By signing this form you’re giving your consent for the person nominated on this form to attend and provide Housing SA access to your home and act on your behalf during a home visit or lease review.

Consent only lasts for the length of the home visit or lease review on the date and time specified below.

Your nominated person needs to show proof of their identity at the start of the visit.

# Your details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  | | | |
| Address: |  | | | |
| Phone: |  | | Customer no: |  |
| Date and time of the visit: | |  | | |

# Your nominated person

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

# What Housing SA can discuss

|  |  |  |  |
| --- | --- | --- | --- |
|  | Account charges, for example rent |  | Antisocial behaviour complaints |
|  | Registration for transfer/ mutual exchange |  | Debt |
|  | Support programs or packages |  | Maintenance/ property condition |
|  | All aspects of my tenancy |  | Other: |
|  | | | | |

# Your signature

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