



CHANGE OF CIRCUMSTANCES

Community Housing Associations

Version November 2010

Housing SA

Purpose: This form is for Community Housing Customer Registrants to advise changes to their circumstances, including contact details.

Do you require an Interpreter? YES NO Language? _____
 (Please contact Housing SA on 131 299 if you need help to understand or complete this form).

NOTE:

- Please ensure you complete information in question 1a to enable us to identify you and reference your customer number or registration number.
- **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 an additional household member or new member of the family, please request a copy of page 5 from the Registration of Interest form.
- If you feel there are reasons why your information should be withheld, please contact the Association with which you lodged your Registration to discuss (see contact details below).
- You may access the information you provide by contacting the organisation named below.
- 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 further.

Send your Change of Circumstances Form to:

The Westside Housing Association
 PO Box 445, Prospect SA 5082
 Phone (08) 8155 6070 Fax (08) 8155 6089



OFFICE USE ONLY

CUSTOMER 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. _____

Registration Requirements (Association to complete) 3. _____

Original application date _____ / _____ / _____ ROI Complete YES NO

Date Received _____ / _____ / _____ Proof of Income & ID attached YES NO

Received by _____

Date Updated on CHCR _____ / _____ / _____ Signature at Declaration YES NO

Registration Number _____

Sensitivity Requested YES NO

PART A: THE REGISTRANT

THIS SECTION MUST BE COMPLETED BY ALL REGISTRANTS.

1 a) About you

Family Name:	
Given Name/s:	
Title (e.g. Mr, Mrs, Miss, Ms etc.):	
Please specify any change of name (ie. Married name)	
Date of birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>
Please specify your Community Housing Customer Number (8 digits). (This information can be found on your eligibility letter)	<input type="text"/>

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).

b) Additional information about you

Please provide your current Centrelink Customer Reference Number (CRN) (if this has changed):	<input type="text"/>
Please provide your current Veteran Affairs File Number (if this has changed):	<input type="text"/>
Please provide your Community Housing Customer Register Registration number (5 digits) (This information can be found on your eligibility letter):	<input type="text"/>
Would you like us to update your Public Housing application with the information provided on this form? If yes, please specify your Housing SA Customer Number	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
Would you like to withdraw your Registration of Interest for Community Housing? If yes please specify a reason for withdrawal.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
Would you like to defer your Registration of Interest for Community Housing? If yes please tell us why.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>

2. Are you now homeless? 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).

Yes (continue with this question) **No** (go to next question)

a) Where would you **now** like correspondence relating to your Registration to be sent?

<input type="checkbox"/> Self	<input type="checkbox"/> My Support Agency/worker
<input type="checkbox"/> A friend or relative	

3. Do you need to change the address you would like correspondence sent to?

(If yes, please provide current address details)

What was your previous address listed on your Registration of Interest form?		
<input type="text"/>		
	State	Postcode

What is the new address? *Please include Support Worker name and Agency name if applicable.*

State Postcode

4. Do you need to update your current contact details? Yes No
(If yes, please provide current contact details)

Home Phone:
 Daytime Phone *(if different)*:
 Mobile phone:
 Email:

5a)	About You	Other Household Member
Family Name:		
Given Name/s:		
Title (e.g. Mr,Mrs,Miss,Ms etc):		
Please list other name/s you have been known by: <i>(e.g. maiden name.)</i>		
Date of Birth:		/ /
Relationship to You: <i>e.g. son, daughter, friend, grandparent etc.</i>		
*Do you own/part own any habitable property/real estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Are you a Returned Service Person or direct descendant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

5b) CHANGE OF SPECIAL NEEDS:

Do you have any special needs? <i>(Please tick all that apply)</i>	<input type="checkbox"/> Physical Disability <input type="checkbox"/> Wheelchair <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Mental Health Issues <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Acquired Brain Injury <input type="checkbox"/> Other <i>(explain in Notes section on Pg 9)</i>	<input type="checkbox"/> Physical Disability <input type="checkbox"/> Wheelchair <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Mental Health Issues <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Acquired Brain Injury <input type="checkbox"/> Other <i>(explain in Notes section on Pg 9)</i>
---	---	---

5c) CHANGE OF INCOME & ASSETS: Weekly Income (before tax).

Type of Government Payment received <i>(please tick all that apply)</i>	<input type="checkbox"/> DSP <input type="checkbox"/> TPI <input type="checkbox"/> Aged Pension <input type="checkbox"/> Parenting Payment <input type="checkbox"/> Family Tax Benefit <input type="checkbox"/> Austudy	<input type="checkbox"/> Abstudy <input type="checkbox"/> Youth Allowance <input type="checkbox"/> NewStart <input type="checkbox"/> Carers Payment <input type="checkbox"/> Other <i>(specify)</i>	<input type="checkbox"/> DSP <input type="checkbox"/> TPI <input type="checkbox"/> Aged Pension <input type="checkbox"/> Parenting Payment <input type="checkbox"/> Family Tax Benefit <input type="checkbox"/> Austudy	<input type="checkbox"/> Abstudy <input type="checkbox"/> Youth Allowance <input type="checkbox"/> NewStart <input type="checkbox"/> Carers Payment <input type="checkbox"/> Other <i>(specify)</i>
Centrelink Customer Reference No.(CRN)				
Veteran Affairs File Number				
Amount of Government Payment received/ week :	\$		\$	
Amount of Gross Wages received/ week <i>(before tax)</i> :	\$		\$	
Amount of other Income received/ week <i>(e.g. Maintenance)</i> :	\$		\$	
Estimate the current cash/ market value of your assets**:	\$		\$	

** Assets includes 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 C: CURRENT HOUSING

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

<input type="checkbox"/> Owner/buyer	B	<input type="checkbox"/> Hotel/motel/caravan	HM
<input type="checkbox"/> Private rental/boarding privately	R	<input type="checkbox"/> College/University Housing	CU
<input type="checkbox"/> Housing SA (Public, Aboriginal or Community Housing)	HSA	<input type="checkbox"/> Correctional facility	CO
<input type="checkbox"/> Shelter/emergency accommodation	SH	<input type="checkbox"/> Living with parents	L
<input type="checkbox"/> Boarding house/hostel	BH	<input type="checkbox"/> Moving between family/friends	FF
<input type="checkbox"/> Homeless/no accommodation	NA	<input type="checkbox"/> Supported housing	SP
<input type="checkbox"/> Hospital/nursing home	HN	<input type="checkbox"/> Other _____	O
<input type="checkbox"/> Transitional Housing	TH		

7. Do you now need to leave your current accommodation?

- Yes (continue with this question) No N/A I'm homeless

8. By what date do you need to leave?

/	/	
Day	Month	Year

PART D: HOUSING PREFERENCES

Property Location

To answer the following question, please refer to the Housing SA area maps (available from your Association).

9. Do you need to change your area preference?

- a) I have **no preference**, please consider me for **all** METROPOLITAN areas.
- b) There are **specific areas** I need to live in?
- c) I have **specific COUNTRY areas** I need to live in.

(Please list the corresponding area number/s below from the areas listed on the maps, you may also list any specific areas you do not want to be housed in)

Area Number/s
(refer to maps):

Property Type

10. Do you have any specific property requirements? (Answer **either** a) **or** b))

- 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 of this requirement)

<input type="checkbox"/> Has a bath	<input type="checkbox"/> Has a small yard
<input type="checkbox"/> Has a walk in shower	<input type="checkbox"/> Is wheelchair accessible
<input type="checkbox"/> Has less than 1-2 entry steps	<input type="checkbox"/> Has access to Public Transport
<input type="checkbox"/> Has no stairs	<input type="checkbox"/> Has car parking access
<input type="checkbox"/> Has modifications for a disability/medical condition. Please describe the modifications required below:	

Who are these modifications for?

You Another Household member Someone staying with you on a regular basis

No. of Bedrooms (*please tick one only*) 1 2 3* 4* 5* 6*

Only specify a number of bedrooms if the number you require is different to your household composition.

Please Note: *If you require extra bedrooms, please explain why (*e.g. regular overnight access to children*)

Please describe any other property requirements you may have:

PART E: HOUSING PROVIDER

11. Do you wish to change or update your Association preferences? (Answer either a) or b))

- a) No, I have no preference, please open my Registration to all Associations I am eligible for.
- OR**
- b) Yes, there are specific Associations I only wish to register for. (*please list below*)
 (Note: selecting this option will limit the likelihood of you being made a housing offer)

Association Name:		
Association Name:		
Association Name:		

Are there specific Associations you wish to exclude from your Registration? (Please list if applicable)

Association Name:		
Association Name:		

12. Do you wish to change your Primary Contact Organisation? (Answer either a) or b))

When a Registration of Interest Form is lodged, the Registrant is assigned a 'primary contact' organisation. This is the organisation or housing provider which acts as the contact point for the customer in relation to their Registration.

- a) No, I wish to remain with my current Primary Contact Organisation
- OR**
- b) Yes, I wish to change my Primary Contact Organisation. (*please list below*)
 (Note: This is subject to the agreement of both the current and the new primary contact organisation.)

Association Name:	
-------------------	--

Note: For a complete listing of all registered Housing Associations in South Australia and their broad eligibility criteria phone 131 299, visit your local Housing SA office, or go to www.communityhousing.sa.gov.au.

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;
- Matching your registration to available vacancies; and
- For statistical purposes by the Commonwealth Government, Housing SA, Department for Families and Communities.

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 be withdrawn.
- I understand that I may become ineligible for Community Housing if my circumstances change.
- I consent to personal information I provide being disclosed within and between Housing SA, Department for Families and Communities; Community Housing Associations and other registered non-government housing providers (the latter is only relevant if you answered yes to Q13 on the Registration of Interest form), for the purposes described above.
- I understand that the disclosure of this information to Housing SA, Department for Families & Communities may result in action being taken by Housing SA, Department for Families & Communities 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 secure a Community Housing outcome that any current Public Housing application will be withdrawn, and vice versa.
- I understand that if housed by an organisation other than the Association named on the front of this form, that all files relating to my registration may be transferred to the organisation 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 (e.g. son, daughter, mother, support worker):

Signature:

Date: / /

CHECKLIST

Before submitting your Change of Circumstance Form, please check:

- You have updated any information required and completed question 1a in full.
- You have attached current proof of income for yourself and **all** other household members who receive an independent income. **(Only required if your OR/AND your family members' details have changed).**
- You have signed the above Declaration **or** if you have had someone assist you, they have signed the Declaration on your behalf.