



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 **1300 468 746**, 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"/> |

Client details

| | | |
|--------------------------|---|-------------------------------|
| Title | <input type="text"/> | |
| Mr, Mrs, Ms, Miss | | |
| 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"/> |
| Phone | <input type="text"/> | Mobile <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, Marriage Certificate)

| | |
|--------------------------|----------------------|
| Title | <input type="text"/> |
| Mr, Mrs, Ms, Miss | |
| 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 | <input type="text" value="DD / MM / YYYY"/> |
|------|---|

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. Housing 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 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 phone number

Office Use Only

Change of name approved?

Yes

→ Update name change and file documentation

No

↓ Provide reason below and notify the client

Name of Client Service Officer (please print)

Signature

Date