

## Transfer Supplement Community Housing Tenants Only

Use this form to apply for a transfer to another social housing property (including public housing and community housing)


### What is this form about?

This form is a supplement to the *Application for Housing Assistance*. It asks questions about your situation and the property you are in now. Your application will be assessed on the information you give us on these forms and at an interview, if you have one.

### How to fill in this form

To fill in this form:

1. read each question carefully
2. answer all the questions
3. print your answers, using a black or blue pen
4. if you need more space, please write on a blank page and attach it to the application
5. provide documents that support your application.

The questions that we need evidence for are marked on the form with . Information about the type of evidence we need is in the *Evidence Requirements Information Sheet*. If you did not receive an *Evidence Requirements Information Sheet* with this application, please ask for one from your nearest Housing Pathways provider, or download it from the Housing Pathways website at [www.facs.nsw.gov.au](http://www.facs.nsw.gov.au).

**Please note:** before we can assess you for Transfer, you need to complete the *Application for Housing Assistance*, as well as provide all the evidence requested.

### Help to fill in this form

If you need help to fill in this form, if you need an interpreter or if the reasons you are seeking assistance are too sensitive to write down, ask a staff member to help you. If there is one available, you can ask to see a male or female officer, and/or you can also ask for an Aboriginal officer.

### Where do I lodge this form?

You can lodge this form with any Housing Pathways provider across NSW, either in person or by mail. For a list of their contact details, go to [www.facs.nsw.gov.au](http://www.facs.nsw.gov.au).

### What happens next?

Your application will be assessed and you will be notified of the outcome in writing. You may be contacted if further information about your application is needed.

### What if I am homeless?

If you have nowhere safe to stay tonight contact the Link2home service (freecall) 1800 152 152 for assistance with overnight accommodation or visit a Housing Pathways social housing provider.

### For more information

For more information about applying for social housing assistance and whether you are eligible, see the Housing Pathways website at [www.facs.nsw.gov.au](http://www.facs.nsw.gov.au) or phone 1800 422 322, 24 hours a day, 7 days a week.

It is illegal for anyone working for DCJ or a community housing provider to ask for money or favours or other benefits of any kind in exchange for helping you with your housing needs. It is also illegal for you or anyone else to offer money or favours or other benefits of any kind to anyone who works for DCJ or a community housing provider for helping you. If you have any information regarding possible corrupt conduct you can report it by calling 1800 422 322.

## Transfer Supplement for Community Housing Tenants Application for Housing Assistance

Please use BLOCK LETTERS and print in black or blue pen only. Please mark all relevant boxes with a . If you need more space, please write on a blank page and attach it to the application.

**Your name:**

Title

Mr, Mrs, Ms, Miss, Mx

Last name  
or family name

First and middle name(s)

**Date of birth:**

### Provider preference options

**TC1. What type of social housing do you prefer?**

Mark one only.

- All available social housing options  
(this includes public, Aboriginal and community housing managed by any Housing Pathways social housing provider)
- Public housing only - this includes public and Aboriginal housing managed by the Department of Communities and Justice (DCJ)
- Community housing only (this includes community and Aboriginal housing managed by any Housing Pathways community housing provider)

**Notes:** Housing Pathways social housing providers may use your details from the NSW Housing Register to make you an offer of affordable housing. They may also give your details to another social housing provider so they can make you an offer of social housing. For more information see the *Matching and Offering a Property to a Client Policy* at [www.facs.nsw.gov.au](http://www.facs.nsw.gov.au).

In some locations there is no public housing available. To check if public housing is available in your preferred area, call the DCJ Housing Contact Centre on 1800 422 322 or visit the Housing Allocation Zone Locator at [www.facs.nsw.gov.au](http://www.facs.nsw.gov.au).

**TC1a. Do you wish to be considered for Aboriginal housing?**

Yes  No

**Note:** Aboriginal housing includes properties which are specifically for Aboriginal people and are managed by DCJ or community housing providers, including Aboriginal community housing providers.

This question only applies if you or a household member is Aboriginal or Torres Strait Islander.

To apply for Aboriginal housing, Aboriginality needs to be confirmed. See item 3 on the *Evidence Requirements Information Sheet* for details.

**OFFICE  
USE  
ONLY**

T File number

Client reference number

Application reference number

# Your housing requirements

**TC2. Where would you prefer to live?** Allocation Zone

**Note:** An allocation zone is a group of areas or towns where social housing is available. Some allocation zones have longer waiting times than others. For more information regarding allocation zones and expected waiting times go to [www.facs.nsw.gov.au](http://www.facs.nsw.gov.au).

**TC3. You may be offered a unit in a highrise building. Do you have any of the following reasons why you could NOT live in a highrise unit?**

Medical condition or disability

Child or young person at risk

**Note:** A highrise building has more than seven floors and lift access to all floors. For further information see the *Social Housing Eligibility and Allocations Policy Supplement* at [www.facs.nsw.gov.au](http://www.facs.nsw.gov.au).



Attach proof. See item 22 on the *Evidence Requirements Information Sheet* for details.

**TC3a. Community housing providers will apply their own allocation policies when identifying a suitable client for an available property. If you want offers of community housing will you accept an offer of a highrise unit?**

Yes  No

**TC4. If you are a single person household you may be offered a unit with a combined bedroom and lounge room (studio unit). Do you have any of the following reasons why you could NOT live in a studio unit?**

Medical condition or disability  Require a carer  I am not a single person



Attach proof. See item 22 on the *Evidence Requirements Information Sheet* for details.

**TC4a. Community housing providers will apply their own allocation policies when identifying a suitable client for an available property. If you want offers of community housing will you accept an offer of a studio unit?**

Yes  No

**TC5. Do you or anyone on this application have any special housing requirements as a result of a medical condition, disability, child custody arrangements or other special circumstances?**

Yes give details  No — Go to TC6.

Name of person

Details of requirements

(for example, a need for an extra bedroom or a particular location, level access for a wheelchair user or modifications such as a grab rail)



Attach proof. See item 22 on the *Evidence Requirements Information Sheet* for details.

Why are the requirements needed?

**TC6. Do you or anyone on this application have difficulty climbing stairs?**

Yes  
give details

No → Go to TC7.

**Note:** There is a longer waiting time for properties with no steps because of the limited number of these properties.

Name of person

Family Name

First Name

Please mark the box with the maximum number of steps this person can cope with

0

1-2

3-5

6 or more

Attach proof. See item 22 on the *Evidence Requirements Information Sheet* for details.

**TC7. Do you wish to be considered for a Senior Communities property?**

Yes

No

**Note:** These properties are in complexes that are specifically for older people. To be eligible, you must be either: a single applicant aged 55 years and over, or an Aboriginal and/or Torres Strait Islander aged 45 years and over; or part of a two person adult household where at least one person is 55 years and over or an Aboriginal and/or Torres Strait Islander aged 45 years and over.

**TC8. Is your current property unsuitable because it is too big or too small?**

Yes  
give details

No → Go to TC9.

**Note:** Too big means the property has too many bedrooms and too small means it has too few bedrooms.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TC9. Have you or your partner found permanent work in another location?**

Yes  
give details

No → Go to TC9a.

Attach proof. See item 24 on the *Evidence Requirements Information Sheet* for details.

How many hours a week do you work?

\_\_\_\_\_

**TC9a. Do you or your partner have any difficulties travelling to work from your current home?**

Yes  
give details

No → Go to TC10.

(for example, there is no public transport available)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long does it currently take you or your partner to travel to work?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TC9b. Do you give your permission for your community housing provider to contact your employer?**

Yes  
give details

Company name

Supervisor's name

Family Name

First Name

Contact phone number

Address of employment

Postcode

No  
if no, why not?

**TC10. Do you require a Transfer for compassionate reasons, such as to care for a sick relative?**

Yes  
give the reason and explain why it is difficult for you to travel to the required location from your current home

No — Go to TC11.

Attach proof. See item 25 on the *Evidence Requirements Information Sheet* for details.

**TC11. Do you or anyone on this application receive support from a person who is receiving a Centrelink Carer Payment or Carer Allowance?**

Yes  
give details

No — Go to TC12.

Name of person receiving support

Family Name

First Name

Name of carer

Family Name

First Name

Contact phone number

Attach proof. See item 21 on the *Evidence Requirements Information Sheet* for details.

### TC12.DCJ Privacy Notice

This privacy notice applies to the Department of Communities and Justice (DCJ) which includes the following entities: the Land and Housing Corporation and the Aboriginal Housing Office. DCJ and its related entities comply with NSW privacy legislation when collecting and managing personal and health information. The information we collect from you or from an authorised third party will be held by DCJ or the entity that collects it. It will be used to deliver services and to meet our legal responsibilities. We may also use your information within DCJ as a whole to plan, coordinate and improve the way we provide services. DCJ is also legally authorised to disclose information to outside bodies in certain circumstances.

Further information about your privacy rights can be found on the Department's website: [www.facs.nsw.gov.au/site\\_information/privacy](http://www.facs.nsw.gov.au/site_information/privacy) or by calling: 02 9377 6000.

### Notice and Declarations

Under the *Housing Act 2001* a fine of up to \$2,200 and/or three months imprisonment applies for making a false statement or representation. Anyone who wilfully makes any false statements that result in them obtaining accommodation or other financial benefit of any kind may be refused further assistance by social housing providers or prosecuted.

**Notice:** Your personal information and any relevant health information provided on this form will be exchanged between social housing providers (public, community and Aboriginal housing) for the purpose of assessing your continuing eligibility for social housing and providing an appropriate service. DCJ may also collect information from your former social housing landlord or their agent (if you have one), including information about any debt.

### Declaration

- I understand the instructions given on this application.
- To the best of my knowledge, the information provided in this application is correct.
- I understand there are penalties for giving false or misleading information.
- I understand and agree that DCJ may collect information from my former social housing landlord or their agent, including information about any debt.
- I consent to the personal and medical information I have provided in this application, and which is stored in DCJ' records, being shared with other social housing providers so that appropriate services can be identified and delivered.

Title	<input type="text"/>
Mr, Mrs, Ms, Miss, Mx	
Last name or family name	<input type="text"/>
First and middle name(s)	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text" value="DD/MM/YYYY"/>

**TC13. Is there another person helping you to fill out this form?**

Yes that person should read and sign the declaration below  No

### Declaration from the person assisting or completing this application on behalf of the applicant

- I have filled out this form on the basis of the information the applicant gave me.
- I have read out the form and the answers to the applicant who seemed to understand them.
- I understand there are penalties for giving false or misleading information.

Title	<input type="text"/>
Mr, Mrs, Ms, Miss, Mx	
Last name or family name	<input type="text"/>
First and middle name(s)	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text" value="DD/MM/YYYY"/>
Phone	<input type="text"/>