

TRANSFER APPLICATION FORM

The information you provide on this form will be used by Believe Housing Australia to assist you with your transfer request. Please provide all the information requested.

Main Applicant: _____

Current Address: _____

Phone No: _____ Email address: _____

1. Provide details of all household members

| All household members' names (incl. legal tenants and children) | Relation to tenant (e.g. wife, husband, son, friend etc.) | Date of Birth | Income type (e.g. wage) | Weekly Income \$ |
|--|--|---------------|----------------------------|---------------------|
| | Tenant | | | |
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2. Who needs to transfer?

Write ALL if everyone in your household needs to leave

3. Do you have pet/s?

Yes No Go to question 4

If yes, provide details

4. Do you have support from your family, an agency or other worker - eg Public Trustee, Social Worker, who will help you with relocating?

Yes continue with this question No Go to question 5

Person/Worker's Name: _____ Phone: _____

Agency Name: _____

Do you consent to Believe Housing Australia discussing your housing registration with them?

Yes No

5. Bedroom entitlement

The following table shows the general bedroom entitlement for different household types. There may be exceptions to this.

| Household Type | Bedroom Entitlement |
|---|---------------------|
| Single person | 1 – 2 bedrooms |
| Couple (no children) | 1 – 2 bedrooms |
| Two singles (i.e. sharing) | 2 bedrooms |
| Single or couple with one child | 2 – 3 bedrooms |
| Single or couple with two children | 3 bedrooms |
| Single or couple with three children | 3 – 4 bedrooms* |
| Single or couple with four or more children | 3 – 4 bedrooms* |

*There are a limited number of four bedroom properties available.

Do you need an extra bedroom because of exceptional circumstances?

(Eg.: you have regular overnight access to children or need space for medical equipment)

Yes continue with this question No Go to question 6

Why do you need an extra bedroom?

You will need to provide proof of the reason you require the extra bedroom.

6. Property specification

Do you need any of the following in your new property?

A bath (not all houses have one)

A walk in shower

Less than 1-2 entry steps

No stairs

A small yard

Wheelchair access

Housing modifications for a disability or medical condition

List below what modifications you need:

Who in the household needs these requirements?

Describe any other requirements that you must have in your next property.

7. Preferred Area:

- Northern Suburbs
- North Eastern Suburbs
- Western Suburbs
- Central
- Southern Suburbs

Preferred areas:

8. Current tenancy conditions

- Rent is paid regularly / if rent arrears, payment plan is in place

- Property is in good condition

- Did not cause or permit any interference with the reasonable peace, comfort or privacy of neighbors

9. Information that you believe will improve your tenancy if relocated

10. Information which can assist with your application (please provide information that you believe will help your transfer application)

REGISTRANT DECLARATION – must be completed and signed by the registrant

- I declare that all information I have given is true and correct. I understand that any assistance obtained because of incorrect or false information supplied by me may be withdrawn and/or subject to repayment.
- I confirm that all persons named on the form are aware that their personal information is being disclosed to Believe Housing Australia.
- I give permission for Believe Housing Australia to share my information with other organisations/departments for the purpose of my housing.
- I understand that my relocating will be subject to the payment of any outstanding Believe Housing Australia debt.
- I agree to leave my current house in a clean and tidy condition, free from rubbish or personal effects of any kind when I relocate subject
- I understand I may be required to pay a Bond equal to the four weeks rent before I transfer to my new house.

Name _____

Signature _____ Date ____ / ____ / ____

OTHER PERSON DECLARATION (to be signed if another person has completed the form on behalf of the registrant).

This form has been completed with the information the registrant supplied to me.

I drew the registrant’s attention to the above clauses, and they have agreed that they understand.

Name _____

Relationship to registrant _____

Signature _____ Date ____ / ____ / ____

Phone No: _____