

#### DECLARATION OF ELIGIBILITY

Office use only

#### THIS BOOKLET IS YOUR DECLARATION OF ELIGIBILITY FOR PURCHASING AN AFFORDABLE HOMES PROPERTY.

By completing this booklet you are declaring that you meet the eligibility criteria listed in **PART A**.

Follow the instructions below to complete your Declaration of Eligibility.

#### HOW TO COMPLETE THIS DECLARATION OF ELIGIBILITY:

- The REAL ESTATE AGENT will complete PART B (First Opportunity to Purchase).
- You as the PURCHASER must complete PART C (Purchaser Details) and PART D (Statutory Declaration).
- You must then have PART D witnessed by an AUTHORISED WITNESS. See the grey side box for details on who can witness PART D.

Once ALL sections have been completed, return it to the **REAL ESTATE AGENT** who will use the addressed envelope to return the Declaration of Eligibility to the Affordable Homes team. Agents please note: completed forms can be scanned and emailed to **renewalsa.ahpdeclarations@sa.gov.au** provided the purchaser consents on page 4.

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Assets

Exceptional Circumstances

#### NOTE:

- The information collected in these forms will be used to confirm your eligibility to purchase a home through the Affordable Homes Program.
- You may access the information you provide by contacting affordablehousing@ sa.gov.au
- If you do not provide all the information requested, we may not be able to confirm your eligibility.
- PART A outlines income and asset limits that must be met for eligibility.

#### WHO CAN WITNESS THE STATUTORY DECLARATION (PART D)?

The signature of the declarant may be witnessed by an authorised Justice of the Peace, a proclaimed member of the SA police force, a notary public and commissioners for taking affidavits. You can find a witness at a:

- ► Courthouse
- Police Station
- ► Council Office
- ► Library
- Shopping Centre

You can also find a Justice of a Peace in your area online at http://jp.agd.sa.gov.au/ JPPublicWeb/

Property

Office

use only

Income



Government of South Australia

### **DECLARATION OF ELIGIBILITY**

## PART A: INCOME AND ASSET LIMITS

To be eligible for the Affordable Homes Program you must:



 $\checkmark$ Be a South Australian resident;



- Not own or have an interest in any residential property including land;  $\checkmark$
- Be prepared to live in the property you purchase;  $\mathbf{\nabla}$
- $\mathbf{\nabla}$ Meet the income and asset limits outlined below.

NOTE: Housing SA and community housing tenants are automatically deemed to meet income and asset limits.

## **INCOME LIMITS**

	Metropolitan Adelaide**	Rest of SA
Single Person	\$75,000 per annum	\$65,000 per annum
Families* with up to 3 children	\$95,000 per annum	\$80,000 per annum
Families with more than 3 children	Increases by 8% per additional child	

- Any household with two or more persons. \*
- \*\* Outer Adelaide, Port Lincoln, Roxby Downs & Mount Gambier are subject to the Metropolitan base rate.

## **ASSET LIMITS**

Purchasers aged under 55:	
Households headed by a single person	Up to \$348,500
Households headed by a couple	Up to \$433,000
Purchasers aged over 55 or purchasing a license to occupy a re	tirement home:
Households headed by a single person	Up to \$522,750
Households headed by a couple	Up to \$649,500

### For more information on the Affordable Homes Program please visit affordablehomes.sa.gov.au

Income and asset limits are updated annually.

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#### DECLARATION OF ELIGIBILITY

#### PART B: FIRST OPPORTUNITY TO PURCHASE

By signing this document the Real Estate Agent confirms that the Purchaser is the first person with approved 'in principle' finance to make a genuine offer to purchase the mentioned property. The Agent **MUST NOT** complete this form if there is a current 'First Opportunity to Purchase' regarding another offer to purchase the same property. The 'First Opportunity to Purchase' will expire 5 business days from the date of signing this form.

**All parties please note:** This is not a contract of sale document. Both the purchaser and vendor must sign a contract before this offer becomes legally binding. An offer may be withdrawn at any time before signing a contract of sale document.

This offer to purchase is subject to the purchaser producing a signed and witnessed Statutory Declaration (**PART D**) confirming the purchaser's eligibility for the Affordable Homes Program, to be sighted by the real estate agent. If a satisfactory Statutory Declaration is not produced within 5 business days, this opportunity to purchase will be cancelled. The Agent may then offer the property to the next interested party.

To be completed by REAL ESTATE AGENT

Purchaser(s)				
Current Address				
Contact Number				
Offer submitted		Housing SA pro		

(established properties only)

The customer(s) listed in PART C has the first opportunity to purchase the property located at:

/

1/

dı	uring its 30	45 90 day		exclusive pe	riod, expiring on		
subject to the r	eturn of a comple	ted Statutory Declaratio	on by	/	/		usiness days from offer submitted)
	Letter of Financial approval sighted Contract sale price						
Estimated settlement da	ite /	,					
Agent Details	i						
Agent Name							
Agent Signat	ure						
Agency							
Contact	Work			Mobile			
Details	Email						

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#### DECLARATION OF ELIGIBILITY

PART C: PURCHASER DETAILS	
(Please tick appropriate box)   Are you a Housing SA tenant?   No   Yes Customer #	To be completed by PURCHASER
If you answered <b>YES</b> to either of the above questions you are automatically eligible, please sign below and proceed to <b>PART D</b> .	

#### Please provide the following details for yourself and <u>ALL</u> other household members who will be registered owners.

Names of purchasers	Date of Birth	Centrelink income (per year)	<b>Gross Wages</b> (per year)	Other income (per year)	Assets (includes savings and investments)
	/ /	\$	\$	\$	\$
	/ /	\$	\$	\$	\$
	/ /	\$	\$	\$	\$
	/ /	\$	\$	\$	\$

NOTE: The details of all household members whose names will appear on the title should be listed.

Total household income	\$ Total number of	
Total household assets	\$ people in household	

Contact number		
Email		
Current Street Address		
Suburb	Postcode	

I/We warrant that all persons whose name will appear on the property title are aware that their personal information is being disclosed to the Affordable Homes Program and that all details provided on this form are to the best of my/our knowledge accurate at the time of signing.

Signed:
Date:
Signed:
Date:

I consent to the Government of South Australia using third parties (Agent) to arrange for the completion of this form and the collection and delivery (email) of the information in this form to the Affordable Homes Program.

Signed:
Date: / / /
Signed:
Date:

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#### DECLARATION OF ELIGIBILITY

#### PART D: STATUTORY DECLARATION

#### STATUTORY DECLARATION

L.	Mr Mrs Ms			
-,	(Please print)	(LAST NAME)	(GIVEN NAN	/IES)
of	(ADDRESS OF THE PERSON MAKIN	NG THE DECLARATION)	Postcode	
	in the State of South Au	ıstralia.		
Det	, ,	ersons ( <b>Other Registered</b> I iligibility of which this Statu e property.	•	

To be completed by PURCHASER

#### I DO SOLEMNLY AND SINCERELY DECLARE THAT:

#### I. Income and Asset Limits

My/our income and assets are as specified in PART C of the Eligibility Declaration, and are within the eligibility limits set out in **PART A** of the Eligibility Declaration, or that I am a Housing SA tenant with no outstanding SAHT debt or a Community Housing tenant.

#### AND

#### II. Intent to live in the property

I and the Other Registered Proprietor(s) intend to reside in the property purchased through the Affordable Homes Program for a continuous period of 6 months (or shorter period approved by the Affordable Homes Program\*), within 12 months after settlement of the property transaction (or within longer period approved by the Affordable Homes Program).

\*AND I Declare that I am aware that the requirements of the Affordable Homes Program and that the provisions of this Statutory Declaration differ from, and are in addition to, the requirements of the First Home Owner Grant Act 2000 (SA) (Act) (including without limitation the requirements of section 12 of the Act) and that if I wish to apply for any grant under the Act, I must comply with both sets of requirements

#### AND

#### III. Ownership of property

**Note:** Please mark A or B and cross out the statement (A or B) which does not apply.

#### A) Retirement Home

In the case of a retirement home, neither I nor any of the Other Registered Proprietor(s) will have a direct or indirect interest in any residential property or land other than the property listed in **PART B** of the Eligibility Declaration, within 6 months of finalising the licence to occupy.

#### OR

#### B) All other homes:

In the case of a residential property not being a retirement home, neither I nor any of the Other Registered Proprietor(s) own or have a current direct interest in any residential property or land.

Except where (please tick if applicable):

- There is a binding contract for the sale of my/our property; and/or
- □ There are exceptional circumstances\* that I believe should be taken into account when assessing my/our eligibility for the Affordable Homes Program and property settlement will be delayed.

(\*Documentary evidence will need to be provided to support claims for 'exceptional circumstances'.)





#### DECLARATION OF ELIGIBILITY

#### I DO SOLEMNLY AND SINCERELY DECLARE THAT:

CONTINUED

#### AND

#### IV. Acknowledgement

I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act 1936.

I understand that it is a criminal offence to wilfully make a declaration knowing it to be untrue in any material particular, and that I could be imprisoned for a term of up to four years if convicted.

Decl	stred at (SUBURB)	in the State of South Australia
This	(DAY) day of (MONTH)	<b>20</b> (YEAR)
_	Full Name of Declarant (PERSON ONE)	
Ву	(Please print) (LAST NAME)	(GIVEN NAMES)
	(SIGNATURE OF DECLARANT)	
Ву	Full Name of Declarant (PERSON TWO)	
	(Please print) (LAST NAME)	(GIVEN NAMES)
	(SIGNATURE OF DECLARANT)	
Before me (authorised witness): Full Name of Witness		
	(Please print) (LAST NAME)	(GIVEN NAMES)
	(SIGNATURE OF WITNESS)	
	ID (if applicable)	