

Residential Rent Relief Application form

Please call Housing Connect on 1800 800 588 if you need help to complete this application.

Section A: Tenant eligibility check

Completing this section first will help you check if you are eligible for the program. The criteria apply to the tenant/s and supporting documentation must be provided. The information will be used to determine if the landlord or agent will receive the Residential Rental Relief, subject to approval by the Department of Justice. Please place a tick in each box to determine your eligibility. All boxes must be ticked to be eligible. If you have already received Rent Relief but require extra support, you will need to complete an [Application for Residential Relief Extra Support form](#) available at www.communities.tas.gov.au

Each eligible tenant must demonstrate

Criteria	Checklist of supporting documentation
<input type="checkbox"/> I am renting or boarding in the private market	<input type="checkbox"/> Tenancy Agreement or Statutory Declaration
<input type="checkbox"/> My portion of the rent is more than 30 per cent of my gross income	<input type="checkbox"/> Income statement/s or payslip/s*
<input type="checkbox"/> I am in financial hardship because of COVID-19 (eg: loss of income)	<input type="checkbox"/> Earlier income statement/s or payslip/s*
<input type="checkbox"/> The household has less than \$5,000 in total savings	<input type="checkbox"/> Bank statements recording 6 months' activity*
<input type="checkbox"/> Your identity	<input type="checkbox"/> Driver's licence, passport, birth certificate, Medicare card or other*

* If there is more than one signatory tenant who is seeking a rent reduction, then each of those tenants must provide supporting documentation to demonstrate that each of them is experiencing financial hardship because of COVID-19.

Section B: Tenant details

Please provide your contact information so that we can notify you about the status of the application. If there is more than one signatory tenant who is seeking a rent reduction, then only list the names of those tenants that are considered eligible in Section A. Please do not include the names of tenants who are not seeking a rent reduction or who are not eligible.

Property address

▶ Number and Street <input type="text"/>	▶ Suburb <input type="text"/>	▶ Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Full name of all eligible tenants*:

	▶ Given name/s	▶ Family name	▶ Date of birth
1	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Primary contact	▶ Name <input type="text"/>	▶ Email <input type="text"/>	▶ Phone <input type="text"/>

* Subject to approval

Section C: Rent Reduction Agreement

Did the tenant and landlord or agent reached an agreement?

- ▶ NO Complete Sections A and B, then submit this form.
The Office of the Residential Tenancy Commissioner will then contact you.
- ▶ YES Continue completing this form

The tenant and landlord or agent agree to:

- ▶ The reduction of rent payable from: per week, for the household
- ▶ to the value of: per week, for the household*
- ▶ for the period ending: *

If there is more than one tenant listed in Section B, each of these tenants agrees to:

- ▶ The reduced rent payable of: per week, for tenant **1**
- per week, for tenant **2**
- per week, for tenant **3**
- per week, for tenant **4**
- per week, for tenant **5**

Signatures

* **By signing this I am also aware that any subsidy paid to the landlord or agent as part of the Residential Rental Relief will be calculated on the basis of reduced rent payable only for approved eligible tenants and will extend only until 31 January 2021, or until the figure of 4 weeks rent, or \$2,000 is reached.**

Signed by landlord or agent Date

Signed by tenant **1** Date

Signed by tenant **2** Date

Signed by tenant **3** Date

Signed by tenant **4** Date

Signed by tenant **5** Date

Section D: Payment details

Please nominate if the landlord or the agent will receive the Residential Rental Relief, subject to approval by the Department of Justice and provide your contact information so that we can notify you about the status of the application.

Representative

Landlord Agent

▶ Given name/s

▶ Family name

▶ Email

▶ Phone

I/We would like the Department of Justice to:

Please credit my/our account listed below for the Residential Rental Relief Grant

▶ Bank

▶ Account name

▶ BSB

 -

▶ Account number

Completed forms

Your next step is to send your application with supporting documentation to the Department of Justice. Assessment against criteria may result in additional documentation being required. The Department of Justice will advise you if this is the case. Please allow up to nine business days for your application to be received and assessed. Notification from the Department of Justice will be sent confirming the outcome of the application.

Email to:

rda@justice.tas.gov.au

Or mail to:

Rental Services
P.O. Box 56
Rosny Park
Tasmania, 7018

Please do not provide original documents if submitting this application by post. Copies and images of supporting documentation must be clearly legible to be accepted.

Contact Housing Connect on **1800 800 588** for more help on how to apply.

Office use only

Department of Justice

B	C	SHIP-UID	Criteria and Supporting Documentation								Outcome	
			1		2		3		4		Eligible	Not
			Met	SD	Met	SD	Met	SD	Met	SD		
1	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assessed grant payable \$

Reason for not eligible

Other comments (if any)

Assessment Officer

Date Phone

Payment ID

Duplicate check No duplicates Duplicate record > Not approved

Approval Approved Not approved

Notification Primary tenant Landlord or agent

Grant paid \$

Payment Officer

Date