



APPLICATION FOR HOUSING TRANSFER (Rehousing)

CONFIDENTIAL

Please answer all the questions in as much detail as possible. What you say on this form will be used to make our first assessment of your application. **Please attach or provide any supporting letters or documents that may assist your application.** Please also remember to sign and date the declaration at the end of this form.

1. YOUR DETAILS

MAIN APPLICANT/TENANT	
Family name: _____	
Given name(s): _____	
ADDRESS _____ _____	
Phone _____	Mobile _____
Email _____	
DATE OF BIRTH _____	
SEX	male <input type="checkbox"/> female <input type="checkbox"/>
CULTURAL IDENTITY	
What is your country of birth? _____	
Do you need an interpreter?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you Aboriginal or a Torres Strait Islander?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If we are unable to contact you at this address or phone number, is there somewhere we can leave a message for you?	
Name _____	
Contact phone number _____	

PARTNER/JOINT TENANT (if applicable)	
Family name: _____	
Given name(s): _____	
ADDRESS _____ _____	
Phone _____	Mobile _____
Email _____	
DATE OF BIRTH _____	
SEX	male <input type="checkbox"/> female <input type="checkbox"/>
CULTURAL IDENTITY	
What is your country of birth? _____	
Do you need an interpreter?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you Aboriginal or a Torres Strait Islander?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Relationship to main applicant? _____	
Will this person also sign the tenancy agreement and be a joint tenant?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>

2. OTHER PEOPLE WHO WILL BE HOUSED WITH YOU

Please list everyone else who will usually live with you, even if they do not live with you now. Please tick the last column if they are NOT living with you now.

FULL NAME	SEX	DATE OF BIRTH	AGE	RELATIONSHIP TO YOU	✓

3. FINANCIAL INFORMATION

HOUSEHOLD INCOME

Please provide information below on your household's gross income. This is the income before tax. Please list all the members of your household who have an income, including yourself.

NAME	TYPE OF INCOME Eg Wage, benefit, pension, investments etc	AMOUNT EACH WEEK
		\$
		\$
		\$
		\$
		\$
TOTAL GROSS HOUSEHOLD INCOME PER WEEK		\$

4. YOUR CURRENT HOUSING

What sort of housing do you live in now? Please tick the most appropriate answer.

Unit Villa Townhouse House Other

How many bedrooms are there in your current home?

One Two Three Four Five Six

If you live in a unit, which floor do you live on? _____

Does your home have any modifications? Yes No

If yes, please describe _____

How long have you lived at this address? _____

5. YOUR NEED FOR REHOUSING

Why do you need to move? Please tick all the boxes that apply to you
(Where possible you will need to provide documentation to verify this (eg GP letter, AVO, support letter, etc))

- | | |
|--|---|
| <input type="checkbox"/> Housing is unsuitable due to physical mobility problems | <input type="checkbox"/> Housing making health worse |
| <input type="checkbox"/> Suffering domestic violence | <input type="checkbox"/> Suffering racial/sexual harassment |
| <input type="checkbox"/> Housing is overcrowded | <input type="checkbox"/> Housing is too big to manage |
| <input type="checkbox"/> Family is separating/Relationship breakdown | <input type="checkbox"/> Other reasons |

Please give as much detail as you can about your reasons for needing to move

6. YOUR HOUSING NEEDS

How many bedrooms do you need? Please circle one: 1 2 3 4 5

Which area would you prefer to live in, if you had a choice? Tick as many as you like.

No preference	Penrith	St Marys	Blue Mountains			Richmond	Windsor	Riverstone	Mt Druitt
			Upper	Mid	Lower				
	1	2	3	4	5	6	7	8	9

Please give a reason for your choice(s) _____

7. SPECIAL NEEDS

Does anyone in your household have a disability or serious health problem? Please tick the relevant box

- A physical disability that restricts everyday activities
- Sight, hearing or speech problems
- An intellectual disability where the person needs help or supervision
- A mental illness where the person needs help or supervision
- Other disability
- Serious health problem

If you tick one of the above, please write the persons name and describe the condition _____

Are you or anyone in your household unable to climb stairs?

- Can climb stairs
- Can climb stairs but with difficulty
- Cannot climb stairs
- Wheelchair access
- Modifications such as handrails

Do you or any member of your household need:

Do you have a car? Yes No

Do you have any pets? Yes No What sort? _____

8. OTHER INFORMATION

Does anyone included on your application have a relationship with a member of our management or staff?

Yes No Please give brief details _____

PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT SUPPORTS YOUR APPLICATION FOR REHOUSING

To the best of my knowledge, the information I have provided on this form is true and correct. I understand I may not be approved for a transfer or approval may be withdrawn if I am in breach of any conditions of my current tenancy, have any outstanding rent arrears or other debts to the organisation.

Tenant – Name _____

Joint Tenant – Name _____

Signature _____

Signature _____

_____ Date _____

_____ Date _____

