



COMMUNITY HOUSING LTD  
GROUP OF COMPANIES

## REGISTRATION OF INTEREST FOR Affordable NRAS Housing or NEJV NRAS Housing

**Please Note:** The lodgement of this form declares your interest in accommodation through the CHL Affordable Housing and/or National Rental Affordability Scheme (NRAS).

It does not guarantee you will be made an offer of housing.

If you would prefer to be considered for Community Housing and registered on the Community Housing Customer Register, please complete the Registration of Interest Form for Community Housing.

**Do you require an Interpreter?**  No  Yes **Language?** \_\_\_\_\_

Please contact our property manager from Community Housing Ltd who provided you with this form if you need help to understand or complete this form. Otherwise please contact the following numbers:

- For Affordable NRAS Housing - 08 8210 0200
- For NEJV NRAS Housing 0437 388 769

### IMPORTANT:

- If you have any special needs or requirements such as having a disability or impairment, are homeless or require supports then please contact the Housing SA Contact Centre on 131 299 to arrange to discuss your registration with either Housing SA or a Community Housing provider who may be able to better suit your needs.
- The information collected on this form will be disclosed to Housing SA, Department for Communities and Social Inclusion, Renewal SA, NRAS Providers, NRAS Tenancy Managers and other approved non-Government housing providers for the purpose of:
  - Assessing your eligibility for accommodation;
  - Matching your registration to available vacancies; and
  - For statistical purposes by the Commonwealth and State Government Housing authorities.
- You may access the information you provide by contacting CHL.
- If you do not provide all the information requested, we may not be able to accept your Registration.
- If eligible, you will be entered onto a Register of persons interested in accommodation.
- As a vacancy arises for which you may be suitable, you may be contacted directly by the relevant housing provider to discuss your Registration further.

**Send your Registration of Interest form to:**

Community Housing Limited  
3/240 Currie Street  
Adelaide 5000

**OFFICE USE ONLY**

Customer Number:

Registration Number:

Family Name:

**ELIGIBILITY**

For NEJV NRAS properties, tenant eligibility is based on gross household income only. Check the following website for latest income limits: <http://www.fahcsia.gov.au/our-responsibilities/housing-support/programs-services/national-rental-affordability-scheme>

For Affordable NRAS Housing, you must meet the income eligibility test above as well as the following:

- in Housing Stress (that is, be on a moderate income less than 120% of median annual income, AND be paying more than 30% of your income plus CRA towards rent (if currently in private rental)

OR

- Meet the General, Income and Assets tests (as per State Government policy)

OR

- Meet the Needs Test and elements of the General, income and Assets Test (as per State Government policy)

**REFERRAL INFORMATION - IF APPLICABLE**

Name of referring agency \_\_\_\_\_

**Support requirements:**

Name of support agency \_\_\_\_\_

Case management plan in place  Yes  No

Eligible for support package  Yes  No

Type of support package/s in place:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Registration requirements:**

Original registration date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

ROI complete  Yes  No

HSS notes  Yes  No

Date received \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Proof of income & ID attached  Yes  No

Received by \_\_\_\_\_

Signature at declaration  Yes  No

Date lodged \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Needs assessment held  Yes  No

Registration number \_\_\_\_\_

Final category assigned  1  2  3

Sensitivity requested  Yes  No

Date housed \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Receipt of ROI:**

This lodgement receipt is to confirm that \_\_\_\_\_ has lodged a

Registration of interest in community housing provider at \_\_\_\_\_

office on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.

Officer/s name / User ID \_\_\_\_\_ Officer's signature \_\_\_\_\_

## PROOF REQUIRED *(please photocopy and attach to this form.)*

### Proof of Income

You **must** provide proof of income (less than 2 weeks old) for:

- Yourself; **and**
- All others who will be living with you aged 16 years and over; **and**
- Others named on your registration who are aged under 16 who receive an independent income.

### NRAS requirement for application to a specific property – 12 months proof of income

If you are applying for a specific property under the NRAS program, you must provide proof of income for you and all other household members for the past 12 months. It is also an ongoing requirement that you provide proof of income each year to ensure your continued eligibility for the NRAS property.

If you are only registering a general interest at this stage, and not applying for a specific vacant property, you are not required to provide proof of the past 12 months income until a vacant property is offered to you.

### Acceptable forms of income include:

- Statement of Income for Housing from Centrelink showing the benefit paid in the previous fortnight.
- Statement / letter from Centrelink, Veterans Affairs, Austudy or other Government department confirming current pension / benefit payments.
- Employer's Declaration Form (phone 131 299 for a copy).
- Current payslip showing gross wages (including overtime) with year to date earnings, or 6 to 8 weeks recent consecutive pay slips.
- Current letter / statement from your employer showing current or average gross weekly income.
- For self employed people – copy of the most recent tax return showing the net business income (gross income minus expenses) divided by 52 to determine average weekly income.
- For self employed people – letter from a Certified Practising Accountant or Tax Consultant showing personal gross weekly income.
- Statutory declaration signed from registrant's parents where income is provided by the parent, stating the weekly / monthly financial support provided and value of any other support provided.

### Proof of Identity

You **must** provide current proof of identity for:

- Yourself; **and**
- All others who will be living with you aged 16 years and over.

You **must** provide **ONE** form of identification from the list below: (must include photo and signature).

- Passport.
- Current driver's licence / permit with photograph.
- Current student or employer ID.

### OR

You **must** provide **TWO** forms of identification from the list below:

- Centrelink Concession / Health Card.
- State Government Concession Card.
- Immigration Papers or other documents issued by the Commonwealth Department of Immigration.
- Naturalisation or Citizenship Certificate.
- Birth Certificate or Extract.
- Marriage Certificate.
- Life Insurance Policies.
- Divorce Papers.
- Current bank, credit union or building society passbook / access card.
- Confirmation letter from an authorised officer from Families SA, a medical / legal practitioner or a Minister of religion.
- Letter with common seal from Aboriginal Community confirming identity.
- Apprenticeship papers, Tradesperson's certificate or letter from employer.
- School Reports or examination certificate.
- Prison discharge certificate.

## Additional Information

All fields in this form marked with \* must be completed. If you do not complete these fields your registration will not be accepted and will be returned for completion.

For a complete listing of all registered NRAS Organisations in South Australia and their broad eligibility criteria phone Housing SA on 131 299, visit your local Housing SA office or go to:

[www.sa.gov.au/housing/nras](http://www.sa.gov.au/housing/nras)

## PART A: THE REGISTRANT

### 1. About you

*Family Name:	
*Given Name/s:	
Title (eg. Mr, Mrs, Miss, Ms etc.):	
Please list other name/s you have been known by (eg. maiden name):	
*Date of Birth:	/ /
Centrelink Customer Reference Number (CRN) (if relevant)	
Veteran Affairs File Number (if relevant)	

### 2. \*Address details

#### a) What is your current home address?

	State:	Postcode:

#### b) What is your postal address? (if different to the above)

	State:	Postcode:

#### c) How long have you been at this address: \_\_\_\_\_ Years \_\_\_\_\_ Months

(\*If residing at current address less than three years please specify previous address below)

	State:	Postcode:

#### d) How long were you living at this previous address: \_\_\_\_\_ Years \_\_\_\_\_ Months

### 3. \*What are your current contact details?

(At least one contact phone number is mandatory)

Home Phone	Mobile Phone
Daytime Phone (if different)	Email Address

## About the Registrant / Partner

### 4. Please provide other details for yourself, your partner and all other household members

(including other adults and children who will be living with you. Details of Member # 1, # 2 & # 3 can be provided overleaf).

a)	About You	About Your Partner
*Family Name:		
*Given Name/s:		
Title (eg. Mr, Mrs, Miss, Ms etc):		
Please list other name/s you have been known by (eg. maiden name):		
*Date of Birth:		/ /
*Relationship to You: (i.e. son, daughter, friend, grandparent)		
*Are you a sole parent:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Birth:		
Are you of Aboriginal / Torres Strait Island descent:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Language/s other than English spoken at home:		
<b>b) INCOME: Weekly income (before tax).</b> Only tick / complete relevant boxes		
Government Payment received (please tick all that apply)	<input type="checkbox"/> DSP <input type="checkbox"/> TPI <input type="checkbox"/> Aged Pension <input type="checkbox"/> Parenting Payment <input type="checkbox"/> Family Tax Benefit <input type="checkbox"/> Austudy <input type="checkbox"/> Abstudy <input type="checkbox"/> Youth Allowance <input type="checkbox"/> NewStart <input type="checkbox"/> Carer's Payment <input type="checkbox"/> Other _____	<input type="checkbox"/> DSP <input type="checkbox"/> TPI <input type="checkbox"/> Aged Pension <input type="checkbox"/> Parenting Payment <input type="checkbox"/> Family Tax Benefit <input type="checkbox"/> Austudy <input type="checkbox"/> Abstudy <input type="checkbox"/> Youth Allowance <input type="checkbox"/> NewStart <input type="checkbox"/> Carer's Payment <input type="checkbox"/> Other _____
Centrelink Reference Number (CRN):		
Veteran Affairs File Number:		
*Amount of Government Payments received / <b>week</b> :	\$	\$
*Amount of Gross Wages received / <b>week</b> :	\$	\$
*Amount of other Income received / <b>week</b> (eg. Maintenance):	\$	\$

<p>Proof of registrant/partner's income for the 12 months prior to commencement date of lease</p>	<p>Is proof of registrant/partner's income for last 12 months prior to commencement date of lease attached? (Only required if you are applying for a specific vacancy. It is not required if you are registering a general interest)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Community Housing Ltd must be satisfied that we can undertake reasonable steps to determine accurately the household income with the information provided. Documents, though not an exhaustive list, to determine household income can include:</p> <ul style="list-style-type: none"> <li>• copies of payslips;</li> <li>• notices of assessment for annual tax returns;</li> <li>• letters from employers;</li> <li>• statements from superannuation funds;</li> <li>• statements from Centrelink; and/or</li> <li>• statements of dividends or rents paid.</li> </ul> <p>It is a condition of tenancy renewal that this information is provided each 12 months and that the household incomes continues to meet eligibility requirements.</p>
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## About the Additional Household Members

**Only complete this page if there are additional household members you have not already listed on page 4.**  
*(This includes other adults and children. If there are more than 3, please copy this page and attach to this form).*

a)	Member # 1	Member # 2	Member # 3
*Family Name:			
*Given Name/s:			
Title (eg. Mr, Mrs, Miss, Ms etc.):			
Please list other name/s you have been known by (eg. maiden name):			
*Date of Birth:	/ /	/ /	/ /
*Relationship to You: <i>(i.e. son, daughter, friend, grandparent)</i>			
*Are you a sole parent:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Birth:			
Are you of Aboriginal / Torres Strait Island descent:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Language/s other than English spoken at home:			

**b) INCOME: Weekly income (before tax).** *Only tick / complete relevant boxes*

<p>Government Payment received <i>(please tick all that apply)</i></p>	<input type="checkbox"/> DSP <input type="checkbox"/> TPI <input type="checkbox"/> Aged Pension <input type="checkbox"/> Parenting Payment <input type="checkbox"/> Family Tax Benefit	<input type="checkbox"/> DSP <input type="checkbox"/> TPI <input type="checkbox"/> Aged Pension <input type="checkbox"/> Parenting Payment <input type="checkbox"/> Family Tax Benefit	<input type="checkbox"/> DSP <input type="checkbox"/> TPI <input type="checkbox"/> Aged Pension <input type="checkbox"/> Parenting Payment <input type="checkbox"/> Family Tax Benefit
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	<input type="checkbox"/> Austudy <input type="checkbox"/> Abstudy <input type="checkbox"/> Youth Allowance <input type="checkbox"/> NewStart <input type="checkbox"/> Carer's Payment <input type="checkbox"/> Other _____	<input type="checkbox"/> Austudy <input type="checkbox"/> Abstudy <input type="checkbox"/> Youth Allowance <input type="checkbox"/> NewStart <input type="checkbox"/> Carer's Payment <input type="checkbox"/> Other _____	<input type="checkbox"/> Austudy <input type="checkbox"/> Abstudy <input type="checkbox"/> Youth Allowance <input type="checkbox"/> NewStart <input type="checkbox"/> Carer's Payment <input type="checkbox"/> Other _____
Centrelink Reference Number (CRN):			
Veteran Affairs File Number:			
*Amount of Government Payments received / <b>week</b> :	\$	\$	\$
*Amount of Gross Wages received / <b>week</b> :	\$	\$	\$
*Amount of other Income received / <b>week</b> (eg. Maintenance):	\$	\$	\$
Proof of additional household member's income for the 12 months prior to commencement date of lease	<p>Is proof of additional household member's income for last 12 months prior to commencement date of lease attached? (Only required if you are applying for a specific vacancy. It is not required if you are registering a general interest)</p> <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<p>Community Housing Ltd must be satisfied that we can undertake reasonable steps to determine accurately the household income with the information provided. Documents, though not an exhaustive list, to determine household income can include:</p> <ul style="list-style-type: none"> <li>• copies of payslips;</li> <li>• notices of assessment for annual tax returns;</li> <li>• letters from employers;</li> <li>• statements from superannuation funds;</li> <li>• statements from Centrelink; and/or</li> <li>• statements of dividends or rents paid.</li> </ul> <p>It is a condition of tenancy renewal that this information is provided each 12 months and that the household incomes continues to meet eligibility requirements.</p>		

## PART B: CURRENT HOUSING

5. **\*What type of housing do you live in now?** (please tick one box)

<input type="checkbox"/> Owner / Buyer	<input type="checkbox"/> Hotel / Motel / Caravan
<input type="checkbox"/> Private Rental / Boarding Privately	<input type="checkbox"/> College / University Housing
<input type="checkbox"/> Housing SA (Public, Aboriginal or Community Housing)	<input type="checkbox"/> Correctional Facility
<input type="checkbox"/> Shelter / Emergency Accommodation	<input type="checkbox"/> Living with Parents
<input type="checkbox"/> Boarding House / Hostel	<input type="checkbox"/> Moving between Family / Friends
<input type="checkbox"/> Homeless / No Accommodation	<input type="checkbox"/> Supported Housing
<input type="checkbox"/> Hospital / Nursing Home	<input type="checkbox"/> Other _____
<input type="checkbox"/> Transitional Housing	

6. **Current Landlord details** (applicable only where you have indicated you are renting at Question 5)

Weekly rent paid: \$
Current Landlord's name:
Current Landlord's contact phone number:

7. **If you have pets in your household, please specify the type and number below\*\*.**

Type	Dog	Cat	Bird	Other	Other
Number					

\*\*The number and types of pets you have may affect what organisation and property types you are eligible for.

## PART C: HOUSING PREFERENCES

If you are applying for specific properties, please provide us with your preferences below and skip the remainder of section (Part C)

Property Address Preference 1:	
Property Address Preference 2:	
Property Address Preference 3:	

If it is a general registration of interest, to answer the following question, please refer to the Housing SA area maps at the rear of this form.

8. **\*Where do you need to live?**

a)  I have **no preference**; please consider me for **all** areas.  
*\*Note this includes all country regions*

b)  I have a **preference** for metropolitan:

East                       North                       South                       West

c)  There are **specific areas** I need to live in.

(Please list the corresponding area number/s below from the areas listed on the maps at the rear of this



Area Number/s:					

9. \*Do you have any specific property requirements?

a)  I have no specific requirements

**OR**

b)  I **must** have housing that: (please tick all that apply, you may be required to provide proof)

<input type="checkbox"/> Has a bath	<input type="checkbox"/> Has no stairs	<input type="checkbox"/> Has car parking access
<input type="checkbox"/> Has a walk in shower	<input type="checkbox"/> Has a small yard	<input type="checkbox"/> Other _____

Number of Bedrooms (only tick one if the number of bedrooms you require is different to your household composition).

1  2  3  4\*  \*5  6\*

**Please Note:** If you require 4 or more bedrooms, please describe below any special circumstances to support your request (eg. regular overnight access to children) as a limited number of larger properties exists.

Please describe any other requirements you may have:

c) \*Please indicate a **maximum** weekly rent that you are willing and can afford to pay. In determining this amount please take into account your current financial situation (ie. Debts, expenses, disposable income etc.).

\$ \_\_\_\_\_

## PART D: REGISTRATION DETAILS

12. Please provide details of a nominated contact if we **cannot** contact you.

Name:	Relationship to you (eg. mother) :	
Address:	State:	Postcode:
Home Phone:	Daytime (if different):	
Are you happy for Community Housing Ltd to discuss your Registration with this person? <input type="checkbox"/> Yes <input type="checkbox"/> No		

13. \*Please provide two Referees (other than current landlord recorded in Question 6 if renting privately)

Referee Name # 1:	Phone:	
Address:	State:	Postcode:
Relationship to you:		
Referee Name # 2:	Phone:	
Address:	State:	Postcode:
Relationship to you:		



## PART E: DECLARATION

This declaration **must** be signed for your registration to be processed.  
The information collected on this form is used for the purpose of:

- Assessing your eligibility for NRAS housing; **and**
- Matching your registration to available vacancies; **and**
- For statistical purposes by the Commonwealth Government, Housing SA, Department for Communities and Social Inclusion.

### 1. REGISTRANT DECLARATION

- I declare that all information I have given is true and correct.
- I understand that any assistance obtained on the basis of incorrect or false information supplied by me may result in my registration being withdrawn.
- I understand that I may become ineligible if my circumstances change.
- I consent to personal information I provide being disclosed within and between Community Housing Ltd and Community Housing Ltd's group of companies, Housing SA, Department for Communities and Social Inclusion, and NRAS Tenancy Managers for the purposes described above.
- I understand that the disclosure of this information to Community Housing Ltd and Community Housing Ltd's group of companies, Housing SA, Department for Communities and Social Inclusion may result in action being taken by Housing SA, Department for Communities and Social Inclusion to recover any outstanding amounts owed.
- I understand that personal information will otherwise be kept confidential and will not be disclosed to any other party without my consent, except as required by an Act of Parliament or Court Order, or where disclosure is authorised by the Community Housing Ltd, Community Housing Ltd's group of companies and State Government's Information Privacy Principles.
- I understand that if I accept an offer of NRAS accommodation that any current Community Housing registration of interest will be withdrawn.
- I warrant that all persons named on this form are aware that their personal information is being disclosed as described above and consent accordingly.

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

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

Date: / /

### 2. OTHER PERSON DECLARATION

(to be signed **only** where others have completed the form on behalf of the registrant)

- This form has been completed with the information the registrant has supplied to me.
- I have drawn the registrant's attention to the clauses on this declaration, and the registrant has indicated that he / she understands them and consents accordingly.

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

Relationship to Registrant (ie. son, daughter, mother, support worker): \_\_\_\_\_

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

Date: / /

### CHECKLIST

Before submitting your Registration of Interest Form, please check:

- You meet the NRAS income eligibility limits (can be found at Department of Social Services website: <https://www.dss.gov.au/our-responsibilities/housing-support/programs-services/national-rental-affordability-scheme/national-rental-affordability-scheme-nras-household-income-indexation>) and the eligibility requirements as described in this form.
- You have attached acceptable proof of income for yourself and all other household members who receive an independent income.
- You have signed the Declaration on this page **or** if you have had someone assist you, they have signed the Declaration on your behalf.

# NRAS HOUSING - METROPOLITAN & COUNTRY AREAS

*\*If you wanted to live in one of the country towns such as Clare you would write "116 on the Registration of Interest Form.*

<b>AREA 1 - CITY SOUTH</b>	<b>AREA 13 - CITY EAST</b>	<b>AREA 26 - GAWLER DISTRICT</b>
ADELAIDE	EVANDALE	EVANSTON
BLACK FOREST	KENSINGTON GARDENS	EVANSTON GARDENS
CLARENCE GARDENS	MYRTLE BANK	EVANSTON SOUTH
FULLARTON	ROSE PARK	GAWLER
GLANDORE	WALKERVILLE	
<b>AREA 2 - CITY WEST</b>	<b>AREA 14 - CITY NORTH</b>	<b>AREA 27 - MORPHETT VALE</b>
BOWDEN	BLAIR ATHOL	MORPHETT VALE
BROMPTON	CLEARVIEW	
KURRALTA PARK	ENFIELD	<b>AREA 28 - HAPPY VALLEY DISTRICTS</b>
RICHMOND	NAILSWORTH	OLD REYNELLA
THEBARTON		REYNELLA
		SHEIDOW PARK
		TROTT PARK
<b>AREA 3 - OUTER WEST</b>	<b>AREA 15 - LOWER NORTH EAST</b>	<b>AREA 29 - CHRISTIES</b>
LOCKLEYS	CAMPBELLTOWN	CHRISTIE DOWNS
	NEWTON	CHRISTIES BEACH
	PAYNEHAM	
<b>AREA 4 - INNER NORTH WEST</b>	<b>AREA 16 - INNER NORTH EAST</b>	<b>AREA 30 - NOARLUNGA CENTRAL</b>
ALLENBY GARDENS	GREENACRES	HUNTFIELD HEIGHTS
CROYDON	HAMPSTEAD GARDENS	NOARLUNGA CENTRE
	HOLDEN HILL	NOARLUNGA DOWNS
	MODBURY	
	NORTHFIELD	<b>AREA 31 - LOWER NOARLUNGA</b>
	NORTHGATE	ALDINGA
		ALDINGA BEACH
<b>AREA 5 - NORTH WEST</b>	<b>AREA 17 - UPPER NORTH EAST</b>	OLD NOARLUNGA
FINDON	GOLDEN GROVE	SEAFORD
SEATON	RIDGEHAVEN	SEAFORD MEADOWS
WOODVILLE WEST		SELLICKS BEACH
		<b>AREA 32 - MOUNT BARKER</b>
<b>AREA 6 - THE PARKS</b>	<b>AREA 18 - LOWER SALISBURY</b>	MOUNT BARKER
ATHOL PARK	INGLE FARM	
MANSFIELD PARK	MAWSON LAKES	<b>AREA 33 - PORT PIRIE</b>
WOODVILLE GARDENS	PARA VISTA	PORT PIRIE
		PORT PIRIE WEST
		RISDON PARK
<b>AREA 7 - EASTERN PORT ADELAIDE</b>	<b>AREA 19 - WESTERN SALISBURY</b>	<b>AREA 34 - PORT AUGUSTA EAST</b>
ST CLAIR	PARAFIELD GARDENS	PORT AUGUSTA EAST OF SPENCER GULF
	SALISBURY DOWNS	
<b>AREA 8 - PORT ADELAIDE CENTRAL</b>	<b>AREA 20 - SALISBURY CENTRAL</b>	<b>AREA 36 - WHYALLA WEST</b>
ALBERTON	SALISBURY	WHYALLA STUART
ETHELTON	SALISBURY EAST	
HENDON		<b>AREA 37 - WHYALLA CENTRAL</b>
ROYAL PARK		WHYALLA
		<b>AREA 38 - PORT LINCOLN</b>
<b>AREA 9 - LE FEVRE PENINSULA</b>	<b>AREA 21 - UPPER SALISBURY</b>	PORT LINCOLN
LARGS NORTH	PARALOWIE	
TAPEROO	SALISBURY NORTH	<b>AREA 39 - MURRAY BRIDGE</b>
		MURRAY BRIDGE
<b>AREA 10 - NORTHERN MARION</b>	<b>AREA 22 - LOWER ELIZABETH</b>	<b>AREA 40 - MOUNT GAMBIER</b>
GLENELG	ELIZABETH GROVE	MOUNT GAMBIER
GLENELG NORTH	ELIZABETH SOUTH	
GLENELG SOUTH		<b>OTHER COUNTRY TOWNS</b>
MORPHETTVILLE	<b>AREA 23 - ELIZABETH CENTRAL</b>	104 - BALAKLAVA
NORTH PLYMPTON	ELIZABETH EAST	116 - CLARE
PLYMPTON	ELIZABETH PARK	133 - GOOLWA
PLYMPTON PARK		147 - KINGSTON SE
	<b>AREA 24 - PEACHEY BELT</b>	188 - NURIOOTPA
<b>AREA 11 - EASTERN MARION</b>	ANDREWS FARM	215 - STRATHALBYN
ASCOT PARK	SMITHFIELD PLAINS	225 - VICTOR HARBOR
BLACKWOOD		230 - WILLIAMSTOWN
CLOVELLY PARK	<b>AREA 25 - UPPER ELIZABETH</b>	
CRAIGBURN FARM	BLAKEVIEW	
DAW PARK	ELIZABETH NORTH	
EDWARDSTOWN	MUNNO PARA	
MITCHELL PARK	MUNNO PARA WEST	
PARK HOLME	SMITHFIELD	
<b>AREA 12 - SOUTHERN MARION</b>		
BRIGHTON		
DOVER GARDENS		
OAKLANDS PARK		
SEACOMBE GARDENS		
STURT		
WARRADALE		