

Attachment to Housing Needs Assessment

Information for Referring Workers

Westside will use this Risk Assessment Form as a key tool to facilitate a safe and appropriate housing allocation for the applicant, our staff and the community. Westside works with people who are vulnerable and we expect that you will fully disclose all information available to you.

- It is crucial that this form is accurately completed and we are alerted to any potential risk issues.	- Completion of this form will assist us in minimising any health and safety or other potential risks to the applicant, our staff and other community members.
- Unfavourable risk assessments may not mean the applicant is not housed.	- If you do not know the client well enough to make an accurate assessment, please indicate.

Applicants Name:

DOB:

Support and Risk Assessment Matrix (Please tick each row in the appropriate column)

Risk	No Problem	Past But Significant	Present Occasional Minor	Present Persistent Minor	Present Occasional Serious	Present Persistent Serious
Vulnerable to exploitation						
Daily living problems (requiring support)						
Anti-social behaviour						
Drug seeking behaviour						
Marijuana use						
Alcohol use						
Other drug use						
Risk of behavioural problems caused by drug or alcohol use						
Physical illness requiring support						
Hallucinations / Delusions / Paranoia that may place self or others at risk						
Risk of self-harm						
Risk of suicide						
Victim of violence						
Gambling						

Westside Housing

Client Risk Assessment Form

Housing Services



Risk Assessment Declaration

The applicant has given permission to disclose the personal information contained on this form to Westside Housing Company Ltd Yes / No (please circle)

Please complete, sign and date the relevant declaration section below

- I am the applicant's worker and I do / do not know the person well enough to complete the Risk Assessment Form.

Name:..... Signature:..... Date:

- I am the applicant's worker and to the best of my knowledge the Risk Assessment is accurate. I have not omitted anything that I know about my client from any source that is available to me.

Name:..... Signature:..... Date:



Government of South Australia

Housing Needs REPORT FORM

Version Control	
Version:	2
Issue Date:	September 2015
Policy link:	Property Acquisition and Disposal Policy & Property Returns procedure
Applies to:	Registered community housing providers
Issued by:	Renewal SA on behalf of the SAHT
Delegated authority and Form custodian:	Manager, Accountability & Contracts, Community Partnerships
Objective id:	A13664343
Due for review:	August 2017
Confidentiality:	Public

About This Form

This form is for use by Community Housing Providers when undertaking an assessment of need for a customer registering interest in community housing.

IMPORTANT: The category assigned as a result of this assessment, must be entered onto the Community Housing Customer Register (visit <https://chcr.communityhousing.sa.gov.au/CHCR/Web/Login/Login.aspx> and enter your unique user password).

Responses and information received from a customer during the course of a needs assessment interview should either be recorded on this form, or where information is provided in writing via a support agency, attached to this form.

PLEASE COMPLETE SECTIONS OF THIS FORM WHICH APPLY

SECTION 1 - SUPPORT AGENCY	To be completed by Support Agency staff
SECTION 2 - HOUSING NEEDS ISSUES	To be completed by Support Agency staff or Community Housing Provider staff/officers
SECTION 3 – DECLARATION	To be signed by Support Agency staff and/or Community Housing Provider staff and the Customer
SECTION 4 – HOUSING NEEDS	To be completed by Community Housing Provider

OFFICE USE ONLY

C/N

FAMILY NAME:

DATE OF ASSESSMENT:

CATEGORY ASSIGNED:

USER NAME:

What is a Housing Needs Assessment?

It is a series of questions to determine the nature and urgency of a customer's housing requirements. Customers' needs are categorised according to the following three categories:

NEEDS	DESCRIPTION
Category 1	Customers in urgent need (refer page 4 for detailed description)
Category 2	Customers who are not in urgent need but for whom other housing options are not suitable or accessible as a long term option (including tenants whose current housing is unsuitable in the long term) (refer page 5 for detailed description)
Category 3	Customers who meet the income and assets test who do not meet needs criteria for Categories 1 or 2 (refer page 5 for detailed description)

When is a Housing Needs Assessment undertaken?

Category of Need can be assigned by a **Community Housing Provider** using this *Housing Needs Assessment Report Form*.

When a customer's Registration is lodged in the Community Housing Customer Register, an 'indicative' category of need is assigned based on their response to 'trigger' questions within the Registration of Interest (ROI) Form.

This category establishes their position on the Register and the relative urgency of their housing requirements, ensuring those customers in greatest need are given priority.

Where responses to the 'trigger' questions indicate that the customer potentially has a higher level of housing need, the customer should be offered the opportunity to further discuss their individual circumstances (a Housing Needs Assessment).

If the Housing Needs Report Form has been completed electronically it can be attached to the customer's ROI on the Community Housing Customer Register (CHCR) in pdf format.

With written consent from the customer this may be shared with other Non Government Organisation (NGO) housing providers who have been selected as a preference on the customer's ROI.

How do you undertake a Housing Needs Assessment?

Step 1A	<p>Referring/Support Agency already providing support services to customer, making referral to Community Housing Provider for housing services will:</p> <ol style="list-style-type: none"> 1. Complete Section 1 - Agency Referral and Section 2 – Housing Needs. 2. Forward this form (along with a <i>Registration of Interest Form</i> for the customer if not already lodged) to the relevant community housing provider.
<p>or</p> <p>Step 1B</p>	<p>A community housing provider receiving a <i>Registration of Interest Form (ROI Form)</i> directly will:</p> <ol style="list-style-type: none"> 1. Enter the Registration of Interest and create the customer on the Community Housing Customer Register; 2. Arrange an interview with the Customer; 3. Use the information on the ROI form as a trigger for further information collection using this form to record circumstances; 4. Complete Section 2 – Housing Needs requesting documentary verification of category 1 or 2 criteria.
Step 2	<p>Referral Agency and/or Community Housing Provider staff as well as the Customer to sign the Declaration at Section 3.</p>
Step 3	<p>Community housing provider staff to determine housing needs category outcome at Section 4 using the Assessment Matrix provided at Q11.</p>
Step 4	<p>Category assigned to be updated on the Customer's Registration record within the Community Housing Customer Register.</p>

ASSIGNMENT OF CATEGORIES

Assignment to Category 1

Registrants placed in Category 1 are deemed to be in urgent housing need with long term barriers to accessing or maintaining private housing options.

Where a member of the Registrant Household meets:

- ✓ At least one of the Homeless/At Risk needs criteria AND
- ✓ At least one access barrier to private housing AND
- ✓ The Accommodation History and/or Housing Options assessments indicate that one or more members of the household have a housing need for which private housing is unsuitable in the long term;

then the Registrant/Registrant Household is deemed to have Category 1 needs.

Where the household member with the Category 1 needs is not a member of the Principal Household, the Registrant Household will only be eligible for Category 1 if the member is able to show that they normally reside with the Principal Household, i.e. they:

- ✓ have an ongoing history of residency with the Principal Household (12 months or more immediately prior to the date the Registration was submitted), OR
- ✓ are related to a member of the Principal Household, OR
- ✓ were directed or requested to reside with a member of the Principal Household (e.g. bail conditions, carer relationships etc), OR
- ✓ can show that they are currently registered by Centrelink at the same address as a member of the Principal Household.

Where the household member with the Category 1 needs does not normally reside with the Principal Household, they could lodge their own Registration, provided they are assessed as being capable of maintaining an independent tenancy.

Assignment to Category 2

Registrants placed in Category 2 are not considered to be currently in urgent housing need but have long term barriers to accessing or maintaining private housing options.

The Registrant Household must meet:

- ✓ At least one access barrier to private housing (refer to “Homeless/At Risk Criteria page 6), AND
- ✓ The Accommodation History and/or Housing Options assessments must indicate that one or more members of the household have a housing need for which private housing is unsuitable in the long term.

In addition, if the Registrant Household passes the Base Eligibility requirements but fails the Income and/or Assets tests, they are automatically eligible for Category 2 if they meet at least one of the following criteria:

- ✓ Recipient of Disability Support Pension (DSP)
- ✓ Recipient of Total and Permanently Capacitated Pension (TPI)
- ✓ Refugee in Australia for less than 2 years.

Where the household member with the Category 2 needs is not a member of the Principal Household (refer to Section 4 of the *Community Housing Eligibility Policy and Procedures*), the Registrant Household will only be eligible for Category 2 if the member is able to show that they normally reside with the Principal Household, i.e. they,

- ✓ have an ongoing history of residency with the Principal Household (12 months or more immediately prior to the date the Registration was submitted), OR
- ✓ are related to a member of the Principal Household, OR
- ✓ were directed or requested to reside with a member of the Principal Household (e.g. bail conditions, carer relationships etc), OR
- ✓ can show that they are currently registered by Centrelink at the same address as a member of the Principal Household.

Where the household member with the Category 2 needs does not normally reside with the Principal Household, they could lodge their own Registration, provided they are assessed as being capable of maintaining an independent tenancy.

ⓘ Note - Registrants who meet Automatic entry criteria for Category 2 are not required to undergo a Housing Needs Assessment unless it is considered that they may have a higher level of need i.e. Category 1 needs.

Assignment to Category 3

Registrants are assigned to Category 3 if they are not considered to have urgent housing needs or long term barriers to other housing options. In other words, if they do not meet Category 1 or 2 criteria, they will be assigned Category 3 status.

Homeless/At Risk Criteria

Homeless/At Risk criteria	Example sources of verification
<p><u>Homeless or inadequately housed</u></p> <p>A person is considered to be “homeless” if the only housing which they have access to:</p> <ul style="list-style-type: none"> ✓ damages or is likely to damage their health; or ✓ threatens their safety; or ✓ marginalises them through failing to provide access to: <ul style="list-style-type: none"> ✓ adequate personal amenities or ✓ the economic and social supports that a home normally affords; or ✓ has no security of tenure (i.e., the person has no legal right to continued occupation of the housing). <p>Homeless people include those:</p> <ul style="list-style-type: none"> ✓ without conventional accommodation, such as people living on the streets, sleeping in parks, squats, cars or makeshift dwellings for temporary shelter (improvised homes, tents and sleep outs) ✓ who move frequently between various forms of temporary shelter (e.g. friends, emergency accommodation ✓ and <i>may</i> (depending on the customer’s circumstances) include people living in hostels and boarding houses (12 weeks or less). 	<ul style="list-style-type: none"> ✓ Notice to Quit ✓ Relevant termination orders from Residential Tenancies Tribunal ✓ HIA order regarding the limited amenity of the property ✓ Shelter or other support agency documentation.
<p><u>Victim of natural disaster</u></p> <p>Victim of a flood, fire or other natural event that makes it unsafe or impractical to live in the current property.</p>	<ul style="list-style-type: none"> ✓ Current landlord ✓ Insurance Office ✓ SA Police ✓ Fire or Emergency Services
<p><u>Living in transitional or crisis housing</u></p>	<ul style="list-style-type: none"> ✓ Verifying documentation from the housing provider ✓ Shelter or other support agency
<p><u>Life threatening situation at home</u></p>	<ul style="list-style-type: none"> ✓ SA police or other agency
<p><u>Persistent harassment</u></p> <p>Ongoing harassment which damages or is likely to damage a person’s health or threaten their safety.</p>	<ul style="list-style-type: none"> ✓ SA police or other agency e.g. mediation service, counselling service
<p><u>Domestic or family violence</u></p> <p>Violence occurring between immediate/extended family members, including de facto relationships. Abuse may be physical, psychological, emotional, sexual, social or economic.</p>	<ul style="list-style-type: none"> ✓ Any reputable third party verification. This may include a police officer, health worker, legal worker, friend, relative, neighbour, local clergy, or other person.
<p><u>Victim of major crime</u></p> <p>Victim of very serious crime e.g. attempted murder, rape, armed robberies and other incidents which require a dedicated police response. On occasions incidents are declared as “major crimes” and investigated by specialist groups of police. In determining whether a person is a victim of a major crime, verification is required from the police.</p>	<ul style="list-style-type: none"> ✓ State or Federal police (including interstate police) ✓ Victim support service ✓ Trauma counselling service
<p><u>Sector initiated transfer</u></p> <p>A transfer initiated by either Renewal SA or Community Housing Provider for asset management, tenancy management or other reasons.</p>	<ul style="list-style-type: none"> ✓ Relevant sector approval e.g. by Renewal SA or Community Housing Provider

Barriers to Housing Access

Barriers to Housing Access criteria	Example sources of verification
<p><u>Long term health issues</u></p> <p>Significant health issues that would impact upon the Registrant's ability to negotiate or maintain other housing options in the long term e.g. chronic fatigue, terminal illnesses.</p>	<ul style="list-style-type: none"> ✓ Medical or health practitioner
<p><u>Long term disability issues</u></p> <p>Significant disability issues impacting on the Registrant's ability to negotiate or maintain other housing options in the long term e.g. need for extensive modifications.</p>	<ul style="list-style-type: none"> ✓ Medical or health practitioner ✓ Trauma counselling service ✓ Domiciliary Care ✓ Disability Support Service
<p><u>Discrimination in private rental</u></p> <p>This refers to Registrant characteristics which significantly impede the Registrant's ability to access and maintain private rental e.g. may include race, colour, religion, culture etc.</p>	<ul style="list-style-type: none"> ✓ Renewal SA ✓ Support agency
<p><u>Person exiting institutional care</u></p> <p>A person exiting a medium to long term period of institutionalised care.</p>	<ul style="list-style-type: none"> ✓ Correctional Services ✓ Rehabilitation Services ✓ Strathmont Centre/Glenside Hospital ✓ Julia Farr Centre ✓ Families SA ✓ Community based organisations (e.g. Minda Inc)
<p><u>Lack of financial skills/resources</u></p> <p>Chronic financial hardship impacting on the Registrant's ability to negotiate or maintain other housing options - factors such as the disposable income, level of debt and how the debt has been incurred will be considered.</p>	<ul style="list-style-type: none"> ✓ Financial Counsellor ✓ Renewal SA ✓ Community Agency ✓ Supported Accommodation Assistance Program (SAAP) agency
<p><u>Lack of social skills/resources</u></p> <p>Chronic lack of social or interpersonal skills which would make it difficult for the Registrant to access and maintain other forms of housing.</p>	<ul style="list-style-type: none"> ✓ Support agency.

Category 2 Automatic Entry Criteria

Category 2 Automatic Entry criteria	Example sources of verification
<u>Recipient of Disability Support Pension (DSP)</u>	✓ Centrelink proof of income
<u>Recipient of Totally & Permanently Incapacitated Pension (TPI)</u>	✓ Dept of Veterans Affairs proof of income
<u>Granted full refugee status within the last 2 years</u>	<ul style="list-style-type: none"> ✓ Department of Immigration documentation ✓ Visas (codes 200, 201, 202 & 204 only) ✓ Australian Refugee Association or other Refugee support body.
<ul style="list-style-type: none"> ▪ <i>Note 1</i> – Registrants who received DSP immediately before moving to an aged pension will remain eligible for Category 2 Automatic Entry as DSP recipients (providing Centrelink documentation supports this). ▪ <i>Note 2</i> – Registrants who are approved to receive DSP but do not currently receive it (e.g. on Work Cover payments) are eligible for Category 2 Automatic Entry as DSP recipients (providing Centrelink documentation supports this). 	

SECTION 1 - SUPPORT AGENCY REFERRAL (to be completed by Referring Agency)

Agency Details

Name of agency:

Contact officer:

Address:

Postcode:

Telephone:

Other:

Agency file number:

Customer Consent to Exchange Information (to be completed by customer)

I _____ (Enter Name of Customer) of _____ (Enter Customer's Address) hereby give permission for _____ (Enter Name of Agency) to provide the information given in this form to _____ (Insert name of CHP).

I understand this information will be used to assess my need for accommodation and to confirm any special housing requirements that I have. I further confirm that this information may be used by _____ (Insert name of CHP) for statistical purposes.

I also understand that if I do not provide all the information requested, _____ (Insert name of CHP) may not be able to assess my need for community housing, or confirm any special housing requirements that I may have.

In addition, I give permission for _____ (Insert name of CHP) to exchange information with _____ (Referring agency name) concerning the outcome of my Registration of Interest including the address of any property allocated to me and the tenancy start date.

I understand that I can withdraw this consent on written notice to _____ (Insert name of CHP).

Signature: _____ Date: _____

Please note

- If the customer does not have a current Registration of Interest lodged, an ROI form must be completed and returned with this form.

1. How long has your agency had contact with the customer?

Enter details of length of support for this customer

2. What is the reason for your agency’s involvement with the customer?

Enter details of your agencies involvement

3. Does the customer need support to maintain their tenancy (e.g. budgeting, personal or household care)?

Yes No

If yes, please provide details of any support required.
Enter details of support required to maintain tenancy

4. If support is required, will your agency provide this?

Yes No

If no, do you know who will provide the support? Please give details
Enter details of support

- If you are referring the customer only (i.e. if you are not providing support to the customer) please forward this section (with documentation to substantiate the customer’s circumstances) to the community housing provider.
- If you are providing supporting documentation, please refer to the Housing Needs Issues section.

SECTION 2 – HOUSING NEEDS ISSUES (to be completed by Referring Agency or Community Housing Provider staff/officers)

1. Please tick (✓) which of the following needs criteria apply to the customer’s household (x-ref responses to Qs 6 and 7 on ROI form)

HOMELESS/AT RISK

- | | | |
|--|---|---|
| <input type="checkbox"/> Victim of major crime | <input type="checkbox"/> Life threatening situation at home | <input type="checkbox"/> Inadequately housed |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Natural disaster e.g. fire, flood | <input type="checkbox"/> Domestic/family violence |
| <input type="checkbox"/> Persistent harassment | <input type="checkbox"/> Living in transitional or crisis accommodation | |

If you ticked any of the above, please provide details and attach documentation to verify.
Enter details as per issues described above

ACCESS BARRIERS (reasons why customer is unable to access/maintain private housing)

- | | | |
|---|---|--|
| <input type="checkbox"/> Long term health issues | <input type="checkbox"/> Lack of financial skills/resources | <input type="checkbox"/> Long term disability issues |
| <input type="checkbox"/> Cultural or social issues | <input type="checkbox"/> Discrimination in private rental | <input type="checkbox"/> Lack of social skills |
| <input type="checkbox"/> Exiting institutional care | | |

If you ticked any of the above, please provide details and attach documentation to verify.
Enter details as per issues described above

OTHER ISSUES

- | | |
|--|--|
| <input type="checkbox"/> Disability Support Pension recipient | <input type="checkbox"/> Refugees in Aust less than 2 years |
| <input type="checkbox"/> Totally & Permanently Incapacitated Pension recipient | <input type="checkbox"/> People exiting Direct Lease Housing |

If you ticked any of the above, please attach documentation to verify.

If there are any EXCEPTIONAL CIRCUMSTANCES not listed above, please provide details and attach documentation to verify

Enter details as per issues described above or others not listed

TENANCY ISSUES

(reasons why customer is unable to access/maintain private housing)

- Irresolvable neighbor dispute
- Health reasons
- Overcrowding
- Disability reasons
- Needs to be closer to supports

If you ticked any of the above, please provide details and attach documentation to verify

Enter details as per tenancy issues described above

2. How long can the customer stay in their current accommodation?

(If the customer is homeless, please provide details) (x-ref to response to Q 7a) and b) on ROI Form)

Enter length of time and any reasons customer can/not stay in current accommodation

3. Why is the customer's current accommodation unsuitable? (x-ref to response to Q 7c) on ROI Form)

Enter reason current address unsuitable

SECTION 3 – DECLARATION (to be completed and signed by the Referring Agency and/or Community Housing Provider and the Customer)

Customer Declaration

- ✓ I declare that all information I have given is true and correct.
- ✓ I warrant that all persons named on this form are aware that their personal information is being disclosed as described above and consent accordingly.
- ✓ I understand that I may become ineligible if my circumstances change.
- ✓ I consent to personal information I provide being disclosed within and between Renewal SA, Community Housing Providers and other registered non-government housing providers for the purposes of determining my category of need and eligibility for Community Housing.
- ✓ I understand that if housed by an organisation other than the Community Housing Provider undertaking this Needs Assessment that all files relating to my registration may be transferred to the organisation with whom I have been housed.
- ✓ I understand that any assistance obtained on the basis of incorrect information supplied by me may be withdrawn and/or subject to repayment.
- ✓ I authorise the Community Housing Provider or Renewal SA to make enquiries to find out my new address and consent to details of my new address being supplied to Renewal SA if I move address without notifying Renewal SA and I have an outstanding debt to the SA Housing Trust.
- ✓ I understand that the Community Housing Provider and Renewal SA will keep the information I provide in this form confidential, except as required by Act of Parliament or Court Order, or where disclosure is authorised by me, or where authorised by the State Government Information Privacy Principles.
- ✓ I understand that I may access the information I have provided, by contacting this Community Housing Provider or Renewal SA office where appropriate.

I consent to this information being shared electronically with another Community Housing Provider with whom I may be eligible for. Yes/No (please circle)

I consent to this information ONLY being shared via the phone or in hard copy only with another Community Housing Provider with whom I may be eligible for. Yes/No (please circle)

Customer's Signature

Date

Agency Declaration

Agency Staff Signature

Date

This form has been completed with the information the customer supplied to me. I have explained the above points to the customer, and s/he has agreed that s/he has understood.



Government of South Australia

REGISTRATION OF INTEREST FOR **Community Housing**

Please Note: The lodgement of this form declares your interest being considered for community housing.
It does not guarantee you will be made an offer of 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.

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 authority
- 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.
- Ensure you are aware that the rules for determining weekly subsidised rent may vary depending on the provider and your circumstances. These will be explained in full detail to you once a housing provider contacts you with a potential offer of housing.

Send your registration of interest form to:

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 registration 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 provider 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 community housing providers 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 community housing you must:

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

You and each member of 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 providers 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.

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.

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.

**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 providers 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 <http://www.dss.gov.au/our-responsibilities/housing-support/programs-services/national-rental-affordability-scheme/nras-tenancy-managers#sa>

PART A: The registrant

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 _____

1. ***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

2. ***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)		
*Are you a sole parent:	<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?	<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
*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
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**	\$	\$

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:	<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?	<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
*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	<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**	\$	\$	\$

PART B: Current housing

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

<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"/> National Rental Affordability Scheme (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)

/	/
Day	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 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 *(e.g. regular overnight access to children)* as there are a limited number of larger properties.

Please describe any other requirements you may have:

PART D: Housing provider

11. *Do you wish to register with a specific provider?

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

OR

b) Yes, there are **specific provider/s** 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:		

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

Provider Name:		
----------------	--	--

14. 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 community housing accommodation

PART E: Registration details

13. *Have you been housed by a community housing provider previously?

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

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

Provider name:
Reason/s for leaving:

14. *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 15)

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 an approved community housing provider to discuss your registration with this person?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

15. Please provide details of a nominated contact if we cannot contact you.

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

16. Please provide two referees

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**
- Matching your registration to available vacancies; **and**
- For statistical purposes by the Commonwealth Government, Renewal SA, 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 Renewal SA, Housing SA, Department for Communities and Social Inclusion, community housing providers 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 public housing that any current community housing registration (other than for volunteer member-tenant managed housing) will be withdrawn.
- 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 organisation nominated at question 11.
- 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.

COMMUNITY HOUSING- METROPOLITAN & COUNTRY AREAS

NOTE: If you want to live in one of the country towns listed e.g. "Clare" you would write "116" at question 9 on the Registration of Interest form.

AREA 1 - CITY SOUTH
ADELAIDE ♦
ASHFORD
BLACK FOREST ♦
CLARENCE GARDENS
CLARENCE PARK
EVERARD PARK
FORESTVILLE ♦
FULLARTON
GLANDORE
GOODWOOD ♦
HAWTHORN
KINGSWOOD
MALVERN ♦
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 PARK
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
GLANVILLE ♦
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
SEACLIFF
SEACOMBE GARDENS ♦
SEACOMBE HEIGHTS ♦
SEAVIEW DOWNS
SOUTH BRIGHTON
STURT ♦
WARRADALE ♦

AREA 13 - CITY EAST
MAYLANDS ♦
NORWOOD

AREA 14 - CITY NORTH
BLAIR ATHOL ♦
BROADVIEW ♦
CLEARVIEW ♦
ENFIELD ♦
KILBURN ♦
NAILSWORTH ♦
PROSPECT ♦
SEFTON PARK ♦

AREA 15 - LOWER NORTH EAST
ATHELSTONE
CAMPBELLTOWN
DERNANCOURT
FELIXSTOW
FIRLE
GLYNDE
HECTORVILLE
HIGHBURY
MAGILL
MARDEN
NEWTON
PARADISE
PAYNEHAM
ROSTREVER
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
GEPPS CROSS
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

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 DISTRICTS
ABERFOYLE PARK ♦
HALLETT COVE
HAPPY VALLEY ♦
OLD REYNELLA
REYNELLA ♦
REYNELLA EAST
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 ♦
ONKAPARINGA HILLS

AREA 31 - LOWER NOARLUNGA
ALDINGA
ALDINGA BEACH
MASLIN BEACH
MOANA
OLD NOARLUNGA
PORT NOARLUNGA
PORT NOARLUNGA SOUTH ♦
PORT WILLUNGA
SEAFORD
SEAFORD MEADOWS
SEAFORD RISE ♦
SELLICKS 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 - ANGASTON
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
241 - GUMERACHA ♦
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 - NURIOTPA ♦
461 - PARNDANA
262 - PENNESHAW
197 - PINNAROO
199 - PORT ELLIOT ♦
238 - PORT NEILL
206 - RENMARK ♦
209 - ROBERTSTOWN
210 - SADDLEWORTH

215 - STRATHALBYN ♦
218 - TAILEM BEND ♦
220 - TANUNDA
240 - TINTINARA
225 - VICTOR HARBOR ♦
226 - WAIKERIE
227 - WALLAROO
228 - WAROOKA
233 - WOODSIDE
235 - YANKAILLA
236 - YORKETOWN

Housing Type: ♦ represents where there is also volunteer member-tenant managed providers (formerly Co-operative housing)