Complete this form to ask Housing SA to transfer a tenancy to a tenant’s partner or family member.

Provide [proof of income](https://www.housing.sa.gov.au/about-us/policies/proof-of-income,-identity-and-rent) that is less than two weeks old for everyone who’ll be living at the property aged 16 and over, or aged 18 and over if you live in housing managed by Housing SA in an Aboriginal community.

If it’s an Aboriginal housing property or housing managed by Housing SA in an Aboriginal community, you’ll also need to provide [confirmation of Aboriginality](https://www.housing.sa.gov.au/about-us/policies/proof-of-income,-identity-and-rent).

# Tenant details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  | | | |
| Address: |  | | | |
| Customer number: | |  | Phone number: |  |
| Email: |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Has the tenancy been transferred before? |  | Yes |  | No |

Reason for request:

|  |  |
| --- | --- |
|  | The tenant has died  *A copy of the death certificate, death notice or funeral notice may be required.* |
|  | The tenant has left  *A* [*Termination of tenancy form*](chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https:/www.sa.gov.au/__data/assets/pdf_file/0003/607980/Termination-of-tenancy.pdf) *may be required.* |
|  | The tenant can’t live at the property due to an intervention order |

# Applicant details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: | |  | | | |
| Address: | |  | | | | |
| Customer number: | | |  | Phone number: |  | |
| Email: |  | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Relationship to the tenant: |  | Partner |  | Family member, example child |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do you own or partly own residential property? | |  | Yes |  | No |
| If yes, please provide details: |  | | | | |

If you’re a family member complete the following questions:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| How long have you been living at the property for? |  | years |  | months |

|  |  |  |
| --- | --- | --- |
| Provide the value of your assets, for example cash, real estate, vehicles: | $ |  |

# Applicant Declaration

I declare that all the information provided is true and correct.

I understand that any assistance I get because of incorrect information I’ve provided may be withdrawn.

I understand that my request for tenancy succession is subject to approval by Housing SA and if I don’t meet the eligibility requirements that Housing SA will notify me in writing.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Signature: |  | Date: |  |