

Remote Rent Safety Net Application

This form is for applying to change your current rent to the remote rent safety net. You must provide supporting document of income details for persons 18 years old and over that are listed on this form. (Note: Alice Springs Town Camps are excluded from the Remote Rent Safety Net)

Tenant 1			
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other:		
Full name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified	Date of Birth	/ /
Mobile		Other contact	
Email address			
Tenant 2			
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other:		
Full name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified	Date of Birth	/ /
Mobile		Other contact	
Email address			
Address			
Residential			
		Postcode	
Postal			
Household structure			
Please list the details of the people who live with you.			
Household member 1			
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other:		
Full name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified	Date of Birth	/ /

Mobile		Other contact	
Relationship to tenant			
Household member 2			
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other:		
Full name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified	Date of Birth	/ /
Mobile		Other contact	
Relationship to tenant			
Household member 3			
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other:		
Full name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified	Date of Birth	/ /
Mobile		Other contact	
Relationship to tenant			
Household member 4			
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other:		
Full name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified	Date of Birth	/ /
Mobile		Other contact	
Relationship to tenant			
Household member 5			
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other:		
Full name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified	Date of Birth	/ /
Mobile		Other contact	

Relationship to tenant			
Household member 6			
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other:		
Full name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified	Date of Birth	/ /
Mobile		Other contact	
Relationship to tenant			
Household income			
Have you or anyone in your household aged 18 years and over commenced, continued, or stopped employment	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide supporting documents		
Declaration			
I/We	(Full name)		
	(Full name)		
<ul style="list-style-type: none"> • Declare that, to the best of my/our knowledge, the answers I/we have given in this application are true and correct. • Authorise the Department of Territory Families, Housing and Communities staff as delegates of the CEO (Housing) to confirm any personal and financial background relevant to this application. 			
Tenant 1 signature		Date	/ /
Tenant 2 signature		Date	/ /
Statement of privacy			
<p><i>The Department of Territory Families, Housing and Communities only collects personal information which is reasonably necessary, or related to, its functions and activities. If you do not provide the Department with the requested information, we may not be able to provide you with the services or assistance that you are seeking. The information collected will be handled as outlined in our Privacy Policy, which is available on tfhc.nt.gov.au or can be requested by contacting the Department. By providing your personal information in this form, you consent to the collection, use, storage and disclosure of your personal information as described in our Privacy Policy. You have a right to seek access or correction of any information we hold about you. If you have any queries or concerns about how your personal information is collected and used, please contact the Legal and FOI Unit on (08) 89992602.</i></p>			

OFFICE USE ONLY – Receiving officer to complete			
Received by		TMS Group no	
Application has been completed.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional forms such as Additional Household Members form (SF118), Statutory Declarations, or ICS Consent forms have been attached.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Proof of household income (for all household members aged 18 years and over, Centrelink Income Statements and/or payslips for the past 13 weeks) have been attached.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Notes:			