Income Confirmation Scheme - Withdrawal

This form is for a client to withdraw consent for the Department of Territory Families, Housing and Communities to obtain income details from Centrelink through the Income Confirmation Scheme.

Client details							
Title	□ Mr / □ Mrs / □ Ms / □ Miss / □ Other:						
First name							
Last name							
Residential or Community address							
Date of Birth	/ /	CRN					
Co-client details							
Title \square Mr / \square Mrs / \square Ms / \square Miss / \square Other:			Date of	Birth		/	/
Full name							
Consent amount							
l,						(FULL NAME)
Herby withdraw my consent for the Department of Territory Families, Housing and Communities to obtain my income details from Centrelink through the Income Confirmation Scheme. I acknowledge and agree that I will provide proof of my income in another way, when requested to do so by the Department of Territory Families, Housing and Communities. I accept that I am required to complete a new consent form if I choose to use the Income Confirmation Scheme in the future.							
Client signature		Date		/	/		
Disclaimer							
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.							
Office use only							
TMS Group number		TRM	reference				
Staff name		Date	processed o	n TMS		/	/

