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

CHANG 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:

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)*  
- Yes  
- No

### 2. Registration details

- **Would you like to withdraw** your registration of interest from the customer register?  
  - Yes
- **Would you like to defer** your registration of interest on the customer register?  
  - Yes  
  - / / 
  *(Note: This is subject to the agreement of both the current and the new primary contact organisation.)*

### 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:**

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

**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) Have your current contact details changed?**

**Home phone:**

**Mobile phone:**

**Daytime phone** *(if different):*

**Email address:**
**About the Registrant / household member**

<table>
<thead>
<tr>
<th>The registrant</th>
<th>Household member</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5 a) Do you need to</strong></td>
<td><strong>Update</strong></td>
</tr>
<tr>
<td>Family name:</td>
<td></td>
</tr>
<tr>
<td>Given name/s:</td>
<td></td>
</tr>
<tr>
<td>Title (eg. Mr, Mrs, Miss, Ms etc.):</td>
<td></td>
</tr>
<tr>
<td>Please list other name/s you have been known by (eg. maiden name):</td>
<td></td>
</tr>
<tr>
<td>Date of birth:</td>
<td>/</td>
</tr>
<tr>
<td>Relationship to you: (i.e. son, daughter, friend, grandparent)</td>
<td></td>
</tr>
<tr>
<td>Are you a sole parent:</td>
<td>Yes</td>
</tr>
<tr>
<td>Gender:</td>
<td>Male</td>
</tr>
<tr>
<td>Country of birth:</td>
<td></td>
</tr>
<tr>
<td>Are you of Aboriginal / Torres Strait Island descent:</td>
<td>Yes</td>
</tr>
<tr>
<td>Have you ever been under Guardianship of the Minister?</td>
<td>Yes</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</td>
</tr>
<tr>
<td>Are you a returned service person or direct descendant?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**b) SPECIAL NEEDS**

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

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

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

Government payment received (please tick all that apply)

- DSP
- TPI
- Aged Pension
- Parenting Payment
- Family Tax Benefit
- Other
- Austudy
- Abstudy
- Youth Allowance
- NewStart
- Carer’s Payment

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)**

- [ ] Owner / Buyer
- [ ] Private Rental / Boarding Privately
- [ ] Housing SA (Public, Aboriginal or Community Housing)
- [ ] Shelter / Emergency Accommodation
- [ ] Boarding House / Hostel
- [ ] Homeless / No Accommodation
- [ ] Hospital / Nursing Home
- [ ] Transitional Housing
- [ ] Hotel / Motel / Caravan
- [ ] College / University Housing
- [ ] Correctional Facility
- [ ] Living with Parents
- [ ] Moving between Family / Friends
- [ ] Supported Housing
- [ ] NRAS
- [ ] 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)**

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

- [ ] I haven’t found any suitable accommodation
- [ ] Other ______________________________
- [ ] 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.)

<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>
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)
      ☐ Has a bath  ☐ Has access to public transport
      ☐ Has a walk in shower  ☐ Has car parking access
      ☐ Has less than 1 to 2 steps  ☐ Is wheelchair accessible
      ☐ Modifications for a disability or medical condition (please specify required modifications & who they are for below)

   Number of Bedrooms (only tick 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

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:

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.

<table>
<thead>
<tr>
<th>Skill / Ability</th>
<th>Experience Only</th>
<th>Formal Training</th>
<th>Skill / Ability</th>
<th>Experience Only</th>
<th>Formal Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admin / Secretarial</td>
<td>☐</td>
<td>☐</td>
<td>Maintenance</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Bookkeeping</td>
<td>☐</td>
<td>☐</td>
<td>Organisational skills</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Financial / Accounting</td>
<td>☐</td>
<td>☐</td>
<td>Communication / Interpersonal</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Meeting procedures</td>
<td>☐</td>
<td>☐</td>
<td>Artist</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Computer / IT</td>
<td>☐</td>
<td>☐</td>
<td>Other __________________</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Conflict management</td>
<td>☐</td>
<td>☐</td>
<td>Other __________________</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Environmental awareness</td>
<td>☐</td>
<td>☐</td>
<td>Other __________________</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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:  
Agency name:  
Address (if known):  
Phone:  
State:  
Postcode:  

*Are you happy for an approved community housing provider to discuss your registration with this person?  ☐ Yes  ☐ No

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

Name:  
Relationship to you (e.g. 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?  ☐ Yes  ☐ No

19. Do you need to update referee details?

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

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

V1.0  6
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.