

Complete this form to update your registration of interest in housing, including:

- the housing providers you're registered with
- the people you want to live in your household
- your housing preferences - eg areas you registered for

You don't need to complete this form to cancel your registration or update your contact details. Contact Housing SA or your preferred Community Housing Provider at any time.

You can find information about registering your interest online at [www.sa.gov.au/housing](http://www.sa.gov.au/housing).

### What you need to do

1. Complete this form.
2. Sign the Declaration at the end of the form.
3. Provide proof of income and identity for anyone you add to your registration aged 16 and over.
4. Provide proof of income if your household's income has changed.
5. Return this form to either:
  - Housing SA
  - your preferred Community Housing Provider.

### Contact

**If you need help or have questions about this form, please contact Housing SA:**

Phone: 131 299

Email: [housingcustomers@sa.gov.au](mailto:housingcustomers@sa.gov.au)

PO Box 1669,  
Adelaide SA 5001

[www.housing.sa.gov.au](http://www.housing.sa.gov.au)

#### Office use only

Date Received: \_\_\_\_\_

Staff User ID: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Customer Number: \_\_\_\_\_

### Your details

Your full name:	Title (eg Ms, Mr):
Address:	
Include any other names you've been known by:	
Date of birth:	Customer number:
Centrelink reference number:	
Department of Veterans' Affairs reference number:	

### About your situation

These questions help us identify if you need immediate support. Answering these questions doesn't affect your eligibility for public and community housing.

#### Do you feel safe?

Are you fleeing domestic or Aboriginal family violence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has someone threatened you or your children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is it unsafe to go home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

#### Do you have somewhere safe to sleep tonight?

Are you sleeping outside on the street, in a car, or in a tent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you staying with a friend or family member temporarily?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

#### Are you about to lose your current accommodation?

Have you received an eviction notice or been asked to leave?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you experiencing long-term financial hardship that significantly affects your ability to maintain your accommodation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

This could include:

- losing or having a significantly reduced primary income
- serious illness or family tragedy
- major loss of property due to a disaster.

#### Is there a reason you can't find or maintain a tenancy?

Is it hard to find a new place to live because you have health or mobility requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do your health or mobility needs make it difficult to maintain the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Change of contact details**

Complete this section if your contact details or preferred method of contact have changed.

You can update your contact details by contacting Housing SA or your preferred Community Housing Provider at any time.

New address:

New postal address, if different:

New phone:

New email:

New email:

Select how you would like us to contact you. Number up to 2 options in order of preference.

Email

Text Message

Letter

**Change of name**

Complete this section if you or someone in your household has legally changed their name.

Attach proof of the new name to this form, for example a Change of name certificate, Divorce certificate.

Current name:

New name:

Title (eg Ms, Mr):

**Change of sex or gender identity**

Complete this section if you or someone in your household has legally changed their sex or gender identity.

Attach proof of identity that shows the change to this form, for example birth certificate, identity acknowledgment certificate.

Name:

Gender:

Male

Female

Other:

**Cancel your registration of interest**

Complete this section if you want to cancel your registration of interest.

Once your registration of interest is cancelled it can't be reactivated. You will need to register your interest again if you want to be considered for housing in the future.

If you cancel your registration, you only need to sign the Declaration at the end of the form.

Cancel my registration of interest

## Defer your registration of interest

Complete this section if you want to defer your registration of interest.

You can defer your registration for up to 12 months, for example if you're temporarily unable to accept offers of housing. You won't be considered for housing while your registration is deferred.

Contact Housing SA or your preferred Community Housing Provider before your deferral end date to reactivate your registration. If you don't contact, your registration will be cancelled.

Defer my registration of interest

Date you want your registration to be deferred until:

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## Update your skills and abilities

Complete this section if you've registered your interest in a housing cooperative, and your skills and abilities have changed, for example you've completed a training course.

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## Your household

If someone in your household's income has changed, provide their proof of income.

## Remove someone from your registration

Complete this section to remove someone from your registration.

Full name: Title (eg Ms, Mr):

Date of birth: Customer number:

Full name: Title (eg Ms, Mr):

Date of birth: Customer number:

Full name: Title (eg Ms, Mr):

Date of birth: Customer number:

### Add someone to your registration

Complete this section to add someone to your registration.

Attach proof of income and identity for each person you add aged 16 or over. If you need room for another household member, add a page.

Full name:

Title (eg Ms, Mr):

Include any other names they've been known by:

Date of birth:

Gender:  Male  Female  Other:

Relationship to you (eg partner, child, friend, carer):

Centrelink reference number:

Department of Veterans' Affairs reference number:

Are they of Aboriginal and/ or Torres Strait Islander descent?

No  Aboriginal  Torres Strait Islander  Aboriginal and Torres Strait Islander  Prefer not to say

Have they ever been under the Guardianship of the Minister/ Chief Executive?  Yes  No

Country of birth:

What language do they speak?

If they're a refugee, what date did they arrive in Australia?

Do they have an interest in any residential property?  Yes  No

Include the value of their assets (eg cash, real estate, vehicles):

If they have a disability, select all that apply:

Physical  Low Vision  Hard of hearing  Intellectual

Mental Health  Other:

Have they been approved for Specialist Disability Accommodation by NDIS?  Yes  No

## Change your Primary Contact Organisation

Your Primary Contact Organisation is the organisation you returned your registration of interest to. It's the organisation you contact about your registration of interest, for example if your circumstances change again.

Complete this section if you want to change your Primary Contact Organisation.

Name the organisation you want to be your Primary Contact Organisation:

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## Change who you want to register with

Complete this section if you want to change the types of housing providers you want to register your interest with.

Select the housing providers you want to register your interest with.

- All housing providers**  
You'll be registered for public, Aboriginal and community housing if you're eligible.
- Public housing**  
You'll be registered for public housing if you're eligible.
- Aboriginal housing**  
You'll be registered for public and Aboriginal housing if you're eligible. You can register your interest, but won't be offered Aboriginal housing unless you provide Confirmation of Aboriginality.
- All Community Housing Providers**  
You'll be registered for all types of community housing you're eligible for. You can find a list of Community Housing Providers online at [www.sa.gov.au/housing](http://www.sa.gov.au/housing).
- Exclude specific Community Housing Providers**  
If there are any housing providers you don't want to register your interest with, list them here:  

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- Register only with specific Community Housing Providers**  
If you only want to register your interest with specific housing providers, list them here:  

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You'll only be registered for the below types of housing if you select and are eligible for them.

**Housing in an Aboriginal Community**

You must be connected to the Aboriginal community you want to register for and provide Confirmation of Aboriginality.

List the Aboriginal community you want to register your interest in:

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**Housing cooperatives**

Housing cooperatives are a type of community housing. They're run and managed by members who are usually also tenants. If you're interested in living in a housing cooperative, you'll need to be prepared to actively participate in its operation. This includes attending regular meetings and carrying out tasks on behalf of the housing cooperative.

List the housing cooperatives you want to register your interest with:

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*You can find a list of housing cooperatives online at [www.sa.gov.au/housing](http://www.sa.gov.au/housing).*

**Select all the skills and abilities you'll bring to a housing cooperative:**

Skills and abilities	Formal training	Experience
Administration or secretarial	<input type="checkbox"/>	<input type="checkbox"/>
Bookkeeping	<input type="checkbox"/>	<input type="checkbox"/>
Financial or accounting	<input type="checkbox"/>	<input type="checkbox"/>
Computer or IT	<input type="checkbox"/>	<input type="checkbox"/>
Conflict management	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance or building trades	<input type="checkbox"/>	<input type="checkbox"/>
Organisational	<input type="checkbox"/>	<input type="checkbox"/>
Communication or interpersonal	<input type="checkbox"/>	<input type="checkbox"/>
Artist	<input type="checkbox"/>	<input type="checkbox"/>
Environmental awareness	<input type="checkbox"/>	<input type="checkbox"/>

Other:

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What do you think it would mean to be a housing cooperative member?

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Provide an example of when you were part of a team and what you enjoyed about it - eg *in school, at work, as a member of a local sports club?*

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## Change your housing preferences

Complete this section if you want to change your housing preferences.

### Pets

Provide details of any changes to pets in your household - eg *you now have a second cat:*

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### Areas

List the areas you would like to live in:

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*You can find maps showing all the areas where public and community housing is available online at [www.sa.gov.au/housing](http://www.sa.gov.au/housing).*

### Bedrooms

You'll be offered housing with a suitable number of bedrooms for your household. Provide details about your situation if you need an extra bedroom because of exceptional circumstances - eg *need space for medical equipment, you have regular overnight care of children:*

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Bedsit housing has a combined lounge room and bedroom. If you're the only person in the household, would you accept a bedsit?

Yes

No



**Amenities and modifications**

List any modifications or amenities you now need in a house:

- Bath     
  Walk-in shower     
  No stairs     
  Less than one or two entry steps  
 Small yard     
  Wheelchair access

Other modifications you'll need - eg to accommodate someone with a disability:

Who in your household needs these amenities and modifications?

Do you need any other essential housing requirements?

**Your supports and people we can contact**

Complete this section if your supports or people we can contact have changed. If there's a support agency or someone who provides you with regular support, provide their details.

Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you give your consent for housing providers to share your personal information with this person or organisation?  Yes  No

What information can housing providers discuss with this person:

Provide the details of someone we can contact if we aren't able to get in touch with you:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you give your consent for housing providers to share your personal information with this person or organisation?  Yes  No

Choose what information housing providers can discuss with this person:

*You can withdraw your consent at any time by contacting Housing SA or your preferred Community Housing Provider.*

## Your declaration

When you sign this form you're stating you understand and agree to all of the below terms and conditions.

- I declare that all the information I've provided is true and correct and confirm that everyone named on this form knows their personal information's being disclosed as described.
- I understand that any assistance I get because of incorrect information I've provided may be withdrawn and/ or subject to repayment.
- I understand that I may become ineligible for services if my circumstances change.
- I consent to personal information I've provided being shared between Housing SA and Community Housing Providers for the purpose of assessing my eligibility for public and community housing and to match my registration to available properties. This includes any further information submitted by me or a third party in support of this registration - eg needs assessment and verification made to support the assessment outcome.
- I understand that housing providers keep the personal information I provide on this form secure and that it may only be shared by the housing provider in line with Housing SA's Privacy and information sharing policy, or the Australian Privacy Principles.
- If anyone completed this form on my behalf, they've explained the relevant questions and clauses to me.

Your name:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Other person's declaration

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

I drew the registrant's attention to the above clauses, and they've agreed that they understand.

Your name:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to the registrant:

\_\_\_\_\_