

# Property owner/agent's declaration form

## Office use only

Person reference number:
Person reference number:
Date received:

To complete an electronic Property owner/agent's declaration form (EPOD) go to [housingsa-prc.force.com/epod](http://housingsa-prc.force.com/epod).

You can get more information online at [www.sa.gov.au/housing](http://www.sa.gov.au/housing) or contact the SA Housing Trust on 131 299.

A property owner or agent completes this form. Return completed forms to the SA Housing Trust. Completing this form doesn't automatically guarantee assistance for the customer.

## Property details

Rental property address:

Suburb:

Postcode:

## Type of accommodation

- Rental premises (house/flat/unit)       Rooming house (boarding)  
 No premium retirement village       Caravan park (van and site)

## Tenancy details

Only include those who contribute to the rent. Attach additional names if there are more than four tenants.

Name of tenants	Share of weekly rent
1.	\$
2.	\$
3.	\$
4.	\$

Tenancy start date:

Is this to replace an existing bond?  Yes  No

Type of lease:  Periodic  Fixed term

Fixed term tenancy period:  Years  Months

Total weekly rent for property: \$

Total bond charged: \$

Financial Assistance for sharers is based on equal shares, except if otherwise approved

Are you subletting the property (if yes, provide written approval from your landlord):  Yes  No

Are you renting this property to a family member (if yes, provide a Statutory Declaration confirming you won't be living in the property):  Yes  No

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Government  
of South Australia

SA Housing Trust

## Property management details

**Private owner (an individual or company):**

Full name: \_\_\_\_\_ Title (eg Ms, Mr): \_\_\_\_\_

OR company name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Assistance is paid to the name registered by Land Services

**Real estate agent**    **Registered community housing provider**    **Other organisation**

Agency name: \_\_\_\_\_ Title (eg Ms, Mr): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact person: \_\_\_\_\_

Signature: \_\_\_\_\_

## Contact

**If you need help or have questions about this form, please contact the SA Housing Trust:**

Phone: 131 299

Email: [housingcustomers@sa.gov.au](mailto:housingcustomers@sa.gov.au)

GPO Box 1669,  
Adelaide SA 5001

[www.housing.sa.gov.au](http://www.housing.sa.gov.au)

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Date received: \_\_\_\_\_

Staff user ID: \_\_\_\_\_

Customer name: \_\_\_\_\_

Person reference number: \_\_\_\_\_