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 [ ]
   - No [ ]
   Please complete all relevant details below.

   **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 [ ]
   - Army [ ]
   - Air Force [ ]
   - Reserve [ ]
   - Other [ ]
   - Foreign Defence Exchange personnel [ ]
   - Country

8. **Date of birth**
   - / / 

9. **Gender**
   - Male [ ]
   - Female [ ]

10. **Address details**
    - Current residential address
    - Postal address (if different from above)
    - Work address
      - Position/Job title
      - Unit
      - Base
      - Unit location
      - Street address
    - State
    - Postcode

**Work 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 Dependents
   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 Dependents (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: [ ]

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

   MWOD Member without Dependents
   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**

<table>
<thead>
<tr>
<th>Family name</th>
<th>Date of birth</th>
<th>Relationship to you (e.g. son, daughter)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>/ /</td>
<td></td>
</tr>
</tbody>
</table>

**Dependant 2**

<table>
<thead>
<tr>
<th>Family name</th>
<th>Date of birth</th>
<th>Relationship to you (e.g. son, daughter)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>/ /</td>
<td></td>
</tr>
</tbody>
</table>

**Dependant 3**

<table>
<thead>
<tr>
<th>Family name</th>
<th>Date of birth</th>
<th>Relationship to you (e.g. son, daughter)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>/ /</td>
<td></td>
</tr>
</tbody>
</table>

**Dependant 4**

<table>
<thead>
<tr>
<th>Family name</th>
<th>Date of birth</th>
<th>Relationship to you (e.g. son, daughter)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>/ /</td>
<td></td>
</tr>
</tbody>
</table>

**Dependant 5**

<table>
<thead>
<tr>
<th>Family name</th>
<th>Date of birth</th>
<th>Relationship to you (e.g. son, daughter)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>/ /</td>
<td></td>
</tr>
</tbody>
</table>

**Dependant 6**

<table>
<thead>
<tr>
<th>Family name</th>
<th>Date of birth</th>
<th>Relationship to you (e.g. son, daughter)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>/ /</td>
<td></td>
</tr>
</tbody>
</table>
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?  
MWD ☐
- Service Residence ☐
- Rent Allowance ☐
MWOD ☐
- Live in Accommodation ☐ Go to Question 23
MWD(U) ☐
- Rent Allowance ☐

I will be occupying  
- Own Home ☐
- Other ☐

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 Yes ☐ No ☐
- Age ☐
- Breed and size (small, medium, large) ☐
23. 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 HMC for more information.
   (If there is more than one property please provide details on a separate sheet).

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
<th><strong>Address of the residential property</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>Number of bedrooms</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>State</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Postcode</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>No</th>
<th>Reason</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th><strong>Date of intended occupancy</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is this residential property currently tenanted?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is there a release clause?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

**PART C - Other considerations**

24. Are you recognised as a family with special needs?
   (Refer to PACMAN Chapter 8) (MWD only)

   Give a brief summary and attach a copy of your Recognition, Family with Special Needs Letter, as approved by the Defence Community Organisation (DCO).

   **Please state your special needs requirements for housing**

   ![Image](image-url)

25. Do you have any other circumstances or personal preferences (not already included in this application) that you believe should be taken into account regarding your housing?

   This could include specific job requirements, which will help to determine your housing requirements, and may require Department of Defence approval.

   **Please describe**

   ![Image](image-url)
### 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
   - Yes [ ]

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

   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
   - 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?
   - 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?
   - No [ ]
   - Yes [ ]

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

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 [ ]

   Note: Your date(s) of enlistment must be completed at Question(s) 10 and 11

   Date final rent paid to / /

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

$\quad$ Per week $\quad$ Per fortnight $\quad$ Per month $\quad$

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

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).

<table>
<thead>
<tr>
<th>Service number/Employee ID (if applicable)</th>
<th>Rank or title (if applicable)</th>
<th>Name</th>
<th>Rent contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>$</td>
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<tr>
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</tbody>
</table>

36. Do you wish to elect the two bedroom ceiling appropriate to your rank?

(MWD only)

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)

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.
### Optional

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

<table>
<thead>
<tr>
<th>Bond</th>
<th>Rent</th>
<th>Utility connection deposit</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

- Limit to the lesser of four weeks rent or ceiling

**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).

### Statement

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

[Signature]

Date

/ /