

APPLICATION FOR A RENTAL REBATE

OFFICE USE ONLY

Date received: / /

Received by:

Tenancy No:

Expiry date prev rebate: / /

Application Number:

New Application

Change of Circumstances

Additional information for Existing Application

Please use BLOCK LETTERS

You need to provide complete and accurate information. If you don't do so, the processing of your rental rebate details may be delayed. Inaccurate information can also result in legal action being taken to recover rebates to which you have not been entitled.

Current Address:		Rental Payment Method: (eg. Cash, Centrelink, Bank Deduction)
Rent Account Number:	Telephone Contact Numbers (Home/work/mobile): (H).....(W).....(M).....	

Part A – Household Particulars

List the details of ALL persons living at your address

Full Name/s	Relationship to APPLICANT (eg., Spouse – Son – Daughter)	Date of Birth	Type of Income (eg., Wages - Pension - Super)	Source of Income (eg., Name of Employer – Super Fund – Centrelink)	Gross Fortnightly Income (Before tax)	Aboriginal or Torres Strait Islander descent?*	Disability or special needs * (Optional – use separate sheet if insufficient space)
EXAMPLE: John Henry Smith	Spouse	12 / 03 / 62	Pension	Centrelink	\$286.95	No	Yes (No stairs)
	APPLICANT	... / ... / ...			\$		
		... / ... / ...			\$		
		... / ... / ...			\$		
		... / ... / ...			\$		
		... / ... / ...			\$		
		... / ... / ...			\$		
		... / ... / ...			\$		
		... / ... / ...			\$		

* This information is required for statistical purposes and to assist Housing ACT to review existing assistance programs and develop new programs that better target the community.
If people have moved into or left the property, the Tenant(s) must provide a Statutory Declaration advising of the date the person(s) entered or departed.
If you are paying child support, please provide a Payment Assessment from Child Support Agency or other evidence. These payments are exempt from assessment for Rebate purposes.

Please Note

This application will only be assessed when all questions are fully answered and evidence of income is received. An incorrect or incomplete application will cause delay in the assessment of your rebate. If you are unsure how to answer any question, please contact your Housing Manager. The complete application may be posted to Housing ACT or delivered to Housing ACT as below:

Postal Address Housing ACT Locked Bag 3000 BELCONNEN ACT 2617	Belconnen (Shopfront) Applicant Services Centre Nature Conservation House Cnr Benjamin Way & Emu Bank BELCONNEN ACT 2617	DROP OFF BOX ONLY City City Health Centre 1 Moore Street Canberra City	DROP OFF BOX ONLY Woden Phillip Health Centre Cnr Corinna & Keltie Streets WODEN	DROP OFF BOX ONLY Tuggeranong Canberra Connect Shop 17-21 Homeworld Shopping Centre Reed Street, Tuggeranong
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INCOME CONFIRMATION AUTHORITY

I / We hereby authorise Centrelink to provide to Housing ACT a Centrelink Statement of Income in connection with my / our Application for Rental Rebate.

I / We understand that the Statement will contain;

- The type and amount of the pension or allowance payment Centrelink make to me / us.
- The number of dependent children used to assess any family payments.
- Details of anything being deducted from my / our payments, such as CSA payments, Centrepay deductions, Rent deductions.
- Details of any other income I / we have told Centrelink about, such as overseas pensions, child maintenance, returns on investment, wages/salary.

These details will be used by Housing ACT to assess my / our entitlement to a Rental Rebate.

I / We consent to Centrelink providing this Statement electronically via the Income Confirmation service. This consent is limited to providing information only in respect of this Application for Rental Rebate.

I / We understand that I / we will be able to obtain a written copy of the Statement at any time from either Housing ACT or Centrelink.

Applicant 1

Full Name
Centrelink CRN
Signature
Date / /

Applicant 2

Full Name
Centrelink CRN
Signature
Date / /

Applicant 3

Full Name
Centrelink CRN
Signature
Date / /

Applicant 4

Full Name
Centrelink CRN
Signature
Date / /

Statement by Employer of Employee Income

This confirms that Mr / Mrs / Ms
of
has been employed by for weeks in the past 26 weeks.

During those weeks his/her gross earnings were \$.....

His/Her present gross weekly wage consists of:

- Base Wage \$.....
- Overtime \$.....
- Allowances/Commission \$.....
- Total** \$.....

He/She commenced with the company on / /

Statement provided by

Name of person completing this form and to whom Housing ACT may direct enquiries regarding its content		
Signature / /	Position held (eg. Manager, Treasurer)	Telephone contact No.

I D.O.B. / /
 (Client's Full Name)

Address

give permission to Housing ACT for the release and exchange of information in connection with my Application for a Rental Rebate with the Company/Firm or person nominated above.

..... Date..... / /
 Signature

