



Application for transfer

Complete this form to apply for a transfer to another social housing property. Your application will be assessed against the department's transfer eligibility criteria.

Rental Agreement details

Rental Agreement No. (Public Housing tenants only)

Current address

Postcode

The property you currently live in is (tick one):

Managed by Housing Services Managed by a Community Housing provider

Note: If you currently reside in Community Housing your housing provider will attempt to find suitable alternative housing for you. If unsuccessful your housing provider will help you send your transfer application to the department for lodging on the Housing Register.

What type of housing do you wish to transfer to?

Senior's units (You must be single or a couple, at least one aged 55 or older, with no children) General housing (houses, apartments etc. This housing type is available to tenants of any age) Both

Household details (These details are needed to confirm your current eligibility for housing assistance)

All household members' names (incl. legal tenants and children)	Relationship to tenant (e.g. wife, son, friend etc)	Date of birth	Income type (eg wages)	Weekly income \$
	tenant			

Please supply evidence of all household income

Property ownership - do you or any household member own or part own:

- a residential property or Yes No
- vacant land Yes No
- a caravan or mobile home or live-aboard boat Yes No
- commercial / industrial property Yes No

Australian citizenship or residency (please tick (✓) appropriate boxes)

- are you an Australian citizen/s **or** Yes No
- are you a permanent resident/s of Australia **or** Yes No
- are you a New Zealand citizen who arrived in Australia before 27 Feb 2001 **or** Yes No
- do you hold a Temporary Protection Visa (TPV) **or** Yes No
- do you hold a Bridging Visa and have applied for a Resolution of Status Visa **or** Yes No
- do you hold a Bridging Visa and have applied for a permanent Protection Visa **or** Yes No

Liquid assets

Please state the total household value of the following assets and provide appropriate evidence.

Superannuation (if you have reached preservation age)

Balance of bank account (e.g. bank, building society, credit union, interest free accounts)

Deposits (interest bearing, fixed)

Share from a property settlement \$ Share from the sale of a property \$

Property trusts	\$	Debentures	\$
Bonds	\$	Shares	\$
Managed investments	\$	Other (please specify)	\$

Are you applying for a transfer on any of the following grounds?

Note - please tick all grounds which apply to your household

- | | |
|---|---|
| <input type="checkbox"/> Referral under the Spinal Cord Injury Response (SCIR) - Princess Alexandra Hospital Brisbane | <input type="checkbox"/> Referral from Child Safety Services as the safety of a child in your care is at risk |
| <input type="checkbox"/> You have been the victim of a major crime affecting your current housing | <input type="checkbox"/> You have been the victim of a natural disaster affecting your current housing |
| <input type="checkbox"/> Referral from Department of Communities, Child Safety and Disability Services or a non-government support provider - Housing with Shared Support (HwSS) program to fill an individual vacancy in an existing household | <input type="checkbox"/> Referral from the Department of Health - Housing and Support Program (HASP) for clients with mental illness |
| | <input type="checkbox"/> You have a disability and/or mental illness and succession planning is proceeding either through the establishment of a Special Disability Trust or through documentation from Disability Services, Queensland Health or a non-government provider confirming eligibility for special disability services to establish independent living |

Are any of the members of your household having difficulties with remaining in the current departmental property due to any of the following reasons?

Note - please tick all situations that apply to your household.

- | | |
|--|---|
| <input type="checkbox"/> The family unit needs to reunite as they are currently living apart | <input type="checkbox"/> You need to leave your current housing due to a domestic violence situation |
| <input type="checkbox"/> You need to leave your current housing due to a risk of violence from another household member, neighbour or community member | <input type="checkbox"/> The features of the current housing restrict household members from doing daily living activities (e.g. bathing, mobility) |
| <input type="checkbox"/> There has been an irreversible family breakdown resulting in one of the joint tenants needing to live elsewhere (not a domestic violence situation) | <input type="checkbox"/> A household member's medical condition and/or disability is seriously aggravated by the current housing which cannot be readily modified to suit their needs |
| <input type="checkbox"/> The rent for your Affordable Housing property is too high | <input type="checkbox"/> The property is overcrowded |

If anyone in the household needs access to a specific location, please tick one or more of the options that best describes the reasons.

Note - please tick all situations that apply to your household.

- To gain or maintain regular access to a child or children in foster care
- To enable a child or children to be returned to the custody of a household member
- To gain or maintain regular access to a child/children who are in the custody or care of another person
- To prevent a child or children being removed from the custody of a household member
- To enable the shared care of a child or children
- To ensure access to a specialist educational facility
- To ensure access to a frequently needed medical facility or medical services required by a household member

- To ensure access to support services required by a household member for daily living activities
- To ensure access to accessible transport services
- To receive family or informal support on a regular basis that is necessary for daily living
- To take up a firm offer of permanent employment (not casual/ temporary employment or a promotion)
- To relocate under the Structured Training and Employment Program (STEP) program or Community Development Employment Program (CDEP) or other Commonwealth Government employment program for Indigenous people
- You are an Aboriginal and/or Torres Strait Islander person needing to move for cultural reasons

If you ticked any of the reasons in the above question, what locations do you need access to?

Can you get to this location? **Yes (see below)** **No and there is no transport available**

If yes, what type of transport do you use to access the required location/s?

Public transport (trains, bus, taxi, ferry etc) Yes No

Own transport Yes No

Other transport (eg family/friends) Yes No

Details:

Preferred areas

In the table below, please list the areas you wish to move to and state the reasons that you require each area. You will need to provide evidence of your reasons. If your transfer application is approved, you must list for six areas unless you are applying for housing in a regional or remote area.

New area requested	Reasons for requesting the new area

Is there any further information which you feel is relevant to your application?

Declaration - tenant/s to sign

To the best of my knowledge, the information provided on and in conjunction with this form is true and correct. I/We understand that it is an offence liable to a penalty under the *Housing Act 2003* and a breach of my State Tenancy Agreement to knowingly provide false or misleading information to the Department of Housing and Public Works.

Privacy Notice

The Department of Housing and Public Works is collecting personal information on this form to provide you with housing assistance. To assist you with your housing needs and services, your personal information may be disclosed to partner agencies, service providers, local governments and non-governmental organisations that may be able to provide you with housing or support services. They may, to assist you with your housing needs and services, pass on the information to other partner agencies, service providers, local governments and non-governmental organisations that may be able to provide you with housing or support services. Limited personal information may be used for housing related research, policy or planning functions. Unless authorised or required by law, your personal information will not otherwise be disclosed to any other third party without your consent. More information about the Department's privacy policy is available on our website at www.hpw.qld.gov.au.

Signature

Date

/ /

Signature

Date

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Please return completed form to your nearest Housing Service Centre.