

9 December 2020

National Rental Affordability Scheme

Request to Transfer an Allocation to another Rental Dwelling (Substitution)

## When to use this form

This is the approved form under section 20 of the National Rental Affordability Scheme Regulations 2020 (the Regulations). Approved participants must use this form to request
to request the Secretary of the Department of Social Services (the Secretary, the department) transfer a National Rental Affordability Scheme (NRAS) allocation from one rental dwelling
to another rental dwelling.

***Note: If you are requesting the transfer of multiple allocations, you are required
to complete one application form per allocation.***

## Who fills out the form?

Applications must be completed by an approved participant or an authorised agent
of an approved participant. Applications completed by any other parties will not be considered
by the department.

## Consideration of request

Once a properly signed form with all required attachments has been lodged, the Secretary will consider the request. When making a decision, the Secretary will take into consideration any relevant factors such as the age, size, composition, location, access to key amenities of the proposed dwelling, proximity of dwellings to services and the views of the relevant state
or territory authority.

## Date of effect of the transfer

If the Secretary decides to transfer an allocation from one rental dwelling (‘the original rental dwelling’) to another rental dwelling (‘the new rental dwelling’) under section 20 of the Regulations, the date the Secretary approves the transfer will usually be the date of effect
of the transfer. However, if requested, the Secretary may give a different date of effect of the transfer, for example the date of this application or a later date. If you wish to request the transfer to occur from the date of this application or a later date please provide your reason
in this form.

Requests made using this form can take 15-20 business days to process.

## Documents that must be lodged with this form

The following documents must be attached to this form when it is lodged:

* copy of certificate of occupancy for new rental dwelling (or equivalent);
* copy of independent market rent valuation relating to the actual first available for rent date for the new rental dwelling;
* copy of the completed Market Rent Valuation (MRV) Checklist relating to the independent market rent valuation
* supporting evidence that the proposed transfer complies with special conditions
or attributes associated with the allocation (if applicable); and
* signed declaration from investor (if applicable).

## Submission and attachments

Once completed, please submit your application and all supporting evidence identified in this form to nras@dss.gov.au.

Part 1 – Approved participant details

Name of requesting approved participant

|  |
| --- |

ABN

|  |
| --- |

Authorised NRAS contact name

|   |
| --- |

Position

|  |
| --- |

Contact numbers

| Work:Mobile: |
| --- |

Email address

|  |
| --- |

Part 2 – Original rental dwelling details

Dwelling ID

|  |
| --- |

Date on which the allocation for the original rental dwelling stopped complying with the requirements
of the Scheme

|  |
| --- |

Full Address of original rental dwelling (number/street, suburb, state, postcode)

|  |
| --- |

Has the original rental dwelling ever been tenanted under the Scheme?

 Yes [ ]

 No [ ]  *Continue to* ***part 3 – Basis of request***

Is there an ‘**investor**’ in relation to the dwelling?

 Yes [ ]  *Please complete investor details below and attach a properly completed Investor Declaration form.*

 No [ ]  *If the dwelling is owned by the approved participant, please supply proof
of ownership when submitting this form to the department.*

Investor name

|  |
| --- |

Investor phone number

|  |
| --- |

Investor email

|  |
| --- |

Have all NRAS incentives owing to the investor been passed on?

 Yes [ ]

 No [ ]  *Please provide an explanation below*

|  |
| --- |

Has the Investor Declaration form (see page 7 of this form) been completed by the investor and attached?

 Yes [ ]

 No [ ]

*Note: If you are unable to contact the investor for the original rental dwelling, please provide a Statutory Declaration made in accordance with the Statutory Declarations Act 1959 which states this and confirms that any contractual entitlements in relation to NRAS have already been met by the approved participant.
A template Statutory Declaration can be found at* [*link
to Commonwealth Statutory Declaration form*](http://www.ag.gov.au/Publications/Statutory-declarations/Documents/commonwealth-statutory-declaration-form.pdf)*.*

Part 3 – Basis of request

Why is the current approved dwelling unable to stay
in the Scheme?

Dwelling sold [ ]

Dwelling withdrawn from NRAS [ ]

Dwelling has never been active in NRAS [ ]

Building non-compliant with standards [ ]

Impacted by natural disasters [ ]

Other – please specify in the box below [ ]

and attach additional information if required.

|  |
| --- |

Are there any special attributes or conditions attached to this NRAS allocation?

Yes [ ]

 Please describe in the box below and attach any

 relevant evidence in support.

No [ ]

|  |
| --- |

***Note****: Special attributes or conditions are specified
in your original letter of offer or the most recent letter
of notification following a change request for the allocation.*

Part 4 – New rental dwelling details

Dwelling style

|  |
| --- |

Number of bedrooms

|  |
| --- |

Full address (number/street, suburb, state, postcode)

|   |
| --- |

Development approved date

|  |
| --- |

Date that construction of the new dwelling commenced

|  |
| --- |

Certificate of occupancy issued date

|  |
| --- |

Market Rent Valuation amount

| $ |
| --- |

Proximity of dwelling to services

|  |
| --- |

Is there an ‘**investor**’ in relation to the dwelling?

 Yes [ ]  *Please complete investor details below
and attach a properly completed Investor Declaration form.*

 No [ ]  *If the dwelling is owned by the approved participant, please supply proof
of ownership when submitting this form to the department.*

Investor name

|  |
| --- |

Investor phone number

|  |
| --- |

Investor email address

|  |
| --- |

Investor Type

Individual [ ]  (no ABN required)

Company [ ]

Self Managed Super Fund [ ]

Approved Participant [ ]

Investor ABN

|  |
| --- |

Investor postcode

|  |
| --- |

Property/Tenancy Manager found an eligible tenant

Yes [ ]

No [ ]

Property and Tenancy Manager Type

Commercial [ ]

Estate agent [ ]

Community housing [ ]

Not for profit [ ]

Local government [ ]

State government [ ]

Does the new rental dwelling comply with the ‘General Conditions’ of the allocation under Division 2 of the Regulations?

Yes [ ]

 No [ ]  Please describe below why this is not the case

|  |
| --- |

Does the new rental dwelling comply with any **special conditions** applied as part of your NRAS allocation?

Yes [ ]  *Please describe below and attach any relevant evidence in support*

 No [ ]

N/A [ ]

|  |
| --- |

If the new rental dwelling does not comply with the special conditions in relation to the allocation, does the approved participant wish to request that these
be removed?

 Yes\* [ ]

 \*If yes, please complete and attach an application

 to vary or remove special conditions

 No [ ]  Please provide additional information

 N/A [ ]

Have you attached additional information for the above question?

 Yes [ ]

 No [ ]

 N/A [ ]

In what form should the department issue Commonwealth NRAS incentives for the substitute dwelling?

RTO [ ]

 Cash [ ]  Please provide current evidence that the approved participant is an endorsed charity with the Australian Taxation Office.

***Note****: only approved participants who are ATO endorsed registered charities are able to receive Commonwealth NRAS incentives as cash payments.*

Certification and declaration

I certify to the best of my knowledge that the information provided in this application, including the attachments, is correct and complete.

I understand that giving false or misleading information is a serious offence.

Signature:

Date:

Checklist

**Please ensure you have attached the following documentation prior to submitting your request:**

* Copy of Certificate of Occupancy for new rental dwelling (or equivalent) [ ]
* Copy of independent Market Rent Valuation [ ]
* Copy of completed Market Rent Valuation (MRV) Checklist [ ]
* Supporting evidence that the proposed [ ]

transfer complies with special conditions
or attributes associated with the allocation

 (if applicable)

* Request to Vary the Special Conditions [ ]

(if required)

* Signed declaration from Investor (if required) [ ]
* Evidence that approved participant is an ATO [ ]

endorsed charity (if required)

* Evidence that the requesting approved [ ]

Participant is the legal or beneficial owner
of the original rental dwelling (if required)

* Completed application to vary or remove special conditions (if required) [ ]

Please note, for this type of request you are not required to update the NRAS Portal.

**INVESTOR DECLARATION:
(Must be completed by owner of original rental dwelling exiting the Scheme)**

**NB: If the original rental dwelling is owned by the approved participant this form is not required.**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, declare that I am the legal
or beneficial owner of the National Rental Affordability Scheme approved
rental dwelling, ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, located at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I acknowledge that the approved participant for the allocation attached to the above rental dwelling intends to request the allocation be transferred to another rental dwelling.

I understand that the Secretary of the Department of Social Services (the Secretary) will consider whether to transfer the allocation to another rental dwelling following receipt that request.

I understand that if the Secretary approves the approved participant’s request, that the above rental dwelling will no longer attract any NRAS incentives from the date
of the Secretary’s decision (or the date of the approved participant’s request,
if applicable).

I can confirm that all NRAS incentives owing to me have been passed
on by my approved participant:

Yes [ ]

No [ ]

If “No”, please provide an explanation:

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_