s Declaration Form, available on sa.gov.au or Housing SA

• payslips showing your last four weeks of income before tax, including any regular overtime and year to date earnings

• a letter from your employer that shows your last four weeks of income before tax, including any regular overtime and year to date earnings.

**Department of Veteran (DVA) Affairs income**

• Provide an income statement from DVA.

**Self employed:**

Provide a copy of your most recent tax return showing your net business income (before tax income minus expenses). Cross out or remove your tax file number.

If you have a new business and haven’t lodged your first tax return, provide one of these documents:

• a statutory declaration form estimating your annual after tax business income

• a letter from an account or tax consultant that’s registered with a professional body – eg Certified Practising Accountant, Chartered Account, or registered tax practitioner, showing your personal before tax weekly or annual income.

**Other sources of income:**

Provide a letter or statement from:

• an overseas government detailing the amount you receive

• WorkCover SA or insurance company confirming your current income maintenance payments

• an investment organisation providing details of the dividend you receive

• superannuation company detailing the amount you receive.

If your parents provide you with financial support, provide a statutory declaration from them that shows the:

• amount of income being paid

• frequency in which it’s being paid – eg weekly

• duration of the agreement.

You must be receiving other income to be eligible.

**You must provide 100 points of current proof of identification for:**

• you (Applicant 1)

• your partner (Applicant 2)

**Acceptable forms of Identification**

A combination of the below documents that total **100 points** will be accepted.

**Identification from this list = 100 points (must include photo and signature)**

• Passport

• Australian driver’s licence

• Proof of Age Card

**Identification from this list = 50 points**

• Australian Birth Certificate

• Australian Citizenship Certificate

• Change of Name Certificate

• Marriage Certificate

• Medicare Card

• Centrelink Concession/Health Care Card

• Certificate of Registration by Descent

• ImmiCard

• State Government Concession Card

• Student or Employer ID

• Prison Discharge Certificate

• Life Insurance Policies

• Australian Visa

• Birth Extract

• Divorce Papers

• Naturalisation Certificate

• Current Bank, Credit Union or Building Society Card

• Apprenticeship papers, Tradesperson’s Certificate or letter from employer

• School Reports or examination certificate

• Immigration Papers or other documents issued by the

Commonwealth department of Immigration

• Letter with common seal from Aboriginal Community confirming Aboriginality

• Confirmation letter from an authorised officer from Families SA, a medical/legal practitioner or minister of religion

**Identification from this list = 25 points**

• Bank Statement

• Electoral Enrolment Card

• Insurance Renewal Documents

(not Health)

• Rent Records (less than 6 months old)

• Security Licence

• Seniors Card

• Utility Account

• Motor Vehicle registration

• Veterans’ Affairs Gold Card

Any other form of identification not listed above but deemed acceptable by Housing SA.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **H O U S E H O L D D E T A I L S** | | | | |
| **APPLICANT**  (YOU) | | **APPLICANT 2**  (PARTNER) | **OTHER HOUSEHOLD MEMBERS**  include all dependant children | |
| **DEPENDANT #1** | **DEPENDANT #2** |
| **Title:**  (eg Mr, Mrs, Ms) |  |  |  |  |
| **Surname:** |  |  |  |  |
| **First name:** |  |  |  |  |
| **Second name(s):** |  |  |  |  |
| **Have you been known by any other names?** | Surname: |  |  |  |
| First name: |  |  |  |
| Second name(s): |  |  |  |
| **Gender:** | Male Female Other: | Male Female Other: | Male Female Other: | Male Female Other: |
| **Date of birth:**  (dd/mm/yyyy) | / / | / / | / / | / / |
| **Do you identify as**  **Aboriginal and/ or Torres Strait Islander?** | Aboriginal and not  Torres Strait Islander  Torres Strait Islander and not Aboriginal  Both  Neither  Not stated | Aboriginal and not  Torres Strait Islander  Torres Strait Islander and not Aboriginal  Both  Neither  Not stated |  |  |
| **Country of birth:** |  |  |  |  |
| **What is your preferred spoken language?** |  |  |  |  |
| **Are you under the Guardianship of the Minister?** | Yes  No | Yes  No |  |  |
| **Do you have a disability? Select all applicable boxes:** | Sensory and speech Physical restriction Psychological Intellectual  Health injury, stroke or brain damage  Other disability | Sensory and speech  Physical restriction Psychological Intellectual  Health injury, stroke or brain damage  Other disability |  |  |
| **Relationship to applicant:**  (eg child, grandchild, nephew) |  |  | Child  Step child Foster child Nephew Niece Grandchild  Other relationship | Child  Step child Foster child Nephew Niece Grandchild  Other relationship |

**H O U S E H O L D D E T A I L S continued**

**OTHER HOUSEHOLD MEMBERS**

Include all dependant children

|  |  |  |  |
| --- | --- | --- | --- |
|  | **DEPENDANT #3** | **DEPENDANT #4** | **DEPENDANT #5** |
| **Title:**  (eg Mr, Mrs, Ms) |  |  |  |
| **Surname:** |  |  |  |
| **First name:** |  |  |  |
| **Second name(s):** |  |  |  |
| **Gender:** | Male Female Other: | Male Female Other: | Male Female Other: |
| **Date of birth:**  (dd/mm/yyyy) | / / | / / | / / |
| **Relationship to applicant:**  (eg child, grandchild, nephew) | Child  Step child Foster child Nephew Niece Grandchild  Other relationship | Child  Step child Foster child Nephew Niece Grandchild  Other relationship | Child  Step child Foster child Nephew Niece Grandchild  Other relationship |

**Your postal address:**

(if different from residential address)

|  |  |  |
| --- | --- | --- |
| **C O N T A C T D E T A I L S** | | |
|  | **APPLICANT 1**  (YOU) | **APPLICANT 2**  (PARTNER) |
|  | Mobile: | Mobile: |
| Home phone: | Home phone: |
| Work phone: | Work phone: |
| Email: | Email: |
| Your preferred method of communication is only used for this application for help paying bond and rent. | |
| **Email**  **SMS**  **Letter** (this may take extra time due to postage)  **I will contact Housing SA** (no correspondence will be sent to advise you of an outcome) | **Email**  **SMS**  **Letter** (this may take extra time due to postage)  **I will contact Housing SA** (no correspondence will be sent to advise you of an outcome) |

**Your phone and contact details:**

|  |  |  |
| --- | --- | --- |
| **A D D R E S S D E T A I L S** | | |
|  | **APPLICANT 1**  (YOU) | **APPLICANT 2**  (PARTNER) |
| **Your current residential address:** | No Fixed Address | No Fixed Address Same as Applicant 1 |
|  |  |
| Suburb Postcode | Suburb Postcode |
|  |  |  |
|  |  |
| Suburb Postcode | Suburb Postcode |

**How do you want Housing SA to contact you?**

**C U R R E N T C I R C U M S T A N C E S (these questions apply to your household)**

Answering these questions is optional and does not directly affect your eligibility. However, they assist in identifying if other support services are needed for your tenancy to be successful.

**Are you currently homeless?**

*You don’t have a permanent address.*

Yes No

**Are you concerned about your**

**safety or the safety of your children?**

Yes No

*This includes:*

*• sleeping rough or in a car*

*• staying temporarily with a friend or family member.*

*This could be because of domestic or family violence.*

**Do you need help because of a housing crisis?**

*You are in a housing crisis if you are either:*

*• in temporary financial hardship*

Yes No

**Do you have any needs that require support to find or maintain a tenancy**

*This includes:*

*• health issues*

Yes No

*• are being evicted from your permanent residence*

*• in rent arrears by two weeks or more*

*• a victim of a natural disaster.*

*• accessibility requirements (eg wheelchair access)*

*• language or cultural barriers.*

|  |  |  |
| --- | --- | --- |
| **P R I V A T E R E N T A L A S S I S T A N C E** | | |
|  | **APPLICANT 1**  (YOU) | **APPLICANT 2**  (PARTNER) |
| **1. Have you ever received, or are you currently receiving help from Housing SA?**  *This includes:*  *• Help paying bond*  *• Rent in advance or rent in arrears*  *• Emergency accommodation*  *• Living in a Housing SA property* | Yes No | Yes No |
| **2. What is your Housing SA customer number**  **(if applicable)?**  *This number appears on any documentation received from*  *Housing SA* |  |  |
| **3. Do you currently have a bond from Housing SA?** | Yes No | Yes No |
| **4. Do you have a debt with Housing SA over $1,000?** | Yes No | Yes No |
| **5. Are you bankrupt with a debt to Housing SA?** | Yes No | Yes No |
| **6. Are you a current Housing SA tenant (public or**  **Aboriginal housing)?** | Yes No | Yes No |
| **7. What is the value of your cash assets?**  *This includes:*  *• cash in bank*  *• term deposit*  *• shares*  *• savings* | **$** | **$** |
| **8. Do you have an interest in residential property –**  **eg a property you own or partly own?** | Yes No | Yes No |

|  |  |  |
| --- | --- | --- |
| **I N C O M E D E T A I L S (Only complete r elevant boxes)**  **Government Payments (Housing SA can obtain your Centrelink payment automatically if you provide consent on page 7-8)** | | |
| **9. What is your:**  **Centrelink Customer Number (eg CRN 502 559 748C)? Veteran Affairs File Number (eg SPX 00110)?** |  |  |
| **Type of government payment received**  **(eg NewStart allowance, Disability Support pension):** |  |  |
| **How often do you get this income?** | Weekly Fortnightly  Monthly Annually | Weekly Fortnightly  Monthly Annually |
| **Amount received:** | **$** | **$** |

**I N C O M E D E T A I L S (Only complete r elevant boxes) continued**

|  |  |  |
| --- | --- | --- |
| **Wages** | | |
| **10. How often do you get this income?** | Weekly Fortnightly  Monthly Annually | Weekly Fortnightly  Monthly Annually |
| **Amount of wage before tax (gross income):** | **$** | **$** |
| **Other Income** | | |
| **11. Other income type (eg maintenance payments)** |  |  |
| **How often do you get this income?** | Weekly Fortnightly  Monthly Annually | Weekly Fortnightly  Monthly Annually |
| **Amount received:** | **$** | **$** |

**D E C L A R A T I O N**

**1. APPLICANT DECLARATION** – must be completed and signed by all applicants.

• 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 confirm that all people named on the form are aware that their personal information is being disclosed to Housing SA.

• 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 or phone number/email and consent to details

of my new address being supplied to Housing SA: if I move address without notifying Housing SA, and if I have an outstanding debt to the SA Housing Trust.

• I understand that Housing SA will keep the information provided on this form confidential, except as required by Act of Parliament or Court Order, or where disclosure is authorised by the State Government’s Information Privacy Principles, or where authorised by me.

• If others have completed this form on my behalf, they have explained the relevant questions and clauses to me.

• I authorise Housing SA to contact me during my private rental tenancy for the purposes of providing information and advice about the bond assistance provided to me.

**APPLICANT 1 (YOU)**

NAME

SIGNATURE

DATE / /

**APPLICANT 2 (PARTNER)**

NAME

SIGNATURE

DATE / /

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

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

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

Your name:

Your phone number:

Relationship to applicant: Spouse/Partner

Parent/Guardian

Child

Agency Worker

Relative

Carer

Other relationship

SIGNATURE

DATE / /

**C E N T R E L I N K C U S T O M E R S O N L Y – A P P L I C A N T 1 ( Y O U )**

**PR Connect Income Confirmation Service (ICS) consent**

**Terms and conditions of Income Confirmation Service consent**

Note: This consent will be used for the purpose of authorising Centrelink to provide information to Housing SA to assess your eligibility in relation to services or concessions provided by Housing SA and its partnering registered housing and support providers. Each party will comply with the relevant applicable legislative provisions and administrative instructions in the disclosure of information, including the Social Security (Administration) Act 1999, the Privacy Act 1988 and the Information Privacy Principles (PC012).

You authorise:

• Housing SA to use Centrelink Confirmation eServices to perform a Centrelink enquiry of your customer details to assist in the assessment of your entitlement to housing and related support services.

• the Australian Government Department of Human Services to provide the results of that enquiry to Housing SA.

You understand:

• the department will disclose personal information to Housing SA including current or historical details of payments received, dependants, Centrelink deductions, income, assets and confirmation of my current address.

• Housing SA may disclose the information received from the department to partnered registered housing and support providers for the purposes of providing housing and related support services.

• consent will only remain valid for the term of the PR Connect application, approximately 14 weeks, or when the application is cancelled by the customer or Housing SA, or the customer collects their assistance from a Housing SA office. New consent is collected for each PR Connect application.

• that you can get proof of your circumstances from the department and provide it to Housing SA to determine your eligibility for a service.

• If you do not alternatively provide proof of your circumstances, you may not be eligible for the service.

No Centrelink information will be provided back to the customer. Centrelink information will be seen, confirmed and/or recorded into PR Connect, which is a secure authenticated system, by Housing SA staff.

Housing SA Customer Number:

Centrelink Client Reference Number (CRN):

Date of birth: / /

I of

agree to the terms and conditions of the ICS consent.

SIGNATURE

DATE / /

**C E N T R E L I N K C U S T O M E R S O N L Y – A P P L I C A N T 2 ( P A R T N E R )**

**PR Connect Income Confirmation Service (ICS) consent**

**Terms and conditions of Income Confirmation Service consent**

Note: This consent will be used for the purpose of authorising Centrelink to provide information to Housing SA to assess your eligibility in relation to services or concessions provided by Housing SA and its partnering registered housing and support providers. Each party will comply with the relevant applicable legislative provisions and administrative instructions in the disclosure of information, including the Social Security (Administration) Act 1999, the Privacy Act 1988 and the Information Privacy Principles (PC012).

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Centrelink Client Reference Number (CRN):

Date of birth: / /

I of

agree to the terms and conditions of the ICS consent.

SIGNATURE

DATE / /

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