

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 **1800 422 322**, 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"/>

Current client details

Title	<input type="text"/>		
Mr, Mrs, Ms, Miss, Mx			
Last name or family name	<input type="text"/>		
Given name	<input type="text"/>		
Date of birth	<input type="text" value="DD / MM / YYYY"/>		
Unit/House number	<input type="text"/>	Street/Avenue	<input type="text"/>
Town/Suburb	<input type="text"/>	Postcode	<input type="text"/>
Contact number	<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)

Title	<input type="text"/>
Mr, Mrs, Ms, Miss, Mx	
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

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. The Department of Communities and Justice (DCJ) 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 new 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 in HOMES and place documentation in client's OneTRIM folder

No

↓ Provide reason below and notify the client

Name of DCJ officer (please print)

Signature

Date