



# Application for Cross Transfer

## Advice to Applicants

**Tenants for both properties need to complete and submit a copy of this application form.**

**The Department must approve both applications before a swap is undertaken.**

Your Housing Services Officer will conduct a property inspection before your application is considered.

Applicants must pay or make an arrangement to pay any debts before a cross transfer is approved.

Tenants will be required to sign a new tenancy agreement and pay all costs related to their transfer, including a new bond.

To be eligible for a cross transfer, tenants of both properties must:

- Still be eligible for Department assistance,
- Be eligible for the property they wish to transfer to,
- Have no debts to the Department and
- Have no tenancy breaches in the last 12 months.

## 1. Applicants Details

LAST NAME / SURNAME	FIRST NAME	SECOND NAME
---------------------	------------	-------------

CURRENT ADDRESS: .....POSTCODE: .....

TELEPHONE NUMBER(S) : .....MOBILE: .....

DATE OF BIRTH: ...../...../..... EMAIL: .....

Are you, your partner or co-applicant(s) the owner of any property or land? YES  NO  .....

ADVOCATE/SUPPORT AGENCY:.....TELEPHONE:.....

(IF APPLICABLE)

ADDRESS:.....POSTCODE: .....

## 2. Cross Transfer Details

What type of property do you currently live in? .....How many bedrooms does your current property have? .....

Address of property you wish to transfer to .....

What type of property is this? .....How many bedrooms does this property have?.....

What is the reason for Cross Transfer?.....

Have you and the tenant(s) of this property agreed to swap properties? YES  NO  *If No, the transfer will not be considered*

What date do you wish to move? .....

### 3. Household Details

**To be completed by Applicant, Partner, Co-Applicant(s)**

Last name / Surname	First Name	Second Name	Date of Birth	Sex

**Other Household Members**


**DISABILITY/MEDICAL INFORMATION**

It is in your best interest to advise the Department 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?

YES  NO  If 'YES', please complete the **Disability Form** (pages 5 & 6).

Does any member of your household have a medical condition that you wish to be considered as part of your application for cross transfer?

YES  NO  If 'YES', please complete the **Medical Information Form** (pages 7 & 8).

**DECLARATION MUST BE COMPLETED BY APPLICANT, PARTNER AND CO-APPLICANT(S)**

I declare that the information in my application is correct.

**SIGNED (APPLICANT)** .....**DATE** ...../...../.....

**SIGNED (PARTNER/CO-APPLICANT)** .....**DATE** ...../...../.....

A false declaration will lead to the withdrawal of the application.

Any information provided will be used solely for housing related purposes and will only be released in accordance with the Department of Housing Privacy and Confidentiality policy.

		Gross Weekly Income (before tax) This Must Be Verified				
Relationship to Applicant	Income Type	Amount of Pension or Benefit	Amount of Salary or Wages	Overtime	Any Other Income	Total Savings

Other household members don't need to verify their incomes but must state it as accurately as possible						

**DOCUMENTS TO PROVIDE**

You need to give us evidence of your current income, this could either be:

- Statement of Benefit from Centrelink, if you receive a pension or benefit.
- Employer Income Verification Statement. If you are paid in the workforce ask your employer to complete the form. You can download it on our website or visit our offices.

Note: if you receive part pension/benefit and part wage/salary, you will need to provide both.

**APPEALING A DECISION ABOUT A TRANSFER**

*See the Department's 'Appeals' brochure*

**OFFICE USE ONLY**

**Check list**

- a. Is the tenant eligible for the property they want to be transferred into?  
(eg suitable number of bedrooms) YES  NO
- b. Is the tenant eligible for Department assistance? YES  NO
- c. Is the income verification attached? YES  NO
- d. Has a property inspection been carried out? YES  NO
- e. Has the tenant had no tenancy breaches in the last 12 months? YES  NO
- f. Has the tenant paid off or made arrangements with the Department to pay off any debts? YES  NO

**If 'YES' to all the above then the tenant may be eligible to swap their tenancy for the property nominated pending approval of the other tenant's application.**

- Is the tenant eligible for cross transfer? YES  NO
- Has the other tenant lodged a cross transfer application form? YES  NO
- Is the other tenant eligible for a cross transfer? YES  NO
- Region of other tenant .....

**To be completed by the designated Senior Officer or Manager (in the region that the tenant wishes to transfer from)**

Transfer Approved? .....YES  NO

NAME: ..... POSITION: .....

SIGNATURE:.....

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

Once endorsed, return this application to the HSO who manages the property.

Decision review form to be completed if transfer not approved.



# Disability Information Form

## Applicant Details

LAST NAME / SURNAME

FIRST NAME

SECOND NAME

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

**NAME OF PERSON WITH DISABILITY :** .....

(if different from above)

**RELATIONSHIP TO APPLICANT** (eg son, daughter, partner, self) .....

Do you require assistance with verbal communications (eg an interpreter)

YES  NO

## TRANSFER NEEDS

Is the property you currently live in adapted to meet your housing needs? (eg ramps, rails, lowered bench tops)

YES  NO

Is the property you want to transfer to adapted to meet your housing needs?

YES  NO

## ADVOCATE DETAILS

Do you require an advocate?

YES  NO  If yes please fill in your advocate's details in this section

FIRST NAME ..... LAST NAME / SURNAME .....

ADDRESS .....

..... POSTCODE .....

TELEPHONE ..... MOBILE:.....

## DETAILS OF DISABILITY

Please tick correct boxes

**Physical** (eg paraplegic, stroke, cerebral palsy, arthritis)

Give details below

.....  
.....

**Sensory** (eg blind, deaf)

Give details below

.....  
.....

**Intellectual**

Give details below

.....  
.....

**Psychiatric**

Give details below

.....  
.....

**Other**

Give details below

.....  
.....

**HOUSING NEEDS**

Please tick correct answer

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 Do you need to be near: Please tick appropriate boxes

Public transport  Bus  Shops

Medical facilities  Rail  Community facility

Details: .....

Other  Please supply details below:

If you have indicated any of the above, please state the reasons:

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

COMPLETED BY: .....

SIGNATURE: .....

ADDRESS: .....

.....POSTCODE .....

TELEPHONE ..... MOBILE:.....

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

**SUPPORT NEEDS**

Do you require support to assist you to live independently? (if yes please complete the following details) YES  NO

What level of support do you need to live independently?

(eg 24 hour support, 2-3 hours per day)

.....  
.....

Who will provide this support? (eg family, Disability Services Commission, 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.



# Medical Information

## Applicant Details

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

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

### SECTION 1 (To be completed by the Applicant)

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

NAME: ..... DATE OF BIRTH ...../...../.....  
(please print)

SIGNED: .....

WITNESSED BY: .....

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

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

1. Describe the nature of the medical condition/disability? .....

2. How serious is the medical condition/disability? .....

3. Is the patient's condition likely to change in the future? If so what changes could be expected? .....

4. Does the patient receive regular treatment, therapy or support due to their medical condition or disability?  
How often is this service provided? .....

5. From a medical and safety perspective, can the patient live alone or do they need a live in carer? (current and future)

.....  
.....

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

.....  
.....  
.....

If it is a physical disability, please complete the Disability Information Form.

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

.....  
.....  
.....

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

.....  
.....

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

.....  
.....

SIGNED BY: ..... DATE: ...../...../.....

NAME OF DOCTOR: .....

(please print)

ADDRESS: .....

.....POSTCODE: .....

CONTACT PHONE NO: ..... (for clarification of information)

If you believe the patient requires purpose built accommodation or significant modifications to their existing home, for example someone requiring permanent use of a wheelchair, can you please refer them to an Occupational Therapist so that a detailed report can be obtained.