

# Property owner/agent's declaration form

## Office use only

Person reference number:
Person reference number:
Date received:

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.

To complete an electronic Property owner/agent's declaration form (EPOD) go to:  
<https://hsa-prc.my.salesforce-sites.com/rentalassistance/EpodPropertyManagementDetails>.

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.

## 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

# Property owner/agent's declaration form

## Property management details

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

Full name: \_\_\_\_\_ Title (e.g. Ms, Mr): \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email (required\*): \_\_\_\_\_

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

Assistance is paid to the name registered by Land Services

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

Agency name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email (required\*): \_\_\_\_\_

Contact person: \_\_\_\_\_ Title (e.g. Ms, Mr): \_\_\_\_\_

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

## Bank details

Account Name: \_\_\_\_\_

BSB: \_\_\_\_\_ Account number: \_\_\_\_\_

*\* Landlords and agents must provide an email address so customers can receive private rental assistance.*

## 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)

### Office use only

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

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

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

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