



**Receiving Community Housing Provider**

Name of Community Housing Provider:

Community Housing Provider contact person:

Date the receiving Community Housing Provider will begin paying fixed payments on the property (if different from the date when property will be ready for transfer).

**Declaration for both Community Housing Providers**

1. The tenant agrees to the transfer and has signed appropriate paperwork to end their previous tenancy with the relinquishing Community Housing Provider and begin a new tenancy with the receiving Community Housing Provider.
2. The transfer will not have a significant negative impact on either Provider's viability.
3. The relinquishing Community Housing Provider has advised the receiving Community Housing Provider of any significant and known maintenance issues with the property.
4. Both Community Housing Providers agree to the transfer subject to the maintenance items being completed and/or funded by the responsible party.

**To be signed and sealed by authorised officers of both Community Housing Providers**

**Relinquishing Community Housing Provider (i.e. the Provider giving up the property)**

Signature 1	<input type="text"/>	Community Housing Provider seal	<input type="text"/>
Date	<input type="text" value="/"/>		
Signature 2	<input type="text"/>		
Date	<input type="text" value="/"/>		

**Receiving Community Housing Provider (i.e. the Provider receiving the property)**

Signature 1	<input type="text"/>	Community Housing Provider Seal	<input type="text"/>
Date	<input type="text" value="/"/>		
Signature 2	<input type="text"/>		
Date	<input type="text" value="/"/>		

**Return to:** SA Housing Authority  
Industry Partnerships  
GPO Box 292  
ADELAIDE SA 5001