Housing Pathways

Change of Circumstance
- Applications

This form is to be completed by applicants (including approved transfer applicants) to advise a social housing provider of any changes to their circumstances. Please use BLOCK LETTERS and print in black or blue pen only. Please mark all relevant boxes with a ‘X’. If you need more space, please write on a blank page and attach it to this form.

Questions that we need evidence for are marked with [ ]. See the Evidence Requirements Information Sheet for details.

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<tr>
<th>T File number</th>
<th>Client reference number</th>
<th>Application reference number</th>
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**Applicant details**

Title
- Mr, Mrs, Ms, Miss

Last name
or family name

First and middle name(s)

Date of birth [DD/MM/YYYY]

Unit/House number

Street/Avenue

Town/Suburb

Postcode

<table>
<thead>
<tr>
<th>C1. Contact details</th>
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<tr>
<td>Note: Social housing providers may use any of the contact details you provide.</td>
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<tr>
<td>Phone</td>
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<tr>
<td>Mobile</td>
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<tr>
<td>Email</td>
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</tbody>
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C1a. Is your mailing/contact address the same as your residential address?

Yes — Go to C1b.

No — give details

Unit/House number

Street/Avenue

Town/Suburb

Postcode

C1b. Who should we contact about your application?

- Contact me directly

- Contact a third party (for example, a support worker, advocate, friend or relative)

You will need to complete the General Consent to Exchange Information & Authority to Act on Client’s Behalf form which can be downloaded from www.housingpathways.nsw.gov.au.
C2. Have you or anyone included in your application lived in a social housing property before?
   Former social housing tenants or occupants may be required to provide additional evidence. See item 6 on the Evidence Requirements Information Sheet for details.
   □ Yes   ■ No — Go to C3.
   
   Name of person who used to live in a social housing property
   
   Family Name                           First name
   
C2a. Address of the property

   Unit/House number   Street/Avenue
   Town/Suburb   Postcode
   
C2b. If it was a community housing or Aboriginal housing property, what is the name of the provider that managed the property?

C3. Is there a change in income or financial assets for anyone on your application?
   Note: If the person receives a Centrelink benefit, they can include their details on the Income Confirmation Scheme (ICS) Consent Authority on page 7 of this form or on a separate community housing income confirmation form.
   Attach proof. See items 8 and 9 on the Evidence Requirements Information Sheet for details.

   □ Yes   ■ No — Go to C3a.

   Name of person whose income/financial assets have changed
   Type of income/financial asset (for example, wage, pension, savings)   Weekly income before tax
   $   $   $   $   $   

C3a. Is there a change in expenses for anyone on the application?
   Attach proof. See items 10 and 11 on the Evidence Requirements Information Sheet for details.

   □ Yes   ■ No — Go to C5.

   Name of person whose expenses have changed
   Type of expense   Weekly expense
   □ Disability, medical or permanent injury   $   
   □ Regular child support payments   $   
   □ Disability, medical or permanent injury   $   
   □ Regular child support payments   $   
   □ Disability, medical or permanent injury   $   
   □ Regular child support payments   $   
   □ Disability, medical or permanent injury   $   
   □ Regular child support payments   $   

C4. Has your household changed?
   □ Yes   ■ No — Go to C5.
C4a. Do you want to add a person(s) to your application?  
Yes ☐ No ☐

complete an Additional Person Information form

C4b. Do you want to remove a person(s) from your application?  
Yes ☐ No ☐

give details

<table>
<thead>
<tr>
<th>Name of person to be removed from your application</th>
<th>Reason</th>
<th>Date of birth</th>
<th>Date person is to be removed</th>
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C5. Has your housing situation changed?  
Yes ☐ No ☐

C5a. Are you homeless at the moment, such as living on the streets, in a squat or in a car?  
Yes ☐ No ☐
give details

If yes, how long have you been homeless?  

How many times have you been homeless in the past 5 years?  

C5b. Do you have somewhere safe to stay tonight?  
Yes ☐ No ☐
give details

If yes, how long can you stay there?  

C5c. Are you seeking housing assistance because you need to leave the place you are staying and you have nowhere else to live?  
Yes ☐ No ☐
give details

Why do you need to leave?  

Attach documents that support your answer.  

See item 13 on the Evidence Requirements Information Sheet for details.

When will you be leaving?  

(If known)  

DD/MM/YYYY  

C5d. Is your current accommodation unsuitable, unhealthy or unsafe?  
Yes ☐ No ☐
give details

Attach documents that support your answer.  

See item 14 on the Evidence Requirements Information Sheet for details.

C5e. Are you seeking housing assistance because of violence or risk of harm?  
Yes ☐ No ☐
give details

Attach documents that support your answer.  

See item 15 on the Evidence Requirements Information Sheet for details.
C6. Do you or anyone on your application have a disability or ongoing medical condition?

- [ ] Yes
- [ ] No

Name of person with a disability or ongoing medical condition

<table>
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C6a. Do you or anyone on your application require access to a specific service or school because of a medical condition or disability?

- [ ] Yes
- [ ] No

Name of person requiring access to the service or school

<table>
<thead>
<tr>
<th>Name of service or school</th>
<th>Reason</th>
<th>For how long will it be required?</th>
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C6b. Do you or anyone on your application receive ongoing support from an organisation, program or a person?

- [ ] Yes
- [ ] No

Name of person receiving support

<table>
<thead>
<tr>
<th>Name of organisation, program or person providing support</th>
<th>Contact phone number</th>
<th>Email</th>
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C7. Would you like to change your housing preferences or housing requirements?

- [ ] Yes
- [ ] No

C7a. What type of social housing do you prefer?

- [ ] All available social housing options (this includes public, Aboriginal and community housing managed by any Housing Pathways social housing provider)
- [ ] Public housing only - this includes public and Aboriginal housing managed by the Department of Communities and Justice (DCJ)
- [ ] Community housing only (this includes community and Aboriginal housing managed by any Housing Pathways community housing provider)

Notes: Housing Pathways social housing providers may use your details from the NSW Housing Register to make you an offer of affordable housing. They may also give your details to another social housing provider so they can make you an offer of social housing. For more information see the Matching and Offering a Property to a Client Policy at [www.housingpathways.nsw.gov.au](http://www.housingpathways.nsw.gov.au).

In some locations there is no public housing available. To check if public housing is available in your preferred area, call the DCJ Housing Contact Centre on 1800 422 322 or visit the Housing Allocation Zone Locator at [www.housingpathways.nsw.gov.au](http://www.housingpathways.nsw.gov.au).
C7b. Where would you prefer to live?

Note: For more information regarding allocation zones and expected waiting times go to www.housingpathways.nsw.gov.au.

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C7c. Would you like to be considered for any of the following?

- Aboriginal housing
  Note: Aboriginal housing includes properties which are specifically for Aboriginal people and are managed by DCJ or community housing providers, including Aboriginal community housing providers. To apply for Aboriginal housing, Aboriginality needs to be confirmed. See item 3 on the Evidence Requirements Information Sheet for details.

- A Senior Communities property
  Note: These properties are in complexes that are specifically for older people. To be eligible, you must be either: a single applicant aged 55 years and over, or an Aboriginal and/or Torres Strait Islander aged 45 years and over; or part of a two person adult household where at least one person is 55 years and over or an Aboriginal and/or Torres Strait Islander aged 45 years and over.

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C7d. Do you have any of the following reasons why you could NOT live in a highrise unit?

- Medical condition or disability
- Child or young person at risk

Attach proof. See items 22 on the Evidence Requirements Information Sheet for details.

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C7e. If you want offers of community housing will you accept an offer of a highrise unit?

- Yes
- No

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C7f. Do you have any of the following reasons why you could NOT live in a studio unit?

- Require a carer
- Medical condition or disability
- I am not a single person

Attach proof. See item 22 on the Evidence Requirements Information Sheet for details.

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C7g. If you want offers of community housing will you accept an offer of a studio unit?

- Yes
- No

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C7h. Do you or anyone on your application have difficulty climbing stairs?

- Yes give details
- No

Attach proof. See item 22 on the Evidence Requirements Information Sheet for details.

Please mark the box with the maximum number of steps this person can cope with:

- 0
- 1-2
- 3-5
- 6 or more

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C8. Details of any other changes not already covered in this form.

This could include housing requirements related to a medical condition, disability or out of home care. This could also include being a Stolen Generations Survivor, being approved for the National Redress Scheme or being approved for a civil compensation payment in relation to institutional child sexual abuse.

Attach documents that support your answer. See the Evidence Requirements Information Sheet for details.
C9. DCJ Privacy Notice
This privacy notice applies to the Department of Communities and Justice (DCJ) which includes the following entities: the Land and Housing Corporation and the Aboriginal Housing Office. DCJ and its related entities comply with NSW privacy legislation when collecting and managing personal and health information. The information we collect from you or from an authorised third party will be held by DCJ or the entity that collects it. It will be used to deliver services and to meet our legal responsibilities. We may also use your information within DCJ as a whole to plan, coordinate and improve the way we provide services. DCJ is also legally authorised to disclose information to outside bodies in certain circumstances.

Further information about your privacy rights can be found on the Department's website: www.facs.nsw.gov.au/site_information/privacy or by calling: 02 9377 6000.

Notice and Declarations
Under the Housing Act 2001 a fine of up to $2,200 and/or three months imprisonment applies for making a false statement or representation. Anyone who wilfully makes any false statements that result in them obtaining accommodation or other financial benefit of any kind may be refused further assistance by social housing providers or prosecuted.

Notice: Your personal information and any relevant health information provided on this form will be exchanged between social housing providers (public, community and Aboriginal housing) for the purpose of assessing your continuing eligibility for social housing and providing an appropriate service. DCJ may also collect information from your former social housing landlord or their agent (if you have one), including information about any debt.

Declaration
• I understand the instructions given on this application.
• To the best of my knowledge, the information provided in this application is correct.
• I understand there are penalties for giving false or misleading information.
• I understand and agree that DCJ may collect information from my former social housing landlord or their agent, including information about any debt.
• I consent to the personal and medical information I have provided in this application, and which is stored in DCJ’ records, being shared with other social housing providers so that appropriate services can be identified and delivered.

Title
Mr, Mrs, Ms, Miss

Last name or family name

First and middle name(s)

Signature

Date DD/MM/YYYY

C10. Is there another person helping you to fill out this form?  
☐ Yes ☐ No

Declaration from the person assisting or completing this application on behalf of the applicant
• I have filled out this form on the basis of the information the applicant gave me.
• I have read out the form and the answers to the applicant who seemed to understand them.
• I understand there are penalties for giving false or misleading information.

Title
Mr, Mrs, Ms, Miss

Last name or family name

First and middle name(s)

Signature

Date DD/MM/YYYY Phone
Income Confirmation Scheme Consent Authority

If you or anyone on this application wish to participate in the Centrelink Income Confirmation Scheme please complete the consent form below.

This consent will be used for the sole purpose of authorising Centrelink to provide information to the Department of Communities and Justice (DCJ) to assess your eligibility for concessions or services provided by DCJ.

If you do not want Centrelink to provide your information electronically to DCJ, you will need to obtain the information required from Centrelink yourself and provide it to DCJ.

Please read and sign the consent and the declaration below:

- I authorise the Department of Communities and Justice (DCJ) to use Centrelink Confirmation eServices to perform a Centrelink enquiry of my Centrelink Customer details and concession card status in order for DCJ to determine if I qualify for a concession, rebate or service.
- I authorise the Australian Government Department of Human Services to provide the results of that enquiry to DCJ.
- I understand that the Department of Human Services will use information I have provided to DCJ to confirm my eligibility for concessions, rebates or services and will disclose to DCJ my personal information including my name, address, concession card status, payment type, payment status, income, assets, one-off payments, deductions and shared care arrangements.
- I understand that this consent, once signed, remains valid while I am a customer of DCJ unless I withdraw it by contacting DCJ or the Department of Human Services.
- I understand that I can obtain proof of my circumstances/details from the Department of Human Services and provide it to DCJ so that my eligibility for concessions, rebates or services can be determined.
- I understand that if I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the concessions, rebates or services provided by DCJ.

Family name | Given name(s) | Date of birth | Centrelink Customer Reference Number | Signature | Date
---|---|---|---|---|---

DD/MM/YYYY | DD/MM/YYYY | DD/MM/YYYY | DD/MM/YYYY | DD/MM/YYYY | DD/MM/YYYY

More information about Centrelink Confirmation eServices is available from Centrelink or on Centrelink’s website at www.humanservices.gov.au.

Interpreting Services

If you need help with interpreting or translation because English is not your first language, phone the All Graduates Interpreting and Translating Service on 1300 652 488. They will phone the social housing provider and interpret for you for free.