



Advice of Name Change

Please print in BLOCK LETTERS with a black or blue pen

This form is to be completed by a client to advise of a change of name. For information or assistance with this form, phone **1800 422 322**, 24 hours a day, seven days a week. Please mark relevant boxes with a . If you need more room to answer any questions, please include details on a separate page and attach it to this form.


Client reference number	T File number	Payment reference number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Current client details

Title	<input type="text"/>	
Mr, Mrs, Ms, Miss, Mx		
Last name or family name	<input type="text"/>	
Given name (s)	<input type="text"/>	
Date of birth	<input type="text" value="DD / MM / YYYY"/>	
Unit/House number	Street/Avenue	<input type="text"/>
Town/Suburb	<input type="text"/>	Postcode <input type="text"/>
Contact number	<input type="text"/>	
Email address	<input type="text"/>	

Change of name details

1. What is the change of name to?

 Attach proof of the name change (i.e. Deed Poll, Change of Name Certificate, Official Certificate of Marriage)

Title	<input type="text"/>
Mr, Mrs, Ms, Miss, Mx	
Last name or family name	<input type="text"/>
Given name (s)	<input type="text"/>

2. What is the reason for this change?

3. On what date does this name take effect?

Date

Declaration

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. Homes NSW may refuse further assistance or prosecute anyone who wilfully makes any false statements as a result of which they obtain accommodation or other financial benefit of any kind.

Please read and sign the declaration below

- I understand the instructions given on this form.
- To the best of my knowledge, the information provided in this form is correct.
- I understand there are penalties for giving false or misleading information.

Full new name (please print)

Signature

Date

Is another person helping you to fill out this form?

Yes

No

That person should read and sign the declaration below

Declaration from person assisting or completing this application on behalf of the client

- I filled in this form on the basis of the information the client gave me.
- I have read out the form and the answers to the client who seemed to understand them.
- I understand there are penalties for giving false or misleading information.

Full name (please print)

Signature

Date

Contact number

Office Use Only

Change of name approved?

Yes

Update name change in HOMES and place documentation in client's OneTRIM folder

No

Provide reason below and notify the client

Name of Homes NSW officer (please print)

Signature

Date