

APPLICATION FOR A RENTAL REBATE

OFFICE USE ONLY
Date received: / /
Received by:
Tenancy No:
Expiry date prev rebate: / /
Application Number:

community partners

Please use BLOCK LETTERS

You need to provide complete and accurate information. If you do not 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: (e.g. 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 (e.g. Domestic Partner – Son – Daughter)	Date of Birth	Type of Income (e.g. Wages - Pension - Super)	Source of Income (e.g. Name of Employer - Super Fund - Centrelink)	Gross Fortnightly Income (Before tax)	Aboriginal or Torres Strait Islander descent*	Disability or special needs * (Use separate sheet if insufficient space)
John Henry Smith	Domestic Partner	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.

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 2616 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

F00193(0908) AF2009-96

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Housing Assistance Act 2007, s 39

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.

	Part B – Ot	ther Income Sources	
Has anyone in the h		from savings banks, fixed deposits, cred	dit unions, building societies
☐ Yes ☐ No	or dividends from a	arry investments in the past year:	
If YES, show details here. The amo	ount of money received must be	shown, not the amount on deposit or in	vested.
Name	Annual Amount \$	Name	Annual Amount \$
Current Balance of Savings \$		Current Balance of Investment	s \$
Does anyone in the household curre anybody intending to claim?	ently have an outstanding claim	for workers or other form of compensat	ion, or is
Yes No			
Note: If YES, applicants must comp	olete an <i>Undertaking To Repay</i> i	Rental Rebate when any payment is red	ceived.
Is anyone in the household anticipa party insurance or other source?	ting, or has received, any lump s	sum payment (in the past 12 months) from	om third
☐ Yes ☐ No			
If YES, provide information and atta	ch appropriate documentation		
	Important Info	ormation For Applicants	
What is Gross Income?		ages, salary, pensions and allowance s, superannuation, compensation, fa	es (including overseas pensions), mily payments and child maintenance.
	person receiving any income muy of the following:	ust provide proof of that income before a	a rental rebate will be assessed. This can
•	Statement showing interest/d Department of Veterans' Affa Centrelink statement (Centrel completing an authority form) If you are self-employed: plea	link clients can authorise Housing ACT ase refer to the Fact Sheet for Proof of I	nd statement)
		Declaration	
 information may lead to Undertake to notify House may be varied, and acknowledge that: a) the rent rebate is b) at the end of the have an on going c) failure to submit it 	s of this application are true a prosecution and recovery of sing ACT immediately of any nowledge that the failure to no verpaid rebate granted. for a period of six months of rent rebate period, I/we music lentitlement to a rebate; and	any rebate granted. The change to the household particular The otify Housing ACT will result in the The such other period as the Housing The submit a new Application for Rent The other period by the Housing	recovery by the Commissioner for Commissioner may determine; al Rebate form if I/we believe I/we
Privacy			
disclosed where required or authori	treated confidentially and used to sed by or under law.		ate, for statistical purposes and may be ou to correct it if necessary.

Signature

.....

...../...../.....

Signature

.....

..... / /

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	Applicant 2
Full Name	Full Name
Centrelink CRN	Centrelink CRN
G:	G' .
Signature	Signature
Date/	Date/
Applicant 3	Applicant 4
Applicant 3 Full Name	Applicant 4 Full Name
Full Name	Full Name
Full Name	Full Name
Full Name	Full Name
Full Name Centrelink CRN	Full Name Centrelink CRN
Full Name	Full Name Centrelink CRN
Full Name Centrelink CRN	Full Name Centrelink CRN
Full Name Centrelink CRN	Full Name Centrelink CRN

Statement by Employer of Employee Income

of			
has been employed by			
During those weeks his/her gross earning	ngs were \$		
His/Her present gross weekly wage con	sists of:		
Base Wage	\$		
 Overtime 	\$		
Allowances/Commission	\$		
Total	\$		
He/She commenced with the company of	on//		
Statement provided by			
Name of person completing	this form and to whom Ho	ousing ACT may direct enquiries regarding its	s content
Signature			
Signature		Position held (e.g. Manager, Treasurer)	Telephone contact No.
	//	Position held (e.g. Manager, Treasurer)	Telephone contact No.
	//		Telephone contact No.
	/ /		Telephone contact No.
	//		Telephone contact No.
I		D.O.B// .	
(Client's Full Name)	ase and exchange of	information in connection	

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