



Government of South Australia

Department for Communities and Social Inclusion

Housing SA

REGISTRATION FOR Transfer

Ask if you need help with this form

The information you provide on this form will be used by Housing SA to assist you with an appropriate service. If you do not provide all the information requested, we may not be able to assist you.

Housing SA may use the information you provide for statistical purposes. You may access the information you provide by contacting any Housing SA office.

Eligibility for a transfer

To be eligible for transfer you must:

- be a current SA Housing Trust tenant (includes tenants of the Aboriginal Housing Program)
- have lived in your current property for at least three years
- not owe the SA Housing Trust any money at the time of a transfer
- not be currently bankrupt with a debt to the SA Housing Trust at the time of a transfer.

If you don't meet the above criteria, you may still be eligible to transfer if you have special circumstances - eg you have a severe medical condition that means you must move.

Tell us if you think you have special circumstances.

Are you seeking an Aboriginal Housing transfer? YES NO

Do you need an interpreter? YES NO

If you need help or have questions about this form contact Housing SA on 131 299, or visit a Housing SA office.

OFFICE USE ONLY

C/N:

FAMILY NAME:

FRONT COUNTER

Date Received _____ / _____ / _____

Proof of ID YES NO

Trigger Letter Req'd YES NO

Benefit Req'd YES NO

Debt Amount YES NO

Debt Arranged _____

Debt Other H/holders YES NO

Current House Type _____

Current No. of Bedrooms _____ +50

REGISTRATION

Transfer Registered YES NO

Transfer Updated YES NO

Type of Approval _____

Sent File to _____

Date Processed _____ / _____ / _____

Registration User ID _____

Type of Letter Sent _____

Type of Housing SA Initiated Transfer Disrupt DT Redev RT Repair/Upgrade PT

HO Signature _____ User ID _____

HOUSING SA LODGEMENT RECEIPT

This Lodgement receipt is to confirm that _____ has lodged a registration for transfer at _____ office on ____/____/____

A formal letter advising of your eligibility for transfer will be sent to you shortly.

Housing Officer's User ID _____ Housing Officer's Signature _____

HOUSEHOLD DETAILS

Provide details of all household members. Write "as above" if the details in one box are the same as in the box above.

TENANT		PARTNER	OTHER HOUSEHOLD MEMBERS include all other dependent adults and children	
			MEMBER # 1	MEMBER # 2
Family name:				
1st name:				
2nd name:				
Have you been known by any other names?	Family:			
	1st:			
	2nd:			
Date of birth:	/ /	/ /	/ /	/ /
Title: (eg Mr, Mrs, Ms)				
Male / Female:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to registrant: (eg partner, son, friend)	SELF			
Country of birth:				
Are you of Aboriginal or Torres Strait Islander descent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your current address:				
Your phone and contact details:	H:	H:		
	W:	W:		
	M:	M:		
	E:	E:		
Your separate postal address (if applicable):				

HOUSEHOLD DETAILS continued

Provide details of all household members. Write "as above" if the details in one box are the same as in the box above.

OTHER HOUSEHOLD MEMBERS

include all other dependent adults and children

MEMBER # 3		MEMBER # 4	MEMBER # 5	MEMBER # 6
Family name:				
1st name:				
2nd name:				
Have you been known by any other names?	Family:			
	1st:			
	2nd:			
Date of birth:	/ /	/ /	/ /	/ /
Title: (eg Mr, Mrs, Ms)				
Male / Female:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to registrant: (eg partner, son, friend)				
Country of birth:				
Are you of Aboriginal or Torres Strait Islander descent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your current address:				

HOUSEHOLD DETAILS continued

Provide details of all household members. Write "as above" if the details in one box are the same as in the box above.

TENANT		PARTNER		OTHER HOUSEHOLD MEMBERS include all other dependent adults and children			
				MEMBER # 1		MEMBER # 2	
Family name:							
1st name:							
2nd name:							
If you do not speak English, what language do you speak?							
If you have a disability that we should be aware of, tick all applicable boxes:	Physical (Eg: paraplegic, arthritis)	Physical (Eg: paraplegic, arthritis)	Physical (Eg: paraplegic, arthritis)	Physical (Eg: paraplegic, arthritis)	Physical (Eg: paraplegic, arthritis)		
	Vision Impaired	Vision Impaired	Vision Impaired	Vision Impaired	Vision Impaired		
	Hearing Impaired	Hearing Impaired	Hearing Impaired	Hearing Impaired	Hearing Impaired		
	Intellectual	Intellectual	Intellectual	Intellectual	Intellectual		
	Mental Health	Mental Health	Mental Health	Mental Health	Mental Health		
	Other Disability	Other Disability	Other Disability	Other Disability	Other Disability		

OTHER HOUSEHOLD MEMBERS include all other dependent adults and children

MEMBER # 3		MEMBER # 4		MEMBER # 5		MEMBER # 6	
Family name:							
1st name:							
2nd name:							
If you do not speak English, what language do you speak?							
If you have a disability that we should be aware of, tick all applicable boxes:	Physical (Eg: paraplegic, arthritis)	Physical (Eg: paraplegic, arthritis)	Physical (Eg: paraplegic, arthritis)	Physical (Eg: paraplegic, arthritis)	Physical (Eg: paraplegic, arthritis)		
	Vision Impaired	Vision Impaired	Vision Impaired	Vision Impaired	Vision Impaired		
	Hearing Impaired	Hearing Impaired	Hearing Impaired	Hearing Impaired	Hearing Impaired		
	Intellectual	Intellectual	Intellectual	Intellectual	Intellectual		
	Mental Health	Mental Health	Mental Health	Mental Health	Mental Health		
	Other Disability	Other Disability	Other Disability	Other Disability	Other Disability		

HOUSING SA ACCOMMODATION

1. a) Who needs to transfer?

(Write ALL if everyone in your household needs to leave)

b) Why do you need a transfer? (Can be more than one reason)

- | | | | |
|---|----------------------------|--|-----------------------------|
| I do not like where I live | <input type="checkbox"/> D | I have separated from my partner | <input type="checkbox"/> P |
| My safety is at risk | <input type="checkbox"/> S | I am at risk of/experiencing domestic violence | <input type="checkbox"/> V |
| My house is too crowded | <input type="checkbox"/> C | I must transfer because of medical reasons | <input type="checkbox"/> MI |
| I want to transfer to a different area/housing type | <input type="checkbox"/> W | I have been asked to transfer | <input type="checkbox"/> A |
| My house is too big | <input type="checkbox"/> U | Location of my current housing is unsuitable | <input type="checkbox"/> LU |
| Other _____ | | | <input type="checkbox"/> O |

2. Do you have a pet/s?

YES NO Go to question 3

If yes, provide details _____

3. Is there an agency or other worker - eg Public Trustee, Social Worker, helping you with this registration?

YES Continue with this question NO Go to question 4

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

YES Continue with this question NO Go to question 4

Provide the contact details of your Support Agency and/or Worker:

Worker's Name _____ Phone _____

Agency Name _____

4. Provide details of a friend or relative we can contact if we cannot contact you:

Name _____

Relationship (Eg: mother, friend) _____

Address _____

Home Telephone _____ Other _____

Do you consent to Housing SA discussing any details of your transfer registration or tenancy, when you are housed, with this person?

YES NO

HOUSING SA ACCOMMODATION continued

5. List the area/s you would like to live in.

You must choose the areas you would like to live in from the Housing SA maps. Maps are available:

- online at www.sa.gov.au/HousingSAcustomer
- by phoning Housing SA on 131 299
- at any Housing SA office.

Area/s _____

If you are eligible, you will be offered the first available property you are eligible for in these areas.

6. Tick (✓) the type of housing you want to register for (can be more than one type).

Housing SA will attempt to offer you the type of housing you have requested but this can't be guaranteed.

- MEDIUM DENSITY** One or two storey townhouses with a small yard, usually in close proximity to neighbours.
- HOUSES** Detached maisonette properties with a larger private yard.
- FLATS** Group of units, usually two or three storeys, with shared common areas and no private yard.
- COTTAGE FLATS** One storey units in small groups with shared common areas and no private yard.

7. 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.**

If you will be the only person living in your property, tick (✓) if you would accept:

- Bedsitter housing (lounge room and bedroom are combined) YES NO
- 1 bedroom housing YES NO

8. 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 9

Why do you need an extra bedroom? _____

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

HOUSING SA ACCOMMODATION continued

9. Tick (✓) if you **must** have housing that has:

A bath (not all houses have one)

A small yard

A walk in shower

Wheelchair access

Less than 1-2 entry steps

No stairs

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.

You may need to provide proof of your household's need for some of the above requirements.

PROOF OF IDENTIFICATION

You must provide current proof of identification for you and anyone living with you aged 16 and over.

You must provide ONE form of identification from this list (must include photo and signature)

- Passport
- Current driver's licence/permit with photograph
- Current student or employer ID

OR

You must provide TWO forms of identification from this list.

- Marriage Certificate
- Life Insurance Policies
- Divorce Papers
- Current bank, credit union or building society passbook/ access card
- Confirmation letter from an authorised officer from Families SA, a medical/legal practitioner or a Minister of religion
- Apprenticeship papers, Tradeperson's certificate or letter from employer
- School reports or examination certificate
- Prison discharge certificate
- Birth Certificate or Extract
- Centrelink Concession/Health Card
- State Government Concession Cards
- Immigration Papers or other documents issued by the Commonwealth Department of Home Affairs
- Letter with common seal from Aboriginal community confirming Aboriginality
- Naturalisation or Citizenship Certificate
- Any other form of identification not listed above but deemed acceptable by Housing SA

DECLARATION – MUST BE COMPLETED

1. 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 Housing SA.
- I understand that I may become ineligible if my circumstances change.
- I authorise Housing SA to make enquiries to find my new address, and consent to details of my new address being supplied to Housing SA, if I move without notifying Housing SA and I have an outstanding debt to the SA Housing Trust.
- I understand that Housing SA will keep the information provided on this form confidential, except as required by the South Australian Government's Information Privacy Principles.
- I understand that approval to transfer will be subject to the payment of any outstanding SA Housing Trust 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 transfer.
- I understand I must pay ONE WEEK'S RENT in place of notice on my current home before I transfer to my new house.
- I understand I must pay a NEW DEPOSIT equal to the new weekly rent before I transfer to my new house.

I **DO/DO NOT** give permission for other people named on this registration for transfer to be provided with information about this registration if they ask (cross out whichever does not apply).

Name _____

Signature _____ Date ____/____/____

2. 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 ____/____/____