



Application for Relocation

The Defence Housing Authority requests you to complete this form before relocation.

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*.

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

- removal and storage of furniture and effects
- temporary accommodation
- travel arrangements
- calculation of allowances
- cessation of rent/RA
- issuing a PIN to HomeFind
- finding a permanent accommodation solution in your gaining location
- relocation support and welcome services for you and your family.

DHA usually gives some or all of the information (including your relocation details) to the Department of Defence and to contractors involved in relocation services. These agencies and organisations are 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 Family & Community Services
- Law enforcement agencies including the police.

Please answer all relevant questions. This will enable DHA to process this application on time to meet your relocation requirement. Please call your local Housing Management Centre if you require assistance with this form. Attach/provide all requested documents to assist the approval process. A Document Checklist is provided with this pack.

Part A — Personal details - All questions must be completed

Part B — New Unit/Base and relocation details - Please complete relevant questions.

Part C — Housing considerations - Please complete relevant questions.

Part D — Other considerations - Please complete, if applicable.

Part E — Travel details - Please complete relevant questions.

Part F — Furniture and effects - Please complete relevant questions.

Part G — Temporary accommodation - Please complete, if applicable.

Part H — Declaration - *To be completed by all members*

Part I — Discharge Declaration - *To be completed by all members discharging from the ADF.*

Returning the Application for Relocation

Return the completed *Application for Relocation* in the reply paid envelope provided, or return the completed form by fax to your local Housing Management Centre.

Keep a photocopy of the completed form for your records.

Forms for relocation checklist

Reason	Additional forms required
Posting	Posting Order
Discharge	Discharge Authority Deferment of Removal Request
Marriage/De facto Recognition	Notice of Intent of Marriage Approval of De facto from Unit/Co Marriage Certificate
Recognition of Special Needs	Approval letter from the Director General of the Defence Community Organisation
Exchange of Service Residence	Request from member to Defence Housing Authority Approval from Defence Housing Authority
Recall to S/R	Request from Defence Housing Authority to Member Approval from Defence Housing Authority
Own means to SR/LIA	Request from member to Defence Housing Authority Approval from Defence Housing Authority or Department of Defence
Breakdown of Marriage	Member: Annex A Chapter 4 PACMAN Performa Categorisation Spouse/Partner: Separate Declaration - both parties to contact the HMC
Eviction from R/A	Eviction notice from Real Estate agent
LIA eviction to R/A	Eviction notice from Unit/Accommodation Contractor
Change in Dependant Status	Categorisation Form Approval for additional dependants from Director of Entitlements
Own Home	House contract Tenure from Defence
RA Approval	Approval from HMC
Courses	Joining Instruction/Posting Order (if requested by Defence Housing Authority)
Overseas Deployment	Unit CO Approval
Overseas Posting	Separate form (this is specific to Overseas postings)

How to contact us:

By telephone: 1800 249 711
(Customer Service Line)

By email: info@dha.gov.au

By web: www.dha.gov.au

**Please return this
completed form to:**

Your local Housing Management
Centre in the reply paid envelope
provided.



Application for Relocation

Office Use Only DHA Relocation No.

Relocation
Approved by

(HMC delegates signature and printed name)

Date / /

Part A Personal details

1. Service number

Employee ID number

2. Title/Rank

3. Full name

Surname

Given names

4. Service: Navy Army Air Force

Reserve Other

Foreign Defence Exchange personnel

Country

5. Date of birth / /

6. Gender Male Female

7. Your current contact details — Home address

State Postcode

Postal address (if same as home address write 'AS ABOVE')

State Postcode

Work address

Position/Job title

Unit Base

Unit location

Street address

Phone numbers

Work (STD)

Home (STD)

Mobile

Fax numbers

Work (STD)

Home (STD)

Email address

Work

Home

8. Preferred method of communication (how DHA will contact you)

Telephone Work Home Mobile

Fax Work Home

Email Work Home

Correspondence Work Home Postal address

Part B New Unit/Base and relocation details

9. Rank at new Unit/Base

Position/Job title

Location of new Unit

Location of new Base

New Unit for duty

New base for duty

Administration Unit/Base

10. Reason for relocation

Posting Course

Posting effective date / / Posting authority

Date posting issued / / Posting tenure: less than 6 months

6–12 months

more than 12 months

Discharge

Discharge effective date

/ /

Discharge authority

Change in circumstance

- Marriage/De facto recognition Change in dependant status
- Recognition of special needs Own home
- Exchange of service residence RA Approval
- Recall to service residence Death
- Own means to service residence/LIA Overseas deployment
- Breakdown of marriage Civilian
- Eviction from RA Promotion
- LIA eviction into RA

Required date for
relocation

/ /

Dependant/Child 6

Surname

Given names

Date of birth / /

Gender Male Female

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

What type of school will this dependant attend at your new location? Will not attend school
 Infants / Primary
 Secondary
 Tertiary

If more than 6 dependants will accompany you on this posting, please provide details on a separate sheet.

15. Will you need to return to your old locality to assist with the uplift? Note: DHA is responsible for booking travel if you are approved to return.

No
 Yes Expected date of return / /

Please ensure travel requirements are completed in Part E, Question 25.

Part C Housing Considerations

16. What is your current residential arrangement?

- Living in
- Service residence
- Own home
- Rent Allowance
- Partial Rent Allowance
- Other

Please specify

17. Do you need Defence Housing Authority to provide your permanent housing requirement in your new location?

No **Go to Q20**
 Yes Please fill in your requirement for permanent accommodation below:

Permanent Accommodation Solution.

MWD

- Service residence **Go to Q18**
- Own home **Go to Q20**
- Other **Go to Q20**

MWOD

- LIA **Go to Q21**
- Partial RA **Go to Q20**
- Own home **Go to Q20**
- Other **Go to Q20**

MWOD+5 and MWD(S)

- LIA **Go to Q21**
- RA **Go to Q20**
- Service residence **Go to Q18**

Own home **Go to Q20**

Other **Go to Q20**

Transit LIA required?

No
 Yes

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.

18. Preferred type of permanent accommodation (tick one only)

Standard house Unit/Townhouse

19. Do you have a preferred area to live within the new location?

No
 Yes List suburbs in order of preference

20. Details of your pets (if applicable)

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

21. Do you, or any member of your dependent family, own a residential property in the new location?

No **Go to Q22**
 Yes

Give details of the residential property

Address

State Postcode

Number of bedrooms

Do you intend to live at this residential property during this posting?

No Please provide reason

Yes Date of intended occupancy / /

Is this residential property currently tenanted?

No
 Yes Date the lease expires / /

Is there a Release Clause? No
 Yes

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

Part (ii) – If driving own vehicle please complete.

If it is your intention to freight one or more of your vehicles you will need to complete question 31.

Vehicle 1

Vehicle make

Model

Engine (cubic capacity)

Registration number

State

Registration expiry date / /

Will you be towing anything?

No

Yes ▶ Item description (e.g. trailer)

Registration number State

Will any person (other than your spouse or the dependants you have named on this form) be travelling with you?

No

Yes ▶ Is this person in the ADF?

No Yes

Their name

Employee ID number

Vehicle 2

Vehicle make

Model

Engine (cubic capacity)

Registration number

State

Registration expiry date / /

Will you be towing anything?

No

Yes ▶ Item description (e.g. trailer)

Registration number State

Will any person (other than your spouse or the dependants you have named on this form) be travelling with you?

No

Yes ▶ Is this person in the ADF?

No Yes

Their name

Employee ID number

Part F Furniture and effects

26. Do you have any items currently in storage at Commonwealth expense?

No Yes

Location of items (e.g. city and state)

<input type="text"/>
<input type="text"/>
<input type="text"/>

Do you require continued storage of these items?

Note: If you are relocating to a House or Townhouse you may no longer be entitled to continued storage at Commonwealth expense.

No Yes

Preferred delivery date / /

Delivery address

<input type="text"/>
<input type="text"/>
<input type="text"/>
State <input type="text"/> Postcode <input type="text"/>

27. Are you effecting your own removal?

No

Yes ▶ **Note:** This is subject to DHA approval

28. Relocation details for your furniture and effects

If your removal has more than one part, (e.g. direct delivery to a residence, temporary storage, delayed delivery to a residence), please provide an inventory for EACH part.

Inventory A

Inventory submitted electronically to Toll transitions Inventory attached to Toll transitions

Preferred pre-pack date / /

Uplift address Preferred uplift date / /

<input type="text"/>
<input type="text"/>
<input type="text"/>
State <input type="text"/> Postcode <input type="text"/>

Preferred delivery date / /

<input type="text"/>
<input type="text"/>
<input type="text"/>
State <input type="text"/> Postcode <input type="text"/>

Inventory B

Inventory submitted electronically to Toll transitions Inventory attached

Preferred pre-pack date

Uplift address Preferred uplift date

State Postcode

Preferred delivery date

Delivery address

State Postcode

29. Will you have items requiring long-term storage or overflow storage?

No

Yes ► **Complete Q30- Inventory C**
(Approval to be given by DHA)

30. Inventory C – Items for Long Term Storage

Inventory submitted electronically to Toll transitions Inventory attached

Preferred pre-pack date

Uplift address Preferred uplift date

State Postcode

31. Do you have any vehicles/towable items that need to be transported to the new location (other than the ones already listed at question 25 - Part ii)?

No

Yes ► Give details

Item 1

Item description (e.g. car)

Make

Model

Registration number

State

Location from

Preferred Uplift Date

Location to

Preferred Delivery Date

Item 2

Item description (e.g. car)

Make

Model

Registration number

State

Location from

Preferred Uplift Date

Location to

Preferred Delivery Date

Part G Temporary accommodation

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

32. Will you need temporary accommodation in your current location?

No

Yes ► Preferred motel and other requirements, e.g. cots, pram access etc (if no preference leave blank).

33. Will you need temporary accommodation in your new location?

No

Yes ► Preferred motel and other requirements, e.g. cots, pram access etc (if no preference leave blank)

34. Do you have a preference for a smoking or non-smoking room? Smoking
Non-smoking

35. For calculation of Disturbance Allowance and to enable certification of the number of Departmental moves recorded in our records, please state the number of moves you have had at Departmental expense (including this one).

Part H Declaration

36. Declaration by MEMBER

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.

I acknowledge that in order to be able to provide the services listed on the first page DHA needs to be able to provide some or all of my personal information (including relocation details) to the Department of Defence and to contractors and accordingly consent to this use of my personal information.

I acknowledge that DHA may in certain circumstances also disclose personal information to the other persons, 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 Defence Housing Authority 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.
- Commonwealth indemnity does not apply to vehicles/towable items being transported or while they are parked or stored awaiting uplift or collection. Information obtained during the course of the assessment of my relocation or housing requirements may be provided to the Department of Defence and external service providers for the purpose of managing my housing requirements and relocations.

Signature of Member

Date

 / /

Part I Discharge Declaration

37. Declaration by MEMBER on discharge from the ADF

My address prior to enlistment was

State	Postcode

It is my bona fide intention, on termination of my service, to take up residence at the following address and I apply for removal at Departmental expense to that destination.

State	Postcode

- I understand that, in the event of my furniture and effects being moved into storage, I will be responsible from the date of delivery into storage for both storage charges and insurance.
- I undertake to refund the cost of removal in the event of my failure to complete my engagement, or circumstances arising in which I will not qualify for a removal on discharge.
- In the event of my claim for discharge being cancelled or withdrawn after the removal has taken place, I understand that I will be responsible for any additional costs incurred on removal to my new posting locality, less the cost Defence would ordinarily be responsible for.
- 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 Defence Housing Authority or the Department of Defence is a serious offence under the *Crimes Act 1914* and the *Defence Force Discipline Act 1982*, and that these Acts impose substantial penalties, including imprisonment, for committing these offences. Any entitlement provided to me as a result of such conduct may be recovered.

Signature of Member

Date

 / /

Returning the Application for Relocation

Return the completed *Application for Relocation* in the reply paid envelope provided, or return the completed form by fax to your local Housing Management centre.

Keep a photocopy of the completed form for your records.



STAFF-IN-CONFIDENCE
Department of Defence and Defence Housing Authority



Direct Credit Authorisation

The Department of Defence and Defence Housing Authority require you to complete this form to provide them with your bank account details as set out below for the purpose of Direct Credit payment of allowances and entitlements (other than salaries) to staff. This information you provide is safeguarded by the *Privacy Act 1988*, which prevents the information from being used other than for the purposes for which it is collected.

The information provided will be collected and used by the Department of Defence and Defence Housing Authority to process your relocation allowances and entitlements, and lodge payment via Electronic Funds Transfer (EFT) directly into your bank account. As part of this process your particulars will be inserted or recorded as a direct credit vendor on the Resources and Output Management and Accounting Network (ROMAN) and the Defence Housing Authority SUN Finance System. As part of the Defence Housing Authority's responsibility for Defence relocations, details may be used by either the Department of Defence and/or the Defence Housing Authority.

You must be aware that in certain circumstances, this personal information may be provided to other organisations on a need-to-know basis, for reasons such as law enforcement, or in connection with legal proceedings. Please see overleaf the list of organisations included for these purposes.

Staff details

I authorise the Department of Defence and Defence Housing Authority to record and use the details provided for the purpose of Direct Credit payment of Departmental allowances and entitlements. I also authorise the release of information contained in this form to any of the organisations listed overleaf.

Rank or Title	Vendor Number (if known)	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Service	Service Number	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Employee ID Number	AGS Number	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
First Given Name	Middle Initial	Surname
<input style="width: 45%;" type="text"/>	<input style="width: 15%;" type="text"/>	<input style="width: 40%;" type="text"/>
Current Work Address		
<input style="width: 95%;" type="text"/>		
<input style="width: 95%;" type="text"/>		
<input style="width: 95%;" type="text"/>		
Current Telephone Number		
<input style="width: 95%;" type="text"/> <small>(Home)</small>	<input style="width: 95%;" type="text"/> <small>(Work)</small>	<input style="width: 95%;" type="text"/> <small>(Mobile)</small>

Bank or Financial Institution Name	BSB (Bank State Branch) Number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Town or Suburb	<small>This must be a six digit number</small> State
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Account Name	Account Number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<small>Not credit or debit number</small>	

The information I have provided in this application is true and correct. I am aware that the giving of false or misleading information, documents or statements to the Department of Defence and the Defence Housing Authority is a serious offence under the Commonwealth's Criminal Code 1995, and that the Criminal Code imposes substantial penalties, including imprisonment for committing these offences.

Member's signature

Date

--	--



STAFF-IN-CONFIDENCE



PLEASE NOTE

Organisations to whom this personal information may be provided on a need-to-know basis, for reasons such as law enforcement, or in connection with legal proceedings include: Centrelink, the Australian Taxation Office, Courts or Tribunals, Commonwealth or State Departments/Agencies where there is an obligation under law to provide it, Department of Family and Community Service, Law enforcement agencies including the police, Defence's and DHA's legal representatives.

All members undertaking relocation are required to complete and submit this **Direct Credit Authorisation** form. This is a new form, distributed only in the Relocations Pack. It is used in the Relocations Pack instead of the Department of Defence Direct Credit Authorisation Form AC 839, but it does not replace the use of Form AC 839 in any other circumstances.

This **Direct Credit Authorisation** form will enable both the Department of Defence and the Defence Housing Authority (DHA) to process your relocation allowances and entitlements, and lodge payment via Electronic Funds Transfer directly into your bank account.

It has been approved by the Department of Defence Financial Services Branch, sponsor of the Department of Defence Chief Executive Instructions (CEIs).

If you have any questions about the **Direct Credit Authorisation** form, please contact your local Housing Management Centre (HMC).

Office use only

Operator Name	Signature	Date entered

STAFF-IN-CONFIDENCE

Handy Hints on Completing the Application for Relocation Form

The Application for Relocation Form (AFR) should be completed and returned a minimum of 28 days prior to uplift. This will enable DHA to provide you with information and your allowance in a timely manner.

To enable DHA to process this application on time to meet your relocation requirement, please answer all relevant questions. If you require assistance with this form please call your local Housing Management Centre. Please attach/provide all requested documents to assist the approval process (document checklist is included in this pack).

Part A

Personal details

This information is required so that we can correctly identify a member who is relocating.

Hint: if you have a mobile phone number please include it as DHA can use this to contact you after uplift.

Part B

New Unit/Base and Relocation Details

This information is required so that DHA can calculate entitlements and housing for this relocation.

Question 10 – Reason for Relocation

Please note that none of your paperwork can be processed without the proper authority.

Questions 11, 12 and 13 – Pay and Enlistment Details

Hint: These can be obtained from your Unit Pay Representative.

Question 14 – Status for relocation

Please fill out completely as this allows DHA to calculate your allowances and accommodation needs.

Question 15 – Return to old location to assist with uplift

Your Unit approves this; DHA will book your travel. Please include details in **travel details section**.

Part C

Housing considerations

This information is used to determine the type of temporary accommodation required in the losing location on uplift, and provide your permanent accommodation in the gaining location.

Part D

Other considerations

This information is required so that DHA can take into account other circumstances that may impact on your housing and relocation requirements.

Part E

Travel details

This section is used to manage your travel requirements including booking travel and calculating allowances that include mileage, meals and accommodation during your trip.

Question 26 – How will you and your dependants get to your new location.

Please fill out all trip details, making sure that you include all relevant departure and arrival dates. These are used to book temporary accommodation

Part F

Furniture and effects

This information is crucial to ensuring a smooth removal. The preferred dates provided by you will be used by Toll Transitions to plan the relocation of your furniture and effects. If you are unsure as to how long it takes for furniture and effects to be delivered to your new location, please contact a Removal Advisor at your nearest Housing Management Centre or Toll Transitions on **1800 819 167**.

Please note that Pre-pack and Uplift are not available on weekends or Public Holidays unless agreed to by DHA. DHA will use this information to assist in the booking of temporary accommodation and the vacation of your current home.

Please note that by providing preferred dates both DHA and Toll Transitions can commence organising your relocation.

Question 31 - Freight vehicles

Please note that you may have vehicles freighted to your new location at departmental expense, but it is your responsibility to arrange insurance cover for those vehicles.

Part G

Temporary accommodation

This information allows DHA to accommodate you and your family close to where you are uplifting from, and attempt to accommodate you close to your new housing solution. However bookings are dependant on available options. The age of your dependants is taken into account when booking accommodation.

Part H-I

Declaration

Please note that you must read and sign these declarations to allow DHA to process your application.

Note

Direct Credit Authorisation

Please ensure that you fill out and sign this form as it is used by DHA to pay your allowances by EFT.