

Queensland Housing Register Advice Form – Community Housing Government Housing Service Provider and Department of Housing

Offers advice		Exit advice		
Service provider details				
Provider name:	С	ontact name		
•		ax number:		
Email address:				
		roperty details		
House/unit number:	Street address:			
Suburb:			Postcode	
Unique property identifier (UPI):		Program		
Describe communal facilities (if any)				
Outco	me of referral - C	ommunity housir	ng programs	
Application number: Applicant name:				
Accepted Not offered /Offer	withdrawn 🔲 Hou	using not required	Refused complete Applicant response *	
Offered on: *Applicant response:				
Comments:				
Application number:		Applicant name:		
Accepted Not offered /Offer withdrawn Housing not required Refused complete Applicant response*				
Offered on: *Applicant response:				
Comments	•			
Application number:		Applicant name:		
Accepted Not offered /Offer	withdrawn 🔲 Hou	sing not required	Refused Complete Applicant response*	
Offered on: *Applic	ant response:			
Comments:	/ Application (Soperior)			
In	active period - tr	ansitional housin	g only	
In Application number:	active period - tr	ansitional housin Applicant name:	g only	
	active period - tr			
Application number:		Applicant name:	date	
Application number:	Exits - trans	Applicant name: Inactive period end	date	
Application number: Inactive period: Yes No	Exits - trans	Applicant name: Inactive period end itional housing or	date	
Application number: Inactive period: Yes No Application number: Exited on:	Exits - trans To	Applicant name: Inactive period end itional housing or enant name xited to:	date	
Application number: Inactive period: Yes No Application number: Exited on: Forwarding address, if known (no	Exits - trans To	Applicant name: Inactive period end itional housing or enant name xited to:	date nly	
Application number: Inactive period: Yes No Application number: Exited on:	Exits - trans To	Applicant name: Inactive period end itional housing or enant name xited to:	date nly	
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