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.

Before completing this form, please make sure you meet the transfer eligibility criteria. If any of the requirements below cannot be met, please discuss this with your Tenancy Officer before submitting:

- You are clear of BHA debt or have a payment arrangement in place,
- You have sufficient bond level or an ability to raise and provide a bond to a sufficient level,
- You have maintained your current property, receiving 'Good' outcome of routine inspections for the past 12 months,
- You and your household members do not have recorded information on causing anti-social behaviour or being involved in unlawful activity or other significant breach of tenancy within the last 12 months.

Please note that submitting a transfer application does not guarantee approval.

You will be notified in writing whether your application has been approved for placement on our Internal Transfer List or declined. Approval does not guarantee a transfer, as all applications are managed according to waitlists, priority, and our Policies and Procedures.

APPLICANT INFORMATION

Main Applicant

Full Name: Mr / Mrs / Ms / Miss _____

Current Address: _____

Contact Number: _____

Email: _____

Are you completing this application form for yourself: ☐ Yes ☐ No

Name of the 'Other Person' completing this application with you: _____

Relationship of the 'Other Person' person to the Main Applicant: _____

Have you read or been told of the eligibility criteria noted above, and either understand these requirements or have spoken with your Tenancy Officer regarding them: ☐ Yes ☐ No

HOUSEHOLD INFORMATION

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**
	Tenant	

Who needs to transfer?

Write ALL if everyone in your household needs to leave

_____

_____

Pets?

Do you have a pet/s: ☐ Yes ☐ No

If yes, are they approved: ☐ Yes ☐ No

What type of pet/s do you have: _____

SUPPORT INFORMATION

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

☐ Yes, continue with this question ☐ No, go to the next question

Person / Worker's Name: _____ Contact Number: _____

Agency Name: _____

Do you consent to Believe Housing Australia discussing your transfer application with them: ☐ Yes ☐ No

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?

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

☐ Yes, continue with this question ☐ No, go to the next question

Why do you need an extra bedroom?

_____

_____

_____

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

TRANSFER INFORMATION

Why do you want to leave your current accommodation:

Information that you believe will improve your tenancy if transferred:

Information which can assist with your application:

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 neighbours

Further details to the above if necessary:

_____

_____

PROPERTY SPECIFICATIONS

Do any of the applicants have a supported disability accommodation Package (SDA): ☐ Yes ☐ No

Does anybody listed on this application have hearing or sight impairment: ☐ Yes ☐ No

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

Handrails: ☐ Toilet ☐ Shower ☐ Entrance/Exit ☐ No Step Shower

☐ Wheelchair access ☐ Wheelchair accessibility within the home ☐ Other

If other, advise what modifications you need: _____

_____

_____

Who in the household needs these requirements: _____

_____

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

_____

_____

_____

PREFERRED AREA

Suburbs noted below are currently where majority of our properties are located, properties outside of these areas are limited.

- ☐ Outer North *(Elizabeth Downs to Kapunda)*
- ☐ North *(Salisbury through to Elizabeth Downs)*
- ☐ North East *(Blair Athol to Campbelltown)*
- ☐ Inner North *(Kilburn to Prospect)*
- ☐ North West *(Mansfield Park to Woodville West)*
- ☐ Inner South *(<10kms South of the city)*
- ☐ Outer South *(>10kms South of the city)*

Preferred Areas:

_____

_____

_____

ACKNOWLEDGEMENT

I understand a transfer will only be offered if the following apply:

- Rent is paid regularly and on time, with no outstanding accounts.
- Property condition is good condition
- No person listed on this application has caused or permitted any interference with the reasonable peace, comfort or privacy of neighbours.
- I understand that my relocating will be subject to the payment or payment arrangement of outstanding Believe Housing Australia debt.
- I agree to leave my current property in a clean and tidy condition, free from rubbish or personal effects of any kind when I transfer.
- I understand I may be required to pay a Bond, which equals four weeks rent if the rent you pay is $800 or less per week, or six weeks rent if your rent is more than $800 per week.
- The information contained in this application is true and accurate. 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.
- Only the persons named on the application will reside permanently at the property.
- I give permission for believe Housing Australia to share my information with other organisations/departments for the purpose of my housing.
- I will either deliver to one of our BHA offices located at 491 – 499 South Road, Regency Park SA 5101 or Elizabeth Clock Tower, 10 Playford Boulevard, Elizabeth SA 5112 or 173 Commercial Street West, Mount Gambier SA 5290.
- Or email to tenancyservices@believehousing.org.au any supporting documentation to support my application.

SIGNATURE

Main Applicant

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: _____

Phone Number: _____

Signature _____ Date: _____