By signing this form you’re giving consent for Housing SA to share your personal information with the person or organisation you nominate on this form.

You can withdraw your consent at any time by contacting Housing SA.

# Your details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | |
| Date of birth: | |  | | Customer no: | |  |
| Address: |  | | | | | |
| Phone: |  | | Email: | |  | |

# Your nominated person or organisation

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | | | | |
| Organisation: | |  | | | |
| Address: |  | | | | |
| Phone: |  | | | Email: |  |
| Relationship to you: | | |  | | |

# What can be discussed

Choose what information Housing SA can discuss.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Registration for housing |  | Antisocial behaviour |
|  | Registration for transfer/ mutual exchange |  | Debt |
|  | Account charges, for example rent, water |  | Property condition and maintenance |
|  | Support programs and packages |  | Other, for example an appeal: |
|  | | | |

# Your signature

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |