

## **Acceptance of smaller housing**

Complete this form to confirm that you accept listing for and/or being allocated a property with fewer bedrooms than your entitlement based on your current household.

Application number:							
Date listed for public housing:							
Dec	claration – applicant/s to rea	d					
I/We			and				
l	Name of applicant		l	Name of ap	plicant		
Acknowledge that I/we are eligible for				bedroom housing. However, I/we agree			
to accept listing for and being allocated				bedroom housing because of the			
possible reduction in waiting time. I/we understand that the department will not consider or							
approve	a transfer to larger housing at a	later date	, unless	the number of househ	old me	mbers	6
increase	S.						
with your hou non-governm personal info	ice - The Department of Housing is collecting you using needs and services, your personal informat nental agencies that now, or will, provide you with ormation will not be disclosed to any other third pass available on our website at <a href="https://www.housing.qld.gg">www.housing.qld.gg</a>	ion may be di housing and/ arty without yo	sclosed to pa or support s	artner agencies, service providers ervices. Unless authorised or requ	, local gove uired by law	ernments /, your	
correct. I/ provide to	est of my knowledge, the information We understand that it is an offence of the Department of Housing false of lity for housing services.	liable to a	penalty (	under the <i>Housing Act</i> 20	003 to kr	nowing	gly
Signatur	e of applicants/tenants						
Name:	S	ignature:			Date:	/	/
Name:	S	ignature:			Date:	/	/
Please ret	turn completed form to your nearest	Housing S	<u>Service Ce</u>	<u>entre.</u>			
Department of Housing use only							
Request	assessed as per Housing Online For	Me (HOM	E).	Yes  No			
Applie	cation <b>APPROVED</b> by delegated offic	cer [	Applica	ation <b>NOT APPROVED</b> by	delegat	ed offi	cer
	oval/Non approval letter sent			ntered into SAP	9 **		