

**If you are relocating at your own expense within your posting locality, please complete this form before relocating.**

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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 accommodation 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 the purpose for 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.
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**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 if you require assistance with this form.

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

**PART B – Relocation details** - Please complete relevant questions.

**PART C – Housing considerations** - Please complete relevant questions.

**PART D – Other considerations** - Please complete, if applicable.

**PART E – Storage** - Please complete relevant questions.

**PART F – Rent Allowance** - To be completed by Members requiring Rent Allowance.

**PART G – Declaration** - Must be completed by all Members.

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Return the completed Notification of Relocation - Member Expense form to your local DHA Housing Management Centre.

**Keep a photocopy of the completed form for your records.**



1. Are you relocating at Department of Defence expense?

Yes  **Don't use this form. You will need to complete an *Application for Relocation form*.**  
**Note:** If you have a **Removal Entitlement**, and even if you are not using this entitlement, you must complete an **Application for Relocation form**.

No  Please complete all relevant details below.

### PART A - Personal details

2. Employee ID number

3. Service Number

4. Title/Rank

5. Full name Family name

Given name(s)

6. Service

Navy  Other

Army  Foreign Defence Exchange personnel  Country

Air Force

Reserve

7. Date of birth

 /  / 

8. Gender

Male  Female

9. Address details

Current residential address

  
  
 State  Postcode

Postal address

As 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

**PART B - Relocation details**

**10. Change in personal circumstance (CIPC)**

Please attach supporting documentation as advised by your local DHA Housing Management Centre.

|  |                          |
|--|--------------------------|
| Marriage/De facto/Interdependent recognition         | <input type="checkbox"/> |
| Recognition of special needs                         | <input type="checkbox"/> |
| Exchange of service residence                        | <input type="checkbox"/> |
| Own means to service residence/Live in Accommodation | <input type="checkbox"/> |
| Change in dependant status                           | <input type="checkbox"/> |
| Rent Allowance approval                              | <input type="checkbox"/> |
| Other  | <input type="text"/>     |

**11. Required date for housing**

**12. Date of entry/enlistment**

**13. Have you previously served in the ADF/Lateral Recruit?**

No

Yes  Dates of previous service  to

**14. Your categorisation for housing.**  
**Select ONE only**

**MWD Member with Dependants**  Date MWD categorisation recognised by ADF   
i.e. a Defence Member who maintains a home for dependants and who occupies the home with at least one dependant  
Place

**MWD(U) Member with Dependants (unaccompanied)**  Address where your spouse and/or dependants live/reside  
i.e. a Defence Member who maintains a home for dependants and who is separated from them for service recognised reasons  
  
  
State  Postcode   
**Note:** A categorisation form/minute from your gaining unit is required. **Go to Question 17**

**MWOD Member without Dependants**  **Go to Question 17**  
i.e. a Defence Member who is not MWD or a MWD (U)

**15. MWD only**  
**Details of your spouse/partner**

Family name

Given name(s)

ADF or APS member No  Yes  Employee ID/AGS number

Navy  Army  Air Force  Reserve  APS

Current rank/grade

**Note:** The senior ranking member must complete this form.

16. MWD only

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

No  **Go to Question 17**  
Yes  Please provide their details below  
(If more than six dependants please provide details on separate sheet.)

**Dependant 1**

|  |  |   |
|--|--|---|
| Family name                              | Date of birth  | What type of school does this dependant attend? |
| <input type="text"/>                     | <input type="text"/> / <input type="text"/> / <input type="text"/> | Does not attend school <input type="checkbox"/> |
| Given name(s)                            | Male <input type="checkbox"/> Female <input type="checkbox"/>      | Infants/primary <input type="checkbox"/>        |
| <input type="text"/>                     |  | Secondary <input type="checkbox"/>              |
| Relationship to you (e.g. son, daughter) | <input type="text"/>   | Tertiary <input type="checkbox"/>               |

**Dependant 2**

|  |  |   |
|--|--|---|
| Family name                              | Date of birth  | What type of school does this dependant attend? |
| <input type="text"/>                     | <input type="text"/> / <input type="text"/> / <input type="text"/> | Does not attend school <input type="checkbox"/> |
| Given name(s)                            | Male <input type="checkbox"/> Female <input type="checkbox"/>      | Infants/primary <input type="checkbox"/>        |
| <input type="text"/>                     |  | Secondary <input type="checkbox"/>              |
| Relationship to you (e.g. son, daughter) | <input type="text"/>   | Tertiary <input type="checkbox"/>               |

**Dependant 3**

|  |  |   |
|--|--|---|
| Family name                              | Date of birth  | What type of school does this dependant attend? |
| <input type="text"/>                     | <input type="text"/> / <input type="text"/> / <input type="text"/> | Does not attend school <input type="checkbox"/> |
| Given name(s)                            | Male <input type="checkbox"/> Female <input type="checkbox"/>      | Infants/primary <input type="checkbox"/>        |
| <input type="text"/>                     |  | Secondary <input type="checkbox"/>              |
| Relationship to you (e.g. son, daughter) | <input type="text"/>   | Tertiary <input type="checkbox"/>               |

**Dependant 4**

|  |  |   |
|--|--|---|
| Family name                              | Date of birth  | What type of school does this dependant attend? |
| <input type="text"/>                     | <input type="text"/> / <input type="text"/> / <input type="text"/> | Does not attend school <input type="checkbox"/> |
| Given name(s)                            | Male <input type="checkbox"/> Female <input type="checkbox"/>      | Infants/primary <input type="checkbox"/>        |
| <input type="text"/>                     |  | Secondary <input type="checkbox"/>              |
| Relationship to you (e.g. son, daughter) | <input type="text"/>   | Tertiary <input type="checkbox"/>               |

**Dependant 5**

|  |  |   |
|--|--|---|
| Family name                              | Date of birth  | What type of school does this dependant attend? |
| <input type="text"/>                     | <input type="text"/> / <input type="text"/> / <input type="text"/> | Does not attend school <input type="checkbox"/> |
| Given name(s)                            | Male <input type="checkbox"/> Female <input type="checkbox"/>      | Infants/primary <input type="checkbox"/>        |
| <input type="text"/>                     |  | Secondary <input type="checkbox"/>              |
| Relationship to you (e.g. son, daughter) | <input type="text"/>   | Tertiary <input type="checkbox"/>               |

**Dependant 6**

|  |  |   |
|--|--|---|
| Family name                              | Date of birth  | What type of school does this dependant attend? |
| <input type="text"/>                     | <input type="text"/> / <input type="text"/> / <input type="text"/> | Does not attend school <input type="checkbox"/> |
| Given name(s)                            | Male <input type="checkbox"/> Female <input type="checkbox"/>      | Infants/primary <input type="checkbox"/>        |
| <input type="text"/>                     |  | Secondary <input type="checkbox"/>              |
| Relationship to you (e.g. son, daughter) | <input type="text"/>   | Tertiary <input type="checkbox"/>               |

## PART C - Housing Considerations

17. What is your current residential arrangement?

Live in Accommodation (LIA)

Service Residence (SR)

Own Home

Rent Allowance (RA)

Other

Contract of sale required to occupy subsidised housing

Cease Rent Allowance form required

18. When will you be vacating your current residential arrangement?

/  /

19. What type of permanent housing do you require?

DHA staff aim to provide you with an accommodation solution that takes into account your Defence entitlement and family composition and, where possible your preferences, however, the solution is dependent on available options.

**MWD** Service Residence (SR)  Go to Question 20

Rent Allowance (RA)  Go to Question 23

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**MWOD** Live in Accommodation (LIA)  Go to Question 23

**MWD(U)** Rent Allowance (RA)

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**I will be occupying** Own Home  Go to Question 27

Other  Go to Question 27

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

No

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

21. Preferred type of permanent accommodation

Tick one only

Standard house

Unit/Townhouse

22. Do you have a preferred area to live in the new location?

No

Yes  List suburbs in order of preference

|                        |                        |
|------------------------|------------------------|
| 1 <input type="text"/> | 3 <input type="text"/> |
| 2 <input type="text"/> | 4 <input type="text"/> |

23. Do you have any pets?

No

Yes  Type of pet (e.g. cat, dog) Sex Desexed Yes No Age Breed and size (small, medium, large)

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

24. Do you, or any member of your dependent family, own or part own, a residential property in this posting locality?

**Note:** You may not have an entitlement to subsidised housing assistance if you own a residential property in your posting locality. Contact your local DHA Housing Management Centre for more information.

If more than one property please provide details on separate sheet.

No

Yes  Address of the residential property

Number of bedrooms

State  Postcode

Do you intend to live at this residential address in this posting locality?

No  Reason

Yes  Date of intended occupancy  /  /

Is this residential property currently tenanted?

No  Yes  Date lease expires  /  /

Is there a Release Clause? No  Yes



**PART F - Rent Allowance**

**28. Are you applying for Rent Allowance?**

No  **Go to PART G - Declaration**  
Yes

**29. Do you have your CO/OC's permission to live off base?**

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

No  **Do not proceed until approval is confirmed**

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

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Comments

\_\_\_\_\_  
\_\_\_\_\_

**30. Reason you are applying for Rent Allowance**

**Note:** If you are contracted to Defence on 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 Questions 12/13)

Only levels 1, 2 or 3 Live in Accommodation are available

Other circumstances – please give details

\_\_\_\_\_

**31. Do you currently receive Rent Allowance?**

No

Yes  Address of the property where you currently receive Rent Allowance

\_\_\_\_\_  
\_\_\_\_\_  
State Postcode

**32. 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

**33. Address of the rental property/commercial boarding house you will occupy**

\_\_\_\_\_  
\_\_\_\_\_  
State Postcode

Number of bedrooms

**34. What is the term of the lease?**

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_

to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date you occupied, or will occupy the property \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**35. Is there a standard Defence Release Clause included in your lease?**

No  State reason why

Yes

\_\_\_\_\_  
\_\_\_\_\_

**36. 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

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

No  Yes

**Details of the people with whom you share the property**

(If you are occupying a commercial boarding house go to Question 39)

**Note:** MWD — do not include dependants.

**Note:** All other occupants of the premises, whether a civilian (**including children**) or ADF Member, including 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 they are transient and thus temporary co-residents (see PACMAN Chapter 7).

| Service/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"/> |

**38. MWD only**

**Do you wish to elect the 2 bedroom ceiling appropriate to your rank?**

No

Yes

**Note:** If your rent is low, you may benefit from this option. Members choosing the 2 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).

**39. MWOD and MWD(U) only**

**Will you be claiming furniture rental?**

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 contract and a receipt are required (for more information about this option, contact DHA).

**Continue over page**

# Application for bond, rent and utility connection deposit in advance

## Optional

40. 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.

**I understand that 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.**

Signature of Member



Date

/ /

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

## 41. Statement

**IMPORTANT:** Please confirm your understanding of Rent Allowance requirements by reading and ticking each box.

If unsure please ask your DHA consultant.

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 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** to enable the cessation of my Rent Allowance when vacating.

Signature of Member



Date

/ /

**PART G - Declaration**


**41. 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.

**Signature of Member**

|   |
|---|
|  |
|---|

Date

|   |   |
|---|---|
| / | / |
|---|---|

