

This form should be completed if you are making a change to your housing at your own expense, or if you are relocating from overseas.

Note: If your partner/spouse also serves in the Australian Defence Force (ADF), the more senior ranking member must complete this form.

Collection, storage and use or disclosure of personal information is subject to the Information Privacy Principles set out in section 14 of the *Privacy Act 1988*.

Defence Housing Australia (DHA) will collect and use or disclose the information you provide to arrange any of the following services which you may require:

- issuing access to HomeFind
- finding a permanent housing solution.

DHA usually gives some or all of the information to the Department of Defence. Defence is not permitted to use or disclose your personal information, without your consent, for a purpose other than which the information was given to them.

Your personal information may also be given to your spouse or de facto or to other organisations on a need to know basis for reasons such as law enforcement or in connection with legal proceedings.

These organisations include:

- Centrelink
- Australian Taxation Office
- Commonwealth or State Departments/Agencies (where there is an obligation to provide it)
- Department of Families, Housing, Community Services and Indigenous Affairs
- Law enforcement agencies including the police
- Toll Transitions.

Please answer all relevant questions. This will enable DHA to process this application on time to meet your housing requirement. Please call your local DHA Housing Management Centre (HMC) if you need assistance with this form.

PART A – Personal details – All questions must be completed.

PART B – Housing considerations – Please complete relevant questions.

PART C – Other considerations – Please complete, if applicable.

PART D – Rent Allowance – To be completed by members requiring Rent Allowance.

PART E – Declaration – Must be completed by all members.

Return the completed form to your local HMC.

Keep a photocopy of the completed form for your records.

1. Are you relocating at Department of Defence expense? Yes No Go to PART A Question 3 below.

2. Are you relocating to Australia from overseas? Yes Please complete all relevant details below.
No **Don't use this form. You will need to contact Toll Transitions.**

PART A - Personal details

3. Employee ID number

4. Service number

5. Title/Rank

6. Full name
Family name Given name(s)

7. Service
Navy Other
Army
Air Force Foreign Defence Exchange personnel Country
Reserve

8. Date of birth

9. Gender Male Female

10. Address details
Current residential address

State Postcode
Postal address (if different from above)

State Postcode

Work address

Position/Job title
Unit
Base
Unit location
Street address

Contact details

Telephone number Home () Work ()
Mobile
Fax number Home () Work ()
Email Home
Work

11. Date of entry/enlistment

12. Have you previously served in the ADF or as a Lateral Recruit?

No

Yes

Dates of previous service

to

13. Your categorisation for housing
(Select ONE only)

MWD

Member with Dependants

i.e. a Defence member who maintains a home for dependants and who occupies the home with at least one dependant.

Date MWD categorisation recognised by ADF

Place

MWD(U)

Member with Dependants (unaccompanied)

i.e. a Defence member who maintains a home for dependants and who is separated from them for service recognised reasons.

Address where your spouse and/or dependants live/reside

State

Postcode

Go to Question 16

Note: A categorisation form or minute from your gaining unit is required.

MWOD

Member without Dependants

i.e. a Defence member who is not MWD or a MWD(U).

Go to Question 16

14. Details of your spouse or partner
(MWD only)

Family name

Given name(s)

ADF or Australian Public Service (APS) member

No

Yes

Employee ID/AGS number

Navy

Army

Air Force

Reserve

APS

Current rank/grade

Note: If you both serve in the ADF, the more senior ranking member must complete this form.

15. Do you have any dependants who will accompany you on this relocation?

(MWD only)

No Go to Question 16

Yes Please provide their details below (if there are more than six dependants please provide details on a separate sheet).

Dependant 1

Family name

Date of birth

 / /

What type of school does this dependant attend?

Does not attend school

Infants/primary

Secondary

Tertiary

Given name(s)

Male

Female

Relationship to you (e.g. son, daughter)

Dependant 2

Family name

Date of birth

 / /

What type of school does this dependant attend?

Does not attend school

Infants/primary

Secondary

Tertiary

Given name(s)

Male

Female

Relationship to you (e.g. son, daughter)

Dependant 3

Family name

Date of birth

 / /

What type of school does this dependant attend?

Does not attend school

Infants/primary

Secondary

Tertiary

Given name(s)

Male

Female

Relationship to you (e.g. son, daughter)

Dependant 4

Family name

Date of birth

 / /

What type of school does this dependant attend?

Does not attend school

Infants/primary

Secondary

Tertiary

Given name(s)

Male

Female

Relationship to you (e.g. son, daughter)

Dependant 5

Family name

Date of birth

 / /

What type of school does this dependant attend?

Does not attend school

Infants/primary

Secondary

Tertiary

Given name(s)

Male

Female

Relationship to you (e.g. son, daughter)

Dependant 6

Family name

Date of birth

 / /

What type of school does this dependant attend?

Does not attend school

Infants/primary

Secondary

Tertiary

Given name(s)

Male

Female

Relationship to you (e.g. son, daughter)

PART B - Housing considerations

16. Has there been a change in your personal circumstances?

No
 Yes



Please attach supporting documentation as advised by your local HMC.

Marriage/De facto/Interdependent recognition
 Recognition of special needs
 Exchange of Service Residence
 Own means to Service Residence/Live in Accommodation
 Change in dependant status
 Rent Allowance approval
 Other

17. What is your current housing arrangement?

Live in Accommodation
 Service Residence
 Own Home
 Rent Allowance
 Other

A contract of sale is required to live in subsidised housing
You will also need to complete a Cease Rent Allowance form

18. When will you be moving out of your current housing arrangement?

/ /

19. What is the required date for housing?

/ /

20. What type of permanent housing do you require?

DHA aims to provide you with a housing solution that takes into account your Defence entitlement, your family composition and, where possible, your preferences. However, the solution is dependent on available options.

MWD Service Residence
 Rent Allowance
MWOD Live in Accommodation
MWD(U) Rent Allowance
I will be occupying Own Home
 Other

Go to Question 23

21. Are you planning on living outside your posting locality?

No
 Yes

You need your Commanding Officer's/Officer Commanding's (CO/OC) permission, an approval minute or other approval documentation to process your application.

22. Do you have any pets?

No
 Yes

Type of pet (e.g. cat, dog)	Sex	Desexed		Age	Breed and size (small, medium, large)
		Yes	No		
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

PART D - Rent Allowance

26. Are you applying for Rent Allowance? No **Go to PART E – Declaration**
Yes

27. Do you have your CO/OC's permission to live off base? No **Do not proceed until approval is confirmed**

Note: Live in Accommodation policy now directs that certain members may be required to live in (refer to PACMAN Chapter 7).

Yes Was/is any Live in Accommodation held in your name?
No
Yes Date Live in Accommodation handed back

Comments

28. Reason you are applying for Rent Allowance

Note: If you are contracted to the Department of Defence on continuous full-time service (CFTS) you will need to provide your contract/signal or minute from your unit CO/OC.

- Live in Accommodation not available
- Suitable Service Residence not available
- SGT (E) to WO or MAJ (E) or higher rank
- Five years aggregate continuous full-time service (CFTS) completed
Note: Your date(s) of enlistment must be completed at Question(s) 10 and 11
- Only levels 1, 2 or 3 Live in Accommodation are available
- Other circumstances – please give details

29. Do you currently receive Rent Allowance?

Note: A final rent receipt is required.

No
Yes Address of the property where you currently receive Rent Allowance

State Postcode

Date final rent paid to

Are you sharing this property? No Yes The remaining occupants on Rent Allowance must contact DHA.

30. Will you be occupying a commercial boarding house?

Note: Boarding in a private home does not constitute boarding for the purpose of calculating Rent Allowance.

No
Yes

31. Address of the rental property or commercial boarding house you will occupy

State Postcode Number of bedrooms

32. What is the term of the lease?

From
to
Date you occupied, or will occupy the property

33. Is there a standard tenancy release clause included in your lease?

No State the reason why
Yes

34. What is the total rent for the property?

If you are sharing the property with someone else please put the total amount for the property, not the amount that you individually pay.

If occupying a commercial boarding house please put the amount you will pay.

\$ Per week Per fortnight Per month

35. Are you the sole occupant of the property for which you are applying for Rent Allowance?

Yes

No

Details of the people with whom you share the property

(If you are occupying a commercial boarding house go to Question 37)

Note: MWD – do not include dependants. All other occupants of the premises, including civilians, children, ADF members or house sitters will normally be regarded as sharing the premises unless they have a more permanent residence in another locality and are no more than visitors or temporary co-residents (refer to PACMAN Chapter 7).

Service number/ Employee ID (if applicable)	Rank or title (if applicable)	Name	Rent contribution
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

36. Do you wish to elect the two bedroom ceiling appropriate to your rank?
(MWD only)

No

Yes

Note: If your rent is low, you may benefit from this option.

Members choosing the two bedroom ceiling will not be eligible for ceiling increases, and this election applies for the term of the lease. For more information about this option contact DHA.

37. Will you be claiming furniture rental?
(MWOD and MWD(U) only)

No

Yes

Furniture rental per week \$

Note: This is a separate claim. Furniture rental such as white goods, beds, dining suite etc. will be calculated as part of your rent, limited to your ceiling. A furniture rental contract and a receipt are required. For more information about this option contact DHA.

Application for bond, rent and utility connection deposit in advance

Optional

38. Do you wish to apply for an advance payment for bond, rent or utility allowance?

No

Yes

Bond

\$

Rent

\$

Limited to the lesser of four weeks rent or ceiling

Utility connection deposit

\$

Note: Proof of payment must be provided to your local HMC within 14 days of receipt of advance(s) requested.

I understand that any advances specified above must be repaid to the Commonwealth.

Advances will be recovered through fortnightly instalments directly from my pay over the term of the lease or a maximum of 26 fortnights whichever is the lesser period.

Please select your preferred option:

Term of lease (if less than 26 fortnights)

26 fortnights

I understand that when ceasing Rent Allowance earlier than 26 fortnights, any monies still owed to the Department of Defence from an advance as outlined above, must be repaid in full immediately upon return of the bond.

Member's signature



Date

/ /

If you have any questions relating to repayment of your advance(s), contact 1800 Defence (1800 333 362).

39. Statement

Please confirm your understanding of Rent Allowance requirements by reading and ticking each box. If unsure please ask your DHA consultant.



IMPORTANT:

I understand that I must provide DHA with the following supporting documentation in respect to this application:

- Copy of the signed lease (residence/furniture)
- The initial receipt, detailing:
 - name of the owner/agent to whom the rental payments are made
 - amount of the rental and the period of payment (must include period of any rent in advance)
 - date of payment
 - the address of the premises
- Bond and utility receipt (if applied for bond or utilities advance)

I understand that my Rent Allowance will not be processed if I fail to provide the documentation within 14 working days of the submission of my application.

I undertake to advise DHA and my Commanding Officer/Officer Commanding in writing of any changes to the details provided in this form within 10 days of the change.

I understand that my Rent Allowance may be audited one or more times in a posting cycle, and that I must respond within 14 days or my Rent Allowance will be suspended.

I have received/sighted a copy of the Guide to Rent Allowance.

I undertake to provide DHA with a *Cease Rent Allowance* form and final rent receipt (detailing the date final rent was paid to) to enable the cessation of my Rent Allowance when vacating.

Member's signature



Date

/ /

PART E - Declaration

40. Declaration by member

Please confirm your understanding by reading and ticking each box.

If unsure please ask your DHA consultant.

- I understand that DHA will collect, store and use or disclose information contained in this form for the purposes set out on the first page.
- I acknowledge that it is DHA's usual practice to give some or all of my personal information (including relocation details) to the agencies and organisations identified on the first page.
- The information I have provided in this form is true and accurate. I am aware that the giving of false or misleading information, documents or statements to the DHA is a serious offence under the *Commonwealth's Criminal Code 1995* and the *Defence Force Discipline Act 1982* and that this legislation imposes substantial penalties, including imprisonment, for committing these offences. Any entitlement provided to me as a result of such conduct may be recovered.
- I acknowledge that I need approval to live outside the posting locality – this approval from the CO/OC needs to be provided to DHA.

Member's signature



Date