



# Change of Circumstances After Lease Review Assessment

This form is to be completed by a clerk grade 5/6 or above to conduct and record the assessment of a tenant's eligibility for a lease extension following a change of circumstances.

Client reference number <input type="text"/>	T-File number <input type="text"/>	Payment reference number <input type="text"/>
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## Tenant details

Title   
Mr, Mrs, Ms, Miss

Last name or family name

Given name (s)

Unit/House number  Street/Avenue

Town/Suburb  Postcode

Phone  Mobile

Aboriginal Housing Office property?  Yes  No

## Section A: Tenant contact and interview

1. Date tenant lodged a change of circumstances request

2. Tenant interviewed?  Yes  No  
Tick applicable

Phone interview

Office interview

Name of interviewing officer (please print)

Date of interview

Location of interview

Reason if interview did not occur

3. Provide details of the tenant's change of circumstances and request for assessment

**4. Do the documents presented at contact/ interview match the Evidence Requirements for Change of Circumstances and allow for a decision to be made?**

A change in household complement resulting in a decrease in income below the income limits at lease review

Yes

No

Change of circumstance relating to disability and ongoing medical condition

Yes

No

Change of circumstance relating to vulnerable children or young people at risk

Yes

No

Change of circumstance relating to maintaining education, employment, training or apprenticeship

Yes

No

Change of circumstance relating to a loss of employment resulting in the household income decreasing below the income limits at lease review

Yes

No

Go to question 8

Go to next question

**Documentation requested to support change to factors below**

	Documentation requested	Date due
Household complement		DD / MM / YYYY
Income		DD / MM / YYYY
Property ownership		DD / MM / YYYY
Disability and ongoing medical condition		DD / MM / YYYY
Vulnerable children or young people at risk		DD / MM / YYYY
Maintaining education, employment, training or apprenticeship		DD / MM / YYYY

**6. Request for information letter issued?**

Yes

Date

DD / MM / YYYY

**7. Evidence received by due date?**

Yes → Go to next question

No → Do not conduct assessment.

Decline application and issue letter

Name of Housing NSW Officer  
( please print)

Position

Signature

Date

## Section B: Assessment

If change of income and/or household complement - complete this section. If the change is about exemptions, go to section C

### 8. Household complement

Name	Date of birth
	DD / MM / YYYY
	DD / MM / YYYY
	DD / MM / YYYY
	DD / MM / YYYY
	DD / MM / YYYY
	DD / MM / YYYY
	DD / MM / YYYY
	DD / MM / YYYY

### 9. Weekly income assessment details

Household member name	Type of income	Amount (weekly)
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Household income (total weekly)

Allowances

Household member name	Disability Allowance	Exceptional Disability Allowance	Household Carer Payment exception applied	Amount (weekly)
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

Assessable weekly income (less deductions)

Lease review income limit (weekly)

10. Eligible on weekly income?

Yes → Go to question 21

No → Go to next question

**11. Yearly income assessment details**

(Use Lease Review-Annual Lease Calculator for yearly household Income calculation)

Household income (yearly)

Assessable yearly income (gross less any allowance or exception)

Lease review income limit (yearly)

**Provide details of income information considered and attach income calculator results**


12. Eligible on yearly income?

Yes → Go to question 21

No → Go to next question

**Section C: Exemptions**

If the change is about exemptions - complete this section

13. Does the tenant qualify for one of the following exemptions?

Yes  No → Go to next question

↓  
Select one of the reasons below

Protecting household with vulnerable children and young people who are likely to be placed at risk of abuse or neglect

Protecting approved household members with a disability or ongoing medical condition who are likely to be placed at risk to health or harm

Supporting approved household members to maintain employment, training or apprenticeship

Preventing household severe overcrowding or other unsuitable housing situation due to the client's inability to access alternative housing appropriate to their household size and needs

14. Evidence supplied matches evidence requirements for Change of Circumstances?

Yes → Go to question 21

No → Go to next question

## Section D: Affordability and accessibility

15. List any specific housing requirements (e.g. modified property, ground floor, large family)

16. Calculate private rental affordability (50% of household income and 100% CRA)

17. Is there a specific location where the household needs to live?

Yes

Provide details of location

No → Go to question 19

Location

18. Is private rental accommodation accessible and affordable in this location?

Yes → Recommend decline

No → Recommend approval

Provide details

19. Is private rental accommodation accessible and affordable in an alternative location?

Yes → Recommend decline

No → Recommend approval

Provide details

20. Provide details of evidence used for the assessment of change of circumstances criteria and affordability

21. Eligible for change of circumstances?

Yes → Two year lease will apply. Indicate reason for change of circumstance in your recommendation below

No → Indicate reason for your recommendation below

Name of Housing NSW officer (please print)

Position

Signature

Date

## Section E: Decision on change of circumstances after lease review

Decision by Clerk grade 7/8 or above

22. Recommendation approved?

Yes → Go to next question

No → Go to next question

23. Eligible for change of circumstances after lease review?

Yes → Two year lease will apply

No → Go to next question

Comments

24. Is the tenant in a property owned by the Aboriginal Housing Office (AHO)?

Yes → Complete signature block and go to section F

No → Complete signature block

Name of Housing NSW officer (please print)

Position

Signature

Date

## Section F: Referral to Aboriginal Housing Office for change of circumstances after lease review

Prepare letter and this form for Area Director to fax to AHO Regional Manager

Comments

Name of Housing NSW Area Director (please print)

Signature

Date

Ensure return fax number is entered into the 'Decision of Aboriginal Housing Office' section before sending this form to the AHO

## Section G: Decision of Aboriginal Housing Office

(AHO Regional Manager to consider  
Housing NSW decision)

Agree with Housing NSW decision?

Yes

No

Reasons for decision

Name of AHO Regional Manager  
(please print)

Office location

Signature

Date

Phone

Mobile

Email

Return form to Housing NSW on fax