Queensland Government

Transfers Checklist for Community Housing Providers (office use only)

Complete this checklist to ensure you have completed the procedure for processing a transfer application.

Rental Agreement	
Rental Balance $	
Client Name/s	

Phone No's. [ ] home [ ] mobile contact [ ]

Email [ ] Adults M ☐ F ☐ Deps M ☐ F ☐

Debts? Yes ☐ No ☐ Details [ ] Bal. [ ] Arrears [ ]

Is the transfer provider-initiated? (please tick (✓) appropriate boxes) Yes ☐ No ☐

- significant maintenance or upgrades Yes ☐ No ☐
- demolition or redevelopment Yes ☐ No ☐
- resumption by owner Yes ☐ No ☐
- under-occupation Yes ☐ No ☐
- persistent neighbourhood disputes or harassment Yes ☐ No ☐
- health and safety or fire or natural disaster Yes ☐ No ☐
- high demand area to low demand area Yes ☐ No ☐
- exceptional circumstances (please provide details): Yes ☐ No ☐

If the transfer is provider-initiated, do not check the client's continued eligibility.

Is the transfer client-initiated? (please tick (✓) appropriate boxes) Yes ☐ No ☐

- homelessness or risk of homelessness Yes ☐ No ☐
- violence from members of the community or neighbourhood Yes ☐ No ☐
- location: access to essential services, employment, cultural obligations, access to child, family/informal support Yes ☐ No ☐
- design/size does not meet the household's needs Yes ☐ No ☐
- formation of new household Yes ☐ No ☐
- rent affordability (affordable housing only) Yes ☐ No ☐

If the transfer is client-initiated, check the client's continued eligibility for assistance:

Continued eligibility

Is the applicant still eligible for housing assistance? If 'no' to any of these, cancel the application.

Nil property ownership	Yes ☐ No ☐	Total liquid assets within limits for household type	Yes ☐ No ☐
QLD residency	Yes ☐ No ☐	Australian citizenship or permanent residency	Yes ☐ No ☐
Independent income	Yes ☐ No ☐	Household income within limits for household type **evidence (28 days old required for all occupants)**	Yes ☐ No ☐

Applicant meets **at least one** of the 'appropriateness of current housing' criteria of: homelessness, location, physical amenity, rent affordability or formation of new household	Yes ☐ No ☐

Any household changes?	Yes ☐ No ☐	If yes, note details and re-check eligibility and bedroom entitlement

Details:

Actions taken to transfer the client within community housing

Has the provider:

• searched their property portfolio	Yes ☐	No ☐
• determined no suitable properties are available internally	Yes ☐	No ☐
• contacted providers in the community housing network regarding vacancies	Yes ☐	No ☐
• determined no suitable properties are available within community housing.	Yes ☐	No ☐

If the provider has carried out ALL of the above actions and cannot transfer the applicant at this time within community housing, refer the client to the department for consideration for placement on the housing register:

1. Contact the client to discuss lodging a Social Housing Transfer Application form with the department.
2. Send this form with the client's Social Housing Transfer Application form to the department by fax or email.

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Property details

Suburb/s

☐ Applicant has been advised of consequences of invalid refusal (penalty/ cancellation as relevant)

Address:

| Property number | | Number of stairs | | Number of bedrooms | | Prop type | |

Keys ready   Yes ☐   No ☐   If no, date expected / /

☐ Fully wheelchair accessible   ☐ 5 or more bedrooms

Inspection

Keys collected / /   Due back by _____   am/pm   on / /

ID sighted   Yes ☐   No ☐   or   ID confirmed from file?   Yes ☐   No ☐

Officer signature _____

Keys returned / /   Officer signature _____

Offer result

Accepted   Yes ☐   No ☐   If yes, sign up appointment on _____ at _____ am/pm

If refunded reasons

Application cancelled   Yes ☐   No ☐