

Application for Mutual Exchange

Complete this form to request approval to swap homes with another Department of Housing tenant. Your application will be assessed against the department's eligibility criteria for a mutual exchange. If approved, you must agree to accept the property you will move into, in its current condition. The department will provide a property that meets the minimum housing standards as required under the *Residential Tenancies and Rooming Accommodation Act 2008*.

Tenancy details

Tenancy reference No.

Current address:

Address you wish to move to

	Postcode	
	Postcode	

Household details Please attach additional pages if there is insufficient space. Current evidence of income is required for all household members.

All household members names (including legal tenants and children)	Relationship to tenant (eg wife, son, friend etc)	Date of Birth	Income Type (e.g. Centrelink, wages etc)	Weekly Income \$

Please supply evidence of all household income

Property ownership - do you or any household member own or part own:

- a residential property or
- vacant land
- a caravan or mobile home or live-aboard boat
- commercial / industrial property

Yes	☐	No	☐
Yes	☐	No	☐
Yes	☐	No	☐
Yes	☐	No	☐

Australian citizenship or residency (please tick (✓) appropriate boxes)

- are you an Australian citizen/s **or**
- are you a permanent resident/s of Australia **or**
- are you a New Zealand citizen who arrived in Australia before 27 Feb 2001 **or**
- do you hold a Temporary Protection Visa (TPV) **or**
- do you hold a Bridging Visa and have applied for a Resolution of Status Visa **or**
- do you hold a Bridging Visa and have applied for a permanent Protection Visa **or**
- have a Safe Haven Enterprise Visa (subclass 790) **or**
- have you applied for permanent residency status.

Yes	☐	No	☐
Yes	☐	No	☐
Yes	☐	No	☐
Yes	☐	No	☐
Yes	☐	No	☐
Yes	☐	No	☐
Yes	☐	No	☐

Liquid assets

Please state the total household value of the following assets and provide appropriate evidence.

Superannuation (if you have reached preservation age)

Balance of bank account (e.g. bank, building society, credit union, interest free accounts)

Deposits (interest bearing, fixed)

Share from a property settlement

Property trusts

Bonds

Managed investments

Share from the sale of a property

Debentures

Shares

Other (please specify)

Are any of the members of your household having difficulties with remaining in the current departmental property due to any of the following reasons?

Note - please tick ☒ all situations that apply to your household.

- | | |
|--|---|
| ☐ The family unit needs to reunite as they are currently living apart | ☐ You need to leave your current housing due to a domestic violence situation |
| ☐ You need to leave your current housing due to a risk of violence from another household member, neighbour or community member | ☐ The features of the current housing restrict household members from doing daily living activities (e.g. bathing, mobility) |
| ☐ There has been an irreversible family breakdown resulting in one of the joint tenants needing to live elsewhere (not a domestic violence situation) | ☐ A household member's medical condition and/or disability is seriously aggravated by the current housing which cannot be readily modified to suit their needs |
| | ☐ The property is overcrowded |

If anyone in the household needs access to a specific location, please tick ☒ one or more of the options that best describes the reasons.

Note - please tick ☒ all situations that apply to your household.

- ☐ To gain or maintain regular access to a child or children in foster care
- ☐ To enable a child or children to be returned to the custody of a household member
- ☐ To gain or maintain regular access to a child/children who are in the custody or care of another person
- ☐ To prevent a child or children being removed from the custody of a household member
- ☐ To enable the shared care of a child or children
- ☐ To ensure access to a specialist educational facility
- ☐ To ensure access to a frequently needed medical facility or medical services required by a household member
- ☐ To ensure access to support services required by a household member for daily living activities
- ☐ To ensure access to accessible transport services
- ☐ To receive family or informal support on a regular basis that is necessary for daily living
- ☐ To take up a firm offer of permanent employment (not casual/ temporary employment or a promotion)
- ☐ To relocate under the Structured Training and Employment Program (STEP) program or Community Development Employment Program (CDEP) or other Commonwealth Government employment program for Indigenous people
- ☐ You are an Aboriginal and/or Torres Strait Islander person needing to move for cultural reasons

If you ticked any of the reasons in the previous question, what locations do you need access to?

Can you get to this location? ☐ **Yes (see below)** ☐ **No and there is no transport available**

If yes, what type of transport do you use to access the required location/s?

Public transport (trains, bus, taxi, ferry etc) Yes ☐ No ☐

Own transport Yes ☐ No ☐

Other transport (eg family/friends) Yes ☐ No ☐ Details:

Declaration - legal tenant/s to sign

To the best of my knowledge, the information provided on and in conjunction with this form is true and correct. I/We understand that it is an offence liable to a penalty under the *Housing Act 2003* and a breach of my State Tenancy Agreement to knowingly provide false or misleading information to the Department of Housing.

If this application is successful, I/we agree to accept the property we will move into, in its current condition and understand that the department will provide a property that meets the minimum housing standards as required under the *Residential Tenancies and Rooming Accommodation Act 2008*.

Privacy Notice

The Department of Housing and Public Works is collecting your personal information so we may provide you with housing assistance. To assist you with your housing needs and services, your personal information may be disclosed to partner agencies, service providers, local governments and non-governmental agencies that now, or will, provide you with housing and/or support services. Unless authorised or required by law, your personal information will not be disclosed to any other third party without your consent. More information about the Department's privacy obligations is available on our website at www.housing.qld.gov.au.

Tenant name		Date
Signature		
Tenant name		
Signature		

Please return completed form to your nearest [Housing Service Centre](#).