Internal Transfer Application

This form is to be completed by an existing CHL tenant (or their representative) when requesting a transfer.

Part A – Primary Tenant Details

First name | **Last name**

Previous name known by (e.g. maiden name) | **Date of birth**

Gender | **Pronoun**

Contact number | **Email**

Property address

Postal address
(if different to property address)

Driver License or Passport number:

Centrelink or Veteran Affairs number:

Do you identify as:

○ **Aboriginal** ○ **Torres Strait Islander** ○ **Both** ○ **Neither**

Main language spoken at home

Interpreter required ○ **Yes** ○ **No**

Part B – Household members

List all household members currently living with you, then tick if they will also move with you.

Name	Date of Birth	Relationship (to primary tenant)	Moving Yes	Moving No
			○	○
			○	○
			○	○
			○	○
			○	○
			○	○

Part C – Reason for requesting transfer

Select most appropriate (can be more than one)

- ◯ **I do not like where I live**
- ◯ **My safety is at risk**
- ◯ **My house is overcrowded**
- ◯ **I want to transfer to a different area**
- ◯ **I require a different housing type**
- ◯ **I need access to essential services**
- ◯ **I need to transfer on compassionate grounds** (please give details)
- ◯ **I need to transfer due to employment/ education** (please give details)
- ◯ **Other circumstances:**
- ◯ **I have separated from my partner**
- ◯ **I am at risk/experiencing domestic violence**
- ◯ **I must transfer due to medical reasons**
- ◯ **Location of my current house is unsuitable**
- ◯ **My house is too big**
- ◯ **I have been asked to transfer**

Part D – General information

Do you have a pet? ◯ **Yes** ◯ **No**

If yes, provide details

Is there a support worker, carer or agency helping you with this application? (e.g. Public Trustee, social worker) ◯ **Yes** ◯ **No**

If yes, provide details

Worker name **Phone**

Company name

Do you consent to Community Housing Limited discussing your housing application or tenancy details with them? ◯ **Yes** ◯ **No**

List the areas you would like to live in

You must choose the area you would like to live in from the area listing attached.

Area/s

Bedroom Entitlement

The following table shows the general bedroom entitlement for different household types. There may on occasion 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 *

*** Unfortunately there are a limited number of four bedroom properties available.**

Do you need an extra bedroom because of special circumstances?
(e.g. you have regular overnight access to children or need space for medical equipment)

◯ **Yes** ◯ **No**

If yes, please provide details
(Note: you may need to provide additional documents as proof to support the need for the extra bedroom)

Part F – Medical/Modifications/Essential Requirements

Do you require housing that MUST have the following:

A bath (not all houses have one) ◯ **Yes** ◯ **No**

A walk in shower ◯ **Yes** ◯ **No**

Less than 1-2 steps ◯ **Yes** ◯ **No**

No stairs ◯ **Yes** ◯ **No**

Housing modification for a disability or medical condition ◯ **Yes** ◯ **No**

Wheelchair access ◯ **Yes** ◯ **No**

A small yard ◯ **Yes** ◯ **No**

Who in the household needs these requirements?

What is the medical condition or disability?

What modifications are required?

Part G – Declaration

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

- Assessing your eligibility for a transfer;
- Matching your registration to available vacancies; and
- For statistical purposes by the Commonwealth Government and State Government.

1. REGISTRANT DECLARATION

- 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 understand that I may become ineligible if my circumstances change.
- I confirm that all persons named on the form are aware that their personal information is being disclosed to Community Housing Limited, and Community Housing Limited group of companies, government and other agencies as required.
- I consent to personal information I provide being disclosed within and between Community Housing Ltd and Community Housing Ltd.'s group of companies, government and other agencies as required.
- 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 approval to transfer will be subject to the payment of any outstanding debt that is owed to Community Housing Limited.
- I agree to leave my current house in a clean and tidy condition, free from rubbish or personal effects of any kind when I transfer.
- I understand that I must pay two weeks rent in advance before I transfer to my new house.
- I understand that I must pay a new deposit equal to the amount of four weeks rent before I transfer to my new house.

I understand that all costs associated with transferring to a new property, including but not limited to removalist costs, reconnection/disconnect fees etc. will be my responsibility.

Name

Signature ✘ **Date** (dd/mm/yyyy)

SUPPORT PERSON DECLARATION

(To be signed only where a carer, support worker or agent has 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 they understand them and consent accordingly.

Name

Relationship to registrant

Signature ✘ **Date** (dd/mm/yyyy)

Privacy and your personal information

Your personal information is protected by the Privacy Act 1988 and the CHL Privacy Policy available on the CHL website (chl.org.au).