



Application for Transfer

APPLICANT DETAILS

SURNAME	FIRST NAME	SECOND NAME
Please tick boxes		
TITLE: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> *Intersex <input type="checkbox"/> D.O.B:...../...../.....		
CURRENT ADDRESS: POSTCODE:		
TELEPHONE: MOBILE:		
CENTRELINK REF: EMAIL:		
ADVOCATE/SUPPORT AGENCY: TELEPHONE: (IF APPLICABLE)		
ADDRESS: POSTCODE:		

Do you also wish to be considered for a Community Housing property? YES NO

IF YES you will widen your housing choices.
IF YES you are giving consent for relevant personal details to be given to a Community Housing Organisation.

TRANSFER DETAILS

To which zone or country town do you wish to transfer?.....

Please note: You cannot choose the suburb you wish to live in, however, if there is a need to be close to a particular suburb, please state why. If necessary, attach supporting documentation. 📎

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Do you have a pet(s)? YES NO If YES, what type

Having a pet may increase your waiting time. How many?

HOUSING TYPES — FOR INFORMATION PURPOSES ONLY

The Housing Authority will allocate accommodation to meet your needs/your family's needs.

FAMILY (Parent(s) and children or sharing adults) — You may be allocated a house/duplex or townhouse.

SINGLE (Person or couple (under 55 years) with no children living with you) — You may be allocated an apartment or townhouse.

SENIORS (Single person or couple 55 years of age or older with no children living with you) — You may be allocated an apartment, townhouse or duplex.

If for medical reasons you are unable to access a property with stairs or steps then please arrange for your doctor to complete the attached medical form.

If a Housing Authority officer wishes to speak with you, will you need an interpreter? YES NO

Language:

OFFICE USE ONLY	
Person Ref:	Documents included
Application Ref:	Proof of income <input type="checkbox"/>
File Number:	Other (specify)
Admin Unit:	Received and checked by:
HPRM Number:

DATE RECEIVED STAMP

HOUSEHOLD DETAILS

Complete the following details for each person who will live in the rental accommodation.

-  Please attach proof of identity documents for each person.
-  Please attach proof of income documents for the applicant, partner and co-applicant/s.

Title Mr Mrs Miss Ms	Surname	First Name	Second Name	Date of Birth	Gender M/F/*	Gross Weekly Income			Bank Savings	Other Income	Do you have a Disability? Y/N	Indigenous Status Insert the relevant number – see selections below	Residency Status Insert the relevant number – see selections below	Relationship to Applicant
						Pension Type	Pension Amount	Wages or Salary (including regular overtime)						
APPLICANT														
PARTNER														
CO-APPLICANTS (Co-Applicants are those people other than your partner who wish to share the housing and who intend to sign the Tenancy Agreement)														
OTHER HOUSEHOLD MEMBERS (Other Household Members include dependents, non-dependents and carers)														

ACCESS TO CHILDREN

Where applicants have access arrangements for children equalling approximately 50% of the time or more, those children should be recorded under Other Household Members.

 Please provide supporting documentation.

DISABILITY/MEDICAL INFORMATION

It is in your best interest to advise the Housing Authority if anyone in your household has a disability or medical condition so that the most suitable allocation of housing can be made.

Does any member of your household have a disability which impacts on their housing needs? If YES, please complete the Disability Information Form on pages 5 and 6. YES NO

Does any member of your household have a medical condition that you wish to be considered as part of your application? YES NO

If YES, please complete the Medical Information Form on pages 7 and 8.

ABORIGINAL AND TORRES STRAIT ISLANDER HOUSING

If you wish to be included for Aboriginal housing accommodation in a remote or town based community please complete a separate application form available from the Housing Authority (Application for Housing – Town Based/Remote Aboriginal Communities) or contact the Housing Authority on 1800 621 826.

Please note: applicants residing in other government funded accommodation (e.g. Aboriginal Corporation and Community Housing, excluding lodging houses) are not eligible for public housing or Aboriginal housing, however, where circumstances warrant, discretion may apply for the applicant to be placed on the waiting list.

INDIGENOUS STATUS

- Both Aboriginal and TSI
- Aboriginal
- Not Provided
- Torres Strait Islander
- No

RESIDENCY STATUS

- Australian Born/Citizen
- Permanent Resident
- Sponsored Migrant
- Refugee
- Asylum Seeker
- Temporary Visa
- New Zealand Citizen
- Not Provided

*Intersex – for those applicants who do not identify themselves as male or female.

^ Other Income includes income and assets such as child maintenance, superannuation and investments.

ADVICE TO APPLICANTS APPLYING FOR A TRANSFER

To be approved for a transfer you must have no debts to the Housing Authority, have maintained acceptable property standards and have not been the subject of a Notice of Termination or strikes issued under the Disruptive Behaviour Management Policy. A property inspection will also need to be undertaken before your transfer application is approved.

If you are no longer eligible for assistance because you do not meet the Housing Authority's eligibility criteria you will not be eligible for a transfer.

There are two types of transfers offered by the Housing Authority:

Priority Transfer:

If your circumstances change and you need to urgently move to a different location or accommodation type you may be eligible for a priority transfer. The Housing Authority will try to offer you accommodation that suits your needs but it may not be in your preferred zone. You will need to attend a priority interview and may need to provide proof to support your claim for priority assistance, such as support letters from your doctor or other professional.

Eligibility Transfer:

This is only available if you are a senior occupying a bedsitter or a family occupying apartment accommodation. If eligible you will be placed on the waiting list for your preferred zone.

Is your transfer application

Priority

Eligibility

If Eligibility, are you

a family in apartment

a senior in bedsitter

If priority, what is your reason for requesting a transfer?

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PROOF OF INCOME

All household members who receive an income must provide supporting documents to verify the amount and source of the income. Supporting documents must be attached to this form.

Proof of income may be provided in the following ways:

- Letter or statement from Centrelink or Department of Veterans' Affairs showing the amount of pension/benefit received
- Salary advice slips from the last 12 consecutive weeks for wage and salary earners
- Letter or bank statement verifying source and rate of payment as proof of an overseas pension
- A letter from your employer or Employer Income Verification Statement
- A copy of your last financial year notice of assessment from the Australian Taxation Office.

APPEALING A DECISION

You can appeal a decision about your transfer application.

See the Housing Authority Appeals Mechanism Policy.

DECLARATION

I/We declare the information in this application is correct.

SIGNED (APPLICANT):DATE:/...../.....

SIGNED (PARTNER):DATE:/...../.....

SIGNED (CO-APPLICANT):DATE:/...../.....

SIGNED (CO-APPLICANT):DATE:/...../.....

Warning: It is important the details of your application are true and accurate. A false declaration will result in the withdrawal of your application and the loss of your place on the waiting list. You may also be liable to prosecution. Any information provided will only be released in accordance with the Housing Authority's Privacy, Confidentiality and Duty of Care Policy.



Disability Information Form

APPLICANT DETAILS

This form is for applicants who wish to have their disability considered as part of their application for transfer.
Please provide supporting documentation as evidence that the disability impacts your housing needs.

SURNAME

FIRST NAME

SECOND NAME

NAME OF PERSON WITH DISABILITY
(if different from above)

DATE OF BIRTH/...../.....

RELATIONSHIP TO APPLICANT (e.g. son, daughter, partner, self)

Do you require assistance with verbal communication or an interpreter? YES NO

Do you require an advocate? If YES, provide details below. YES NO

ADVOCATE DETAILS

TITLE FIRST NAME SURNAME

ADDRESS

..... POSTCODE

TELEPHONE MOBILE

DETAILS OF DISABILITY

Physical (e.g. paraplegia, stroke, cerebral palsy, arthritis)
Give details below:

.....
.....

Sensory (e.g. blind, deaf)
Give details below:

.....
.....

Neurological/Cognitive
Give details below:

.....
.....

Psychiatric
Give details below:

.....
.....

Other
Give details below:

.....
.....

SUPPORT NEEDS

Do you require support to assist you to live independently?

YES

NO

What level of support do you need to live independently? (e.g. 24 hour support, 2-3 hours per day)

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If yes, who will provide this support?

(e.g. family, Disability Services Commission, HACC, ACTIV, Silverchain etc)

.....

What date was support applied for?..... / /

Estimated date when support will be available:/...../.....

Has this support been approved? YES

NO

If yes, please supply a copy of the support letter.

HOUSING NEEDS

Are modifications required to:

Bathroom? YES NO

Kitchen? YES NO

Toilet? YES

NO

Is the person with the disability a permanent wheelchair user?

YES

NO

If yes, what type of wheelchair?

ELECTRICAL

MANUAL

Is accommodation without steps required?

YES

NO

Is it essential that accommodation is sited on a level block?

YES

NO

OTHER REQUIREMENTS – please tick services or facilities that you need to be near.

Public transport

Shops

Medical facilities

Other

If you have ticked any of the above, please state why:

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.....
.....

NAME:

SIGNATURE:

ADDRESS:

.....

TELEPHONE: DATE:

OFFICE USE ONLY

Has the applicant demonstrated the disability impacts on their housing needs?

YES

NO

If NO, do not update corresponding Habitat Application Questions.



Medical Information Form

This form is for applicants who wish to have their medical condition considered as part of an application for appropriate housing.

To authorise your Doctor to supply information, please complete Section 1. Then give this form to your Doctor to complete Section 2.

OFFICE USE ONLY
Person Ref: _____
Application/Tenancy Ref: _____
File Number: _____
Admin Unit: _____
HPRM Number: _____

DATE RECEIVED STAMP

SECTION 1 (To be completed by the Applicant)

I give permission for my Doctor to disclose medical details to the Housing Authority.

SURNAME: FIRST NAME:
BLOCK LETTERS

ADDRESS: POSTCODE:

SIGNATURE: DATE OF BIRTH:/...../.....

WITNESSED BY:

DATE:/...../.....

SECTION 2 (To be completed by the Applicant's Doctor)

1. Describe the nature of the medical condition:
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2. How serious are these conditions?
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3. Is the patient's condition likely to change in the future? If so, what changes could be expected?
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4. Does the patient receive regular treatment, therapy or support due to their medical condition? How often is this service provided?
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5. From a medical and safety perspective, can the patient live alone or do they need a live in carer? (current and future)

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6. Is the patient's medical condition directly affected by their current accommodation? If so, how?

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If it is a physical disability complete the Disability Information Form to provide specific requirements.

7. In what ways does the patient's medical condition affect the location, type or design of accommodation required?

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8. Medically, does the patient have any other specific accommodation requirements or is there any other information that you feel is relevant to the patient's request for accommodation?

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9. Does the patient, in your opinion, have the legal capacity to sign relevant legal documentation?

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SIGNATURE OF DOCTOR: DATE: / /

NAME OF DOCTOR:

BLOCK LETTERS

PRACTICE ADDRESS:

..... POST CODE:

TELEPHONE: (for clarification of information)