



Government of South Australia

Department for Communities
and Social Inclusion

REGISTRATION OF INTEREST FOR **Community Housing & National Rental Affordability Scheme**

Please Note: The lodgement of this form declares your interest in Community Housing Associations and for accommodation through the National Rental Affordability Scheme (NRAS).
It does not guarantee you will be made an offer of housing.

What program do you wish to register interest for?

Community Housing NRAS

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.

IMPORTANT:

- The information collected on this form will be disclosed to Housing SA, Department for Communities and Social Inclusion, Community Housing Associations, NRAS Providers, NRAS Tenancy Managers and other approved non-Government housing providers for the purpose of:
 - Assessing your eligibility for Community Housing and / or accommodation through NRAS;
 - Matching your registration to available vacancies; and
 - For statistical purposes by the Commonwealth Government and Housing SA and the Department for Communities & Social Inclusion.
- If you feel there are reasons why your personal information should be withheld, please contact the Association with which you lodge this Registration to discuss (see contact details below).
Please note: If registering for NRAS your contact details will be made available to organisations managing properties available through the program.
- 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 of Interest within 30 days.
- If eligible, you will be entered onto a Register of persons interested in Community Housing & NRAS.
 - Note your registration for NRAS is time limited for a period of 6 months.
- 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:

Northern Suburbs Housing Community Inc.
472 Regency Road
PROSPECT SA 5082

OFFICE USE ONLY

Customer Number:

Registration Number:

Family Name:

OFFICE USE ONLY

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. _____ 3. _____

Registration Requirements:

Original application date _____/_____/_____ ROI Complete Yes No

Date Received _____/_____/_____ HSS Notes Yes No

Received by _____ Proof of Income & ID attached Yes No

Date Lodged _____/_____/_____ Signature at Declaration Yes No

Registration Number _____ Needs Assessment held Yes No

Sensitivity Requested Yes No Final Category Assigned 1 2 3

Date Housed _____/_____/_____

Receipt of ROI:

This lodgement receipt is to confirm that _____ has lodged a

Registration of Interest in Community Housing Associations at _____

office on _____/_____/_____.

Officer/s Name / User ID _____ Officer's Signature _____

Are you eligible?

For a copy of the current income and assets limits or a complete listing of all Associations and their eligibility criteria, ring 131 299, visit your local Housing SA Office or go to:

www.sa.gov.au/communityhousing

To be eligible for Association Community Housing you must:

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

You and your household **must** also:

- Not be a home owner; **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 Associations you nominate on this form at Question 12. If you do not satisfy the above criteria, you may still be eligible if you have special circumstances.

To be eligible for NRAS:

Tenant eligibility is based on gross household income only. Check the following website for latest income limits:
<http://www.fahcsia.gov.au/our-responsibilities/housing-support/programs-services/national-rental-affordability-scheme>

A formal letter advising of your eligibility for Community Housing and / or NRAS will be sent to you shortly.

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.

Additional Information

All fields in 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. Where a question applies **only** to either Community Housing or to NRAS this will be indicated in brackets after the question. Where this is **not** indicated the question applies to both programs.

**Assets referred to in Question 5 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.

For a complete listing of all registered Community Housing Associations and NRAS Organisations in South Australia and their broad eligibility criteria phone Housing SA on 131 299, visit your local Housing SA office or go to:

www.sa.gov.au/communityhousing OR www.sa.gov.au/housing/nras

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 application 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 applied for Community Housing ? (Co-ops or Associations) 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? (At least one contact phone number is mandatory for an NRAS registration)

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)		
*Are you a sole parent: (NRAS only)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
*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? (CH only)	<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? (CH only)	/ /	/ /
*Do you own / part own habitable property / real estate? (CH only)	<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? (CH only)	<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** (CH only)	\$	\$

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)			
*Are you a sole parent: (NRAS only)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
*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? (CH only)	<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? (CH only)	/ /	/ /	/ /
*Do you own / part own habitable property / real estate? (CH only)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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? (CH only)	<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** (CH only)	\$	\$	\$

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"/> Other _____
<input type="checkbox"/> Transitional Housing	

7. Current Landlord details (applicable only where you have indicated you are renting at Question 6) (NRAS only)

Weekly rent paid: \$
Current Landlord's name:
Current Landlord's contact phone number:

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

- Yes (continue with this question) No (go to Question 9) N/A I'm Homeless (go to Question 9)

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

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

/	/
Day	Month 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 9)

e) Have you been able to find another place to stay?

- Yes (go to question 9) 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	

9. 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 Housing SA area maps at the rear of this form.

10. *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:					

11. *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 car parking access
<input type="checkbox"/> Has a walk in shower	<input type="checkbox"/> Has a small yard	<input type="checkbox"/> Other _____

Number of Bedrooms *(only tick one if the number of bedrooms you require is different to your household composition).*

1 2 3 4* *5 6*

Please Note: If you require 4 or more bedrooms, please describe below any special circumstances to support your request *(eg. regular overnight access to children)* as a limited number of larger properties exists.

Please describe any other requirements you may have:

c) *Please indicate a **maximum** weekly rent that you are willing and can afford to pay. In determining this amount please take into account your current financial situation *(ie. Debts, expenses, disposable income etc.)*.

\$ _____ *(NRAS only)*

PART D: HOUSING PROVIDER

12. *Do you wish to register with a specific Organisation?

a) No, I have **no preference**; please open my Registration to all organisations I am eligible for.

OR

b) Yes, there are **specific organisations** I **only** wish to register for. *(please list below)*
(Note: selecting this option will limit the likelihood of you being made a housing offer)

Provider Name:		
Provider Name:		

13. Are there specific organisations you wish to **exclude** from your Registration? *(Please list if applicable)*

Provider Name:		
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14. Other than NRAS 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 Association accommodation

PART E: REGISTRATION DETAILS

15. ***Have you been housed by a Community Housing Association previously?** *(CH only)*

Yes *(continue with this question)* **No** *(go to Question 16)*

If yes, please specify the name of the Association and your reason for leaving.

Association Name:
Reason/s for leaving:

16. ***Is there a Support Agency and / or Worker you have regular contact with?** *(CH only)*

(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 <i>(if known)</i> :		
	State:	Postcode:
*Are you happy for an approved 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 if we cannot contact you.**

Name:	Relationship to you <i>(eg. mother)</i> :	
Address:	State:	Postcode:
Home Phone:	Daytime Phone <i>(if different)</i> :	
*Are you happy for an approved Housing Provider to discuss your Registration with this person? <input type="checkbox"/> Yes <input type="checkbox"/> No		

18. ***Please provide two Referees** *(other than current landlord recorded in Question 7 if renting privately)* *(NRAS only)*

Referee Name # 1:	Phone:	
Address:	State:	Postcode:
Referee Name # 2:	Phone:	
Address:	State:	Postcode:

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 /or accommodation available through the NRAS program; **and**
- Matching your registration to available vacancies; **and**
- For statistical purposes by the Commonwealth Government, Housing 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, Department for Communities and Social Inclusion, Community Housing Organisations, NRAS Providers, NRAS Tenancy Managers and other approved non-Government housing providers for the purposes described above.
- I understand that the disclosure of this information to Housing 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 NRAS housing or Public Housing that any current Community Housing registration for an Association will be withdrawn.
- I understand that if I am housed by an organisation other than the organisation named on the front of this form, that all documents 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 (ie. son, daughter, mother, support worker): _____

Signature: _____

Date: / /

CHECKLIST

Before submitting your Registration of Interest Form, please check:

- You are eligible for Community Housing, NRAS or any specific Organisation nominated at Question 12.
- 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 3).
- You have signed the Declaration on this page **or** if you have had someone assist you, they have signed the Declaration on your behalf.

ASSOCIATION / NRAS HOUSING- METROPOLITAN & COUNTRY AREAS

*If you wanted to live in one of the country towns such as Clare you would write "116" on the Registration of Interest Form.

AREA 1 - CITY SOUTH
ADELAIDE
BLACK FOREST [^]
CLARENCE GARDENS
CLARENCE PARK*
EVERARD PARK*
FORESTVILLE*
FULLARTON [^]
GLANDORE
GOODWOOD*
KINGSWOOD*
MITCHAM*
PARKSIDE*
UNLEY*

AREA 2 - CITY WEST
BOWDEN
BROMPTON
HILTON*
KESWICK*
KURRALTA PARK
MARLESTON*
MILE END*
NETLEY*
OVINGHAM*
RICHMOND
THEBARTON
TORRENSVILLE*
WEST HINDMARSH*

AREA 3 - OUTER WEST
BROOKLYN PARK*
FLINDERS PARK*
FULHAM*
HENLEY BEACH*
KIDMAN PARK*
LOCKLEYS
UNDERDALE*
WEST RICHMOND*

AREA 4 - INNER NORTH WEST
ALLENBY GARDENS
BEVERLEY*
CROYDON
CROYDON PARK*
DEVON PARK*
DUDLEY PARK*
KILKENNY*
RENOWN PARK*
RIDLEYTON*
WEST CROYDON*

AREA 5 - NORTH WEST
FINDON
GRANGE*
SEATON
WOODVILLE*
WOODVILLE SOUTH*
WOODVILLE WEST

AREA 6 - THE PARKS
ANGLE PARK*
ATHOL PARK
FERRYDEN PARK*
GILLMAN*
MANSFIELD PARK
WOODVILLE GARDENS
WOODVILLE NORTH*

AREA 7 - EASTERN PORT ADELAIDE
CHELTENHAM*
OTTOWAY*
PENNINGTON*
ROSEWATER*
ST CLAIR [^]

AREA 8 - PORT ADELAIDE CENTRAL
ALBERT PARK*
ALBERTON
ETHELTON
HENDON
PORT ADELAIDE*
QUEENSTOWN*
ROYAL PARK
SEMAPHORE*
SEMAPHORE PARK*
SEMAPHORE SOUTH*

AREA 9 - LE FEVRE PENINSULA
BIRKENHEAD*
EXETER*
LARGS BAY*
LARGS NORTH
NORTH HAVEN*
OSBORNE*
PETERHEAD*
TAPEROO

AREA 10 - NORTHERN MARION
CAMDEN PARK*
GLENELG [^]
GLENELG EAST*
GLENELG NORTH
GLENELG SOUTH
GLENGOWRIE*
MORPHETTVILLE
NORTH PLYMPTON
PLYMPTON
PLYMPTON PARK
SOMERTON PARK*

AREA 11 - EASTERN MARION
ASCOT PARK
BEDFORD PARK*
BLACKWOOD
CLOVELLY PARK
CRAIGBURN FARM [^]
DAW PARK
EDEN HILLS*
EDWARDSTOWN
MARION*
MELROSE PARK*
MITCHELL PARK
PANORAMA*
PARK HOLME
PASADENA*
SOUTH PLYMPTON*
ST MARYS*

AREA 12 - SOUTHERN MARION
BRIGHTON
DOVER GARDENS
HOVE*
OAKLANDS PARK
SEACOMBE GARDENS
SEAVIEW DOWNS*
SOUTH BRIGHTON*
STURT
WARRADALE

AREA 13 - CITY EAST
EVANDALE [^]
KENSINGTON GARDENS [^]
MAYLANDS*
MYRTLE BANK [^]
NORWOOD*
ROSE PARK [^]
WALKERVILLE [^]

AREA 14 - CITY NORTH
BLAIR ATHOL
BROADVIEW*
CLEARVIEW
ENFIELD
KILBURN*
NAILSWORTH [^]
PROSPECT*

AREA 15 - LOWER NORTH EAST
ATHELSTONE*
CAMPBELLTOWN
DERNANCOURT*
FELIXSTOW*
FIRLE*
GLYNDE*
HECTORVILLE*
HIGHBURY*
MAGILL*
MARDEN*
NEWTON
PARADISE*
PAYNEHAM
ROSTREVOR*
ROYSTON PARK*
ST MORRIS*
TRANMERE*

AREA 16 - INNER NORTH EAST
GILLES PLAINS*
GREENACRES
HAMPSTEAD GARDENS
HILLCREST*
HOLDEN HILL
HOPE VALLEY*
KLEMZIG*
MANNINGHAM*
MODBURY
MODBURY NORTH*
NORTHFIELD
NORTHGATE [^]
OAKDEN*
ST AGNES*
WINDSOR GARDENS*

AREA 17 - UPPER NORTH EAST
GOLDEN GROVE
GREENWITH*
MODBURY HEIGHTS*
REDWOOD PARK*
RIDGEHAVEN
SURREY DOWNS*
WYNN VALE*

AREA 18 - LOWER SALISBURY
INGLE FARM
MAWSON LAKES
PARA HILLS*
PARA HILLS WEST*
PARA VISTA
POORAKA*
VALLEY VIEW*

AREA 19 - WESTERN SALISBURY
PARAFIELD GARDENS
SALISBURY DOWNS

AREA 20 - SALISBURY CENTRAL
BRAHMA LODGE*
SALISBURY
SALISBURY EAST
SALISBURY HEIGHTS*
SALISBURY PARK*
SALISBURY PLAIN*

AREA 21 - UPPER SALISBURY
BURTON*
PARALOWIE
SALISBURY NORTH

AREA 22 - LOWER ELIZABETH
ELIZABETH GROVE
ELIZABETH SOUTH
ELIZABETH VALE*
HILLBANK*

AREA 23 - ELIZABETH CENTRAL
ELIZABETH*
ELIZABETH EAST
ELIZABETH PARK

AREA 24 - PEACHEY BELT
ANDREWS FARM
DAVOREN PARK*
SMITHFIELD PLAINS

AREA 25 - UPPER ELIZABETH
BLAKEVIEW
CRAIGMORE*
ELIZABETH DOWNS*
ELIZABETH NORTH
MUNNO PARA
MUNNO PARA WEST [^]
SMITHFIELD

AREA 26 - GAWLER DISTRICT
ANGLE VALE*
EVANSTON
EVANSTON GARDENS
EVANSTON PARK*
EVANSTON SOUTH [^]
GAWLER
GAWLER EAST*
GAWLER SOUTH*
GAWLER WEST*
WILLASTON*

AREA 27 - MORPHETT VALE
MORPHETT VALE

AREA 28 - HAPPY VALLEY
ABERFOYLE PARK*
HALLETT COVE*
HAPPY VALLEY*
OLD REYNELLA
REYNELLA
SHEIDOW PARK
TROTT PARK
WOODCROFT*

AREA 29 - CHRISTIES
CHRISTIE DOWNS
CHRISTIES BEACH
O'SULLIVAN BEACH*

AREA 30 - NOARLUNGA CENTRAL
HACKHAM*
HACKHAM WEST*
HUNTFIELD HEIGHTS
NOARLUNGA CENTRE [^]
NOARLUNGA DOWNS

AREA 31 - LOWER NOARLUNGA
ALDINGA [^]
ALDINGA BEACH
MASLIN BEACH*
MOANA*
OLD NOARLUNGA
PORT NOARLUNGA*
PORT NOARLUNGA SOUTH*
PORT WILLUNGA*
SEAFORD
SEAFORD MEADOWS
SEAFORD RISE*
SELICKS BEACH [^]
WILLUNGA*

AREA 32 - MOUNT BARKER
BRIDGEWATER*
MACCLESFIELD*
MOUNT BARKER

AREA 33 - PORT PIRIE
PORT PIRIE
PORT PIRIE SOUTH*
PORT PIRIE WEST
RISDON PARK

AREA 34 - PORT AUGUSTA EAST
PORT AUGUSTA

AREA 35 - PORT AUGUSTA WEST
PORT AUGUSTA WEST*

AREA 36 - WHYALLA WEST
WHYALLA STUART [^]

AREA 37 - WHYALLA CENTRAL
WHYALLA [^]
WHYALLA NORRIE*

AREA 38 - PORT LINCOLN
PORT LINCOLN

AREA 39 - MURRAY BRIDGE
MURRAY BRIDGE

AREA 40 - MOUNT GAMBIER
MOUNT GAMBIER

OTHER COUNTRY TOWNS
314 - AMERICAN RIVER*
101 - ANGSTON*
102 - ARDROSSAN*
103 - AUBURN*
104 - BALAKLAVA
105 - BARMERA*
108 - BERRI*
237 - BLANCHETOWN*
109 - BLYTH*
116 - CLARE
117 - CLEVE*
118 - COOPER PEDY*
123 - CRYSTAL BROOK*
225 - ENCOUNTER BAY*
129 - EUDUNDA*
133 - GOOLWA
133 - GOOLWA BEACH*
133 - GOOLWA NORTH*
133 - GOOLWA SOUTH*
179 - HAYBOROUGH*
551 - IRON BANK*
143 - KAPUNDA*
246 - KAROONDA*
146 - KINGSCOTE*
147 - KINGSTON SE [^]
149 - LAMEROO*
288 - LANGHORNE CREEK*
150 - LAURA*
154 - LOXTON*
158 - MALLALA*
159 - MANNUM*
179 - MCCracken*
426 - MCHARG CREEK
163 - MENINGIE*
177 - MINLATON*
270 - MOONTA BAY*
184 - NAIRNE*
186 - NARACOORTE*
188 - NURIOOTPA
461 - PARNDANA*
262 - PENNESHAW*
197 - PINNAROO*
199 - PORT ELLIOT*
238 - PORT NEILL*
206 - RENMARK*
209 - ROBERTSTOWN*
210 - SADDLEWORTH*
215 - STRATHALBYN
218 - TALEM BEND*
220 - TANUNDA*
240 - TINTINARA*
225 - VICTOR HARBOR
226 - WAIKERIE*
227 - WALLAROO*
230 - WILLIAMSTOWN [^]
228 - WAROOKA*
233 - WOODSIDE*
235 - YANKALILLA*
236 - YORKETOWN*

* Suburbs containing Association Community Housing properties only.

[^] Suburbs containing NRAS properties only.