

Rent Choice Change of Circumstances Form

This form is to be completed by a client receiving a Rent Choice product, or a service provider representing a Rent Choice client to advise 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 . If you need more space, please write on a blank page and attach it to this form. For information or assistance with this form, phone 1800 422 322, 24 hours a day, 7 days a week.

| | | |
|---------------------------------------|---------------------------------|--|
| T File Number | Client reference number | Rent Choice Housing Option Ref |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Start Safely | <input type="checkbox"/> Youth | <input type="checkbox"/> Veterans |
| | | <input type="checkbox"/> Transition |
| Who is completing this form? | <input type="checkbox"/> Client | <input type="checkbox"/> Support worker on client's behalf |

Client Details

| | | |
|----------------------------|----------------------|----------------------|
| Client Name | Title | <input type="text"/> |
| Last name or family name | <input type="text"/> | |
| First and middle name(s) | <input type="text"/> | |
| Email | <input type="text"/> | |
| Mobile | <input type="text"/> | |
| Address of rental property | Unit/House number | <input type="text"/> |
| | Street/Avenue | <input type="text"/> |
| | Town/Suburb | <input type="text"/> |
| | Postcode | <input type="text"/> |

Support Provider Details

| | |
|---------------------|----------------------|
| Support Agency Name | <input type="text"/> |
| Support Worker Name | <input type="text"/> |
| Position | <input type="text"/> |
| Email | <input type="text"/> |
| Phone | <input type="text"/> |
| Mobile | <input type="text"/> |

1. Is the client's mailing/contact address the same as their residential address? Yes - go to next question No - give details

| | |
|-------------------|----------------------|
| Unit/House number | <input type="text"/> |
| Street/Avenue | <input type="text"/> |
| Town/Suburb | <input type="text"/> |
| Postcode | <input type="text"/> |

2. Whom should we contact about the Rent Choice Assistance?

Client

Support Worker

Other - give details

Note: Please attach a completed General Consent to Exchange Information and Authority to Act on the Client's Behalf form, if relevant

What has changed?

3. Has the weekly rent for the property changed?

Yes - give details

No

Previous amount per week: \$

New amount per week: \$

3a. When does the change in rent commence?

DD/MM/YYYY

4. Do you want to add a new person(s) to your household?

Yes

No

↓
complete an *Additional Person Information* form

5. Do you want to remove a person(s) from your household?

Yes

No

| Name of person to be removed from your application | Reason | Date of birth | Date person is to be removed |
|--|--------|---------------|------------------------------|
| | | DD/MM/YYYY | DD/MM/YYYY |
| | | DD/MM/YYYY | DD/MM/YYYY |
| | | DD/MM/YYYY | DD/MM/YYYY |
| | | DD/MM/YYYY | DD/MM/YYYY |

6. Is there a change in income or financial assets for anyone in the household?

Yes
↓
give details

No

| Name of person whose income/ financial assets have changed | Type of income/financial asset (for example, wage, pension, savings) | Weekly income before tax | Date of change |
|--|--|--------------------------|----------------|
| | | \$ | DD/MM/YYYY |
| | | \$ | DD/MM/YYYY |
| | | \$ | DD/MM/YYYY |
| | | \$ | DD/MM/YYYY |

7. Do you wish to inform us of a legal change to your name?

Yes

No

Note: Attach documents to support your answer. See the Evidence Requirements Information Sheet for details

8. Do you wish to inform us of a change in your contact details?

Yes - give details

No

Unit/House number

Street/Avenue

Town/Suburb

Postcode

Email

Mobile

Date of Change

DD/MM/YYYY

9. Has your landlord or real estate agent changed?

Yes - give details

No

Agency/landlord name

Address of agency/
landlord

Unit/House number

Street/Avenue

Town/Suburb

Postcode

Contact number

Email

Date of Change

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

Note: Use this section to provide further information about your situation or to provide any other details not covered in this form (for example, change in residency status/visa category, financial management changes, public or private guardian changes, etc.) Attach documents that support your answer. See the Evidence Requirements Information Sheet for details

FACS Privacy Notice

This privacy notice applies to the Department of Family and Community Services (the Department). The Department together with its related agencies complies 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 the program that collects it. It will be used to deliver services and to meet our legal responsibilities. We may also use your information within the Department as a whole to plan, coordinate and improve the way we provide services and may exchange your information with other social housing providers for the purpose of assessing your continuing eligibility for social housing and providing an appropriate service. The Department 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 or by emailing: privacy@facs.nsw.gov.au.

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. The Department 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 that this information is used by all social housing providers (public, community and Aboriginal housing).
- I understand and agree that the Department may collect information from my former social housing landlord or their agent, including information about any debt.

Title

Mr, Mrs, Ms, Miss

Last name or family name

First and middle name(s)

Signature

Date

Is there another person helping you to fill out this form?

Yes
that person should
read and sign the
declaration below

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 | <input type="text"/> |
| Mr, Mrs, Ms, Miss | |
| Last name or family name | <input type="text"/> |
| First and middle name(s) | <input type="text"/> |
| Signature | <input type="text"/> |
| Date | <input type="text" value="DD/MM/YYYY"/> |
| Phone | <input type="text"/> |