



Government of South Australia

REGISTRATION OF INTEREST FOR **Community Housing Volunteer Member-Tenant managed 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.

Please Note: The lodgement of this form **is not** considered an application for membership. It declares your interest in becoming a member of a volunteer member-tenant managed housing provider generally. It **does not** guarantee an invitation to apply for membership or an offer of housing from specific volunteer member-tenant managed housing providers.

IMPORTANT:

- The information collected on this form will be disclosed to Housing SA, Department for Communities and Social Inclusion, Renewal SA, community housing providers and other approved non-government housing providers for the purpose of:
 - Assessing your eligibility for community housing ;
 - Matching your registration to available vacancies; and
 - For statistical purposes by the Commonwealth Government and the relevant State Government housing agency
- If you feel there are reasons why your personal information should be withheld, please contact the community housing provider with which you lodge this registration to discuss (see contact details below).
- Where it is identified you have an outstanding debt/s to Housing SA, this may result in Housing SA taking action to recover these amount/s.
- You may access the information you provide by contacting the organisation specified below.
- If you do not provide all the information requested, we may not be able to accept your registration.
- You can expect written confirmation of your registration within 30 days.
- If eligible, you will be entered onto a register of persons interested in community housing.
- As a vacancy arises for which you may be suitable, you may be contacted directly by the relevant housing provider to discuss your registration further.

Send your Registration of Interest form to:
Housing SA Contact Centre
GPO Box 292
ADELAIDE SA 5001
Phone: 131 299

OFFICE USE ONLY

CUSTOMER NUMBER _____

FAMILY NAME _____

Original registration date _____/_____/_____

ROI complete Yes No

Date received _____/_____/_____

Mandatory questions answered (14,18,19)

Yes No

Category assigned 1 2 3

Received by _____/_____/_____

Date housed _____/_____/_____

Date lodged _____/_____/_____

Registration number _____

Proof of income & ID attached Yes No

GENERAL INFORMATION

You must be **both eligible** for community housing **and suitable** for membership of a volunteer member-tenant managed provider before completing this Registration of Interest form.

Are you eligible?

You must:

- Be living in South Australia; **and**
- Have an independent income.

You **and each member of your household must** also:

- Not fully or partly own any habitable property or real estate; **and**
- Not exceed government's income limits; **and**
- Not exceed government's asset limits.
- You must also meet the specific criteria of any individual community housing provider you nominate on this form at Question 11.

If you do not satisfy the above criteria, you may still be eligible if you have special circumstances.

Are you suitable?

You must be willing to:

- Attend regular organisation meetings.
- Volunteer several hours every week (up to 12) doing tasks on behalf of the organisation.
- Accept or be trained to take on an official role in the organisation ie. chairperson, secretary.
- Attend training to learn how to manage the organisation.
- Respect, listen to and value the opinions of other members.

For a copy of the current income and assets limits or a complete listing of all volunteer member-tenant managed providers in South Australia and their eligibility criteria, ring 131 299, visit your local Housing SA office or go to:

www.sa.gov.au/communityhousing

PROOF REQUIRED *(please photocopy and attach to this form)*

Proof of Income

You **must** provide proof of income (less than 2 weeks old) for:

- Yourself; **and**
- All others who will be living with you aged 16 years and over; **and**
- Others named on your registration who are aged under 16 who receive an independent income.

Acceptable forms of income include:

- Statement of Income for Housing from Centrelink showing the benefit paid in the previous fortnight.
- Statement / letter from Centrelink, Veterans Affairs, Austudy or other Government department confirming current pension / benefit payments.
- Employer's Declaration Form (phone 131 299 for a copy).
- Current payslip showing gross wages (including overtime) with year to date earnings, or 6 to 8 weeks recent consecutive pay slips.
- Current letter / statement from your employer showing current or average gross weekly income.
- For self-employed people – copy of the most recent tax return showing the net business income (gross income minus expenses) divided by 52 to determine average weekly income.
- For self-employed people – letter from a Certified Practising Accountant or Tax Consultant showing personal gross weekly income.
- Statutory declaration signed from registrant's parents where income is provided by the parent, stating the weekly / monthly financial support provided and value of any other support provided.

Proof of Identity

You **must** provide current proof of identity for:

- Yourself; **and**
- All others who will be living with you aged 16 years and over.

You **must** provide **ONE** form of identification from the list below: (must include photo and signature).

- Passport.
- Current driver's licence / permit with photograph.
- Current student or employer ID.

OR

You **must** provide **TWO** forms of identification from the list below:

- Centrelink Concession / Health Card.
- State Government Concession Card.
- Immigration Papers or other documents issued by the Commonwealth Department of Immigration.
- Naturalisation or Citizenship Certificate.
- Birth Certificate or Extract.
- Marriage Certificate.
- Life Insurance Policies.
- Divorce Papers.
- Current bank, credit union or building society passbook / access card.
- Confirmation letter from an authorised officer from Families SA, a medical / legal practitioner or a Minister of religion.
- Letter with common seal from Aboriginal Community confirming identity.
- Apprenticeship papers, Tradesperson's certificate or letter from employer.
- School Reports or examination certificate.
- Prison discharge certificate.

All fields on this form marked with * must be completed. If you do not complete these fields your registration will not be accepted and will be returned for completion.

PART A: The registrant

1. About you

*Family name:	
*Given name/s:	
Title (eg. Mr, Mrs, Miss, Ms etc.):	
Please list other name/s you have been known by (eg. maiden name):	
*Date of birth:	/ /
Centrelink Customer Reference Number (CRN) (if relevant)	
Veteran Affairs File Number (if relevant)	
Do you have a current Public Housing registration with Housing SA? If yes, what is your Housing SA customer number? (if known)	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Have you previously registered for community housing ? If yes, what is your community housing customer number? (if known)	<input type="checkbox"/> Yes <input type="checkbox"/> No _____

2. *Are you currently homeless? Yes (continue with this question) No (go to Question 3)

a) Where would you like correspondence relating to your registration sent?

- My support agency / worker as specified at question 16
 The nominated contact as specified at question 17

3. *Address details

a) What is your current home address? (mandatory unless you have ticked yes to Question 2 above)

	State:	Postcode:

b) What is your postal address? (if different to the above)

	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) How long were you living at this previous address: _____ Years _____ Months

4. What are your current contact details?

Home phone	Mobile phone
Daytime phone (if different)	Email address

About the registrant / partner

5. Please provide other details for yourself, your partner and all other household members

(including other adults and children who will be living with you. Details of additional members 1, 2 & 3 can be provided overleaf).

a)	About you	About your partner
*Family name:		
*Given name/s:		
Title (eg. Mr, Mrs, Miss, Ms etc.):		
Please list other name/s you have been known by (eg. maiden name):		
*Date of birth:		/ /
*Relationship to you: (i.e. son, daughter, friend, grandparent)		
*Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Country of birth:		
Are you of Aboriginal / Torres Strait Island descent:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Have you ever been under Guardianship of the Minister?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Language/s other than English spoken at home:		
If you are a refugee, when did you arrive in Australia?	/ /	/ /
*Do you own / part own habitable property / real estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) SPECIAL NEEDS		
Do you have any special needs? (please tick all that apply)	<input type="checkbox"/> Physical Disability <input type="checkbox"/> Mental Health Issues <input type="checkbox"/> Wheelchair <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Acquired Brain Injury <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Other _____	<input type="checkbox"/> Physical Disability <input type="checkbox"/> Mental Health Issues <input type="checkbox"/> Wheelchair <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Acquired Brain Injury <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Other _____
c) INCOME: Weekly income (before tax). Only tick / complete relevant boxes		
Government payment received (please tick all that apply)	<input type="checkbox"/> DSP <input type="checkbox"/> Austudy <input type="checkbox"/> TPI <input type="checkbox"/> Abstudy <input type="checkbox"/> Aged Pension <input type="checkbox"/> Youth Allowance <input type="checkbox"/> Parenting Payment <input type="checkbox"/> NewStart <input type="checkbox"/> Family Tax Benefit <input type="checkbox"/> Carer's Payment <input type="checkbox"/> Other _____	<input type="checkbox"/> DSP <input type="checkbox"/> Austudy <input type="checkbox"/> TPI <input type="checkbox"/> Abstudy <input type="checkbox"/> Aged Pension <input type="checkbox"/> Youth Allowance <input type="checkbox"/> Parenting Payment <input type="checkbox"/> NewStart <input type="checkbox"/> Family Tax Benefit <input type="checkbox"/> Carer's Payment <input type="checkbox"/> Other _____
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.

About the additional household members

Only complete this page if there are additional household members you have not already listed on page 4.

(This includes other adults and children. If there are more than 3, please copy this page and attach to this form).

a)	Member 1	Member 2	Member 3
*Family name:			
*Given name/s:			
Title (eg. Mr, Mrs, Miss, Ms etc.):			
Please list other name/s you have been known by (eg. maiden name):			
*Date of birth:	/ /	/ /	/ /
*Relationship to you: (i.e. son, daughter, friend, grandparent)			
*Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Country of birth:			
Are you of Aboriginal / Torres Strait Island descent:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Have you ever been under Guardianship of the Minister?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Language/s other than English spoken at home:			
If you are a refugee, when did you arrive in Australia?	/ /	/ /	/ /
*Do you own / part own habitable property / real estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) SPECIAL NEEDS			
Do you have any special needs? (please tick all that apply)	<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 _____	<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 _____	<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 _____
c) INCOME: Weekly income (before tax). Only tick / complete relevant boxes			
Government payment received (please tick all that apply)	<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"/> Carer's Payment <input type="checkbox"/> Other _____	<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"/> Carer's Payment <input type="checkbox"/> Other _____	<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"/> Carer's Payment <input type="checkbox"/> Other _____
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)

<input type="checkbox"/> Owner / Buyer	<input type="checkbox"/> Hotel / Motel / Caravan
<input type="checkbox"/> Private Rental / Boarding Privately	<input type="checkbox"/> College / University Housing
<input type="checkbox"/> Housing SA (Public, Aboriginal or Community Housing)	<input type="checkbox"/> Correctional Facility
<input type="checkbox"/> Shelter / Emergency Accommodation	<input type="checkbox"/> Living with Parents
<input type="checkbox"/> Boarding House / Hostel	<input type="checkbox"/> Moving between Family / Friends
<input type="checkbox"/> Homeless / No Accommodation	<input type="checkbox"/> Supported Housing
<input type="checkbox"/> Hospital / Nursing Home	<input type="checkbox"/> NRAS
<input type="checkbox"/> Transitional Housing	<input type="checkbox"/> Other _____

7. a) ***Do you need to leave your current accommodation?**

Yes (continue with this question) **No** (go to Question 8) **N/A I'm Homeless** (go to Question 8)

b) ***By what date do you need to leave?**

(Note: If you need to leave as soon as possible, please state today's date)

/	/
Dav	Year

c) ***Why do you need to leave?** (tick all that apply)

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

d) **Have you been looking for another place to stay?** (eg. private rental)

Yes (continue with this question) **No** (go to Question 8)

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?**

<input type="checkbox"/> I haven't found any suitable accommodation	<input type="checkbox"/> Other _____
<input type="checkbox"/> Land agents or owners refuse my application	

8. **If you have pets in your household, please specify the type and number below**.**

Type	Dog	Cat	Bird	Other	Other
Number					

**The number and types of pets you have may affect what organisation and property types you are eligible for.

PART C: Housing preferences

To answer the following question, please refer to the community housing area maps at the rear of this form.

9. *Where do you need to live?

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 from the areas listed on the maps at the rear of this form) (Note: Selecting this option limits the housing offers available)

Area number/s:					

10. *Do you have any 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)*

<input type="checkbox"/> Has a bath	<input type="checkbox"/> Has no stairs	<input type="checkbox"/> Has access to public transport
<input type="checkbox"/> Has a walk in shower	<input type="checkbox"/> Has a small yard	<input type="checkbox"/> Has car parking access
<input type="checkbox"/> Has less than 1 to 2 entry steps	<input type="checkbox"/> Is wheelchair accessible	
<input type="checkbox"/> Modifications for a disability or medical condition <i>(please specify required modifications & who they are for below)</i>		
<input type="checkbox"/> The registrant	<input type="checkbox"/> Another household member	<input type="checkbox"/> Someone who stays regularly
Number of bedrooms <i>(only tick one if the number of bedrooms you require is different to your household composition).</i>		
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4* <input type="checkbox"/> *5		
Please Note: If you require 4 or more bedrooms, please describe below any special circumstances to support your request <i>(eg. regular overnight access to children)</i> as there are a limited number of larger properties.		
Please describe any other requirements you may have:		

PART D: Housing provider

To answer the following questions, refer to the volunteer member-tenant managed provider listing on sa.gov.au.

11. *Do you wish to register with a specific volunteer member-tenant managed provider?

a) No, I have **no preference**; please open my registration to all volunteer member-tenant managed providers I am eligible for.

OR

b) Yes, there are **specific providers** I **only** wish to register for. *(please list below)*

(Note: It is important that you choose providers with whom you believe you are most compatible)

Provider Name:		
Provider Name:		

12. Are there specific providers you wish to **exclude** from your registration? *(Please list if applicable)*

Provider Name:		
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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 volunteer member-tenant managed housing

PART E: Skills and courses – Mandatory question 14

14. Please indicate the skills and abilities of all household members on this registration who would help run the volunteer member tenant managed housing provider. A formal qualification is not required – ‘hands on’ experience is fine.

Skill / Ability	Experience Only	Formal Training	Skill / Ability	Experience Only	Formal Training
Admin / secretarial	<input type="checkbox"/>	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	<input type="checkbox"/>
Bookkeeping	<input type="checkbox"/>	<input type="checkbox"/>	Organisational skills	<input type="checkbox"/>	<input type="checkbox"/>
Financial / accounting	<input type="checkbox"/>	<input type="checkbox"/>	Communication / interpersonal	<input type="checkbox"/>	<input type="checkbox"/>
Meeting procedures	<input type="checkbox"/>	<input type="checkbox"/>	Artist	<input type="checkbox"/>	<input type="checkbox"/>
Computer / IT	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Conflict management	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Environmental awareness	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>

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

Course Name	Date

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** (go to Question 17)

Please provide the contact details of your support agency and / or worker

Support worker's name:	Phone:	
Agency name:		
Address (if known):		
	State:	Postcode:
*Are you happy for a registered housing provider to discuss your registration with this person? <input type="checkbox"/> Yes <input type="checkbox"/> No		

17. Please provide details of a nominated contact not living with you if we cannot contact you.

Name:	Relationship to you (eg. mother) :	
Address:	State:	Postcode:
Home phone:	Daytime phone: (if different):	
*Are you happy for a registered housing provider to discuss your registration with this person? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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, Housing SA, Renewal 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 Housing SA, Renewal SA, Department for Communities and Social Inclusion volunteer member tenant managed providers and other approved non-government housing providers (the latter is only relevant if you answered yes to Q13) for the purposes described above.
- I understand that the disclosure of this information to Housing SA, Renewal 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 public housing that any current community housing registration will be withdrawn (and vice versa).
- 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 Registration of Interest form, please check:

- You are eligible for community housing and any specific volunteer member-tenant managed provider nominated at Question 11.
- You have completed all mandatory questions at 14,18,19 explaining how you can contribute to the management of a VMTM housing provider.
- 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 2).
- You have signed the declaration on this page **or** if you have had someone assist you, they have signed the Declaration on your behalf.