**COVID-19 – Rental Assistance Request Application Form**

# Tenant(s) name(s):

Address of property:

Term of the lease:

Rent (per week):

Please complete the following questions:

|  |  |  |
| --- | --- | --- |
| 1. Has any one or more rent-paying members (defined below) of the household lost employment or income as a result of the impact of the COVID-19 pandemic?

 Details: “***rent-paying member***” of a household means any member of the household who regularly contributes towards the rent payable under a residential tenancy agreement for the residential premises in which the household resides. | ☐   YES | ☐   NO |
| 1. Has any one or more rent-paying members of the household had a reduction in work hours or income as a result of the impact of the COVID-19 pandemic?

Details: | ☐   YES | ☐   NO |
| 1. Has any one or more rent-paying members of the household had to stop working, or materially reduce the member’s work hours because of:
2. the member’s illness with COVID-19;
3. another member of the household’s illness with COVID-19; or
4. the member’s carer responsibilities for a family member ill with COVID-19
 |  |  |
| ☐   YES | ☐   NO |
| ☐   YES | ☐   NO |
| ☐   YES | ☐   NO |
| 1. As a result of any of the matters stated in questions 1-3 above, has the weekly household income (defined below) for the household been reduced by at least 25% compared to the average of the weekly household income for the 4 weeks immediately preceding 26 June 2021?

  | ☐   YES | ☐   NO |
| 1. Are you a member of a household impacted by the COVID-19 pandemic?*Note: You should answer “Yes” to this question 5 only if you have answered “Yes” to any of questions 1-3 AND “Yes” to question 4*
 | ☐   YES | ☐   NO |
| 1. Have any one or more rent-paying members of the household ceased employment on a temporary basis?

Details: | ☐   YES | ☐   NO |
| 1. Will any one or more rent-paying members of the household be re-employed once the COVID-19 pandemic/lockdown is over?

Details: | ☐   YES | ☐   NO |
| 1. Has the tenant given the landlord notice that the tenant is an impacted tenant?

Details: | ☐   YES | ☐   NO |
| 1. Can the tenant make at least 25% of the rent payable under the residential tenancy agreement?

Details: | ☐   YES | ☐   NO |
| 1. If the tenant cannot make at least 25% of the rent payable under the residential tenancy agreement, can any one or more rent-paying members of the household make part payments towards rent?

Details: | ☐   YES | ☐   NO |
| 1. Are any one or more rent-paying members of the household eligible for, or have they applied for or received, income support or any other form of Government assistance, including (without limitation) assistance offered in response to the COVID-19 pandemic?

Details: | ☐   YES | ☐   NO |
| 1. Does any one or more rent-paying members of the household have an insurance policy (such as an income protection policy) which may respond in the circumstances and, if so, are they entitled to make a claim or has a claim been made?

Details: | ☐   YES | ☐   NO |
| 1. Has any one or more rent-paying members of the household received advice from its financial institution in relation to assistance they can provide?

Details: | ☐   YES | ☐   NO |
| Duration of Proposal:Start Date / /  | End Date / / (inclusive) |  |

***[Please note that the above questions are a guide only and do not comprise an exhaustive list for agents to use. Each tenancy and tenant(s) will have their own specific circumstances and the above list should be tailored to accommodate for each particular scenario]***

So that your request can be properly assessed and for good faith negotiations to take place between you and the landlord, you should **attach** supporting documentary evidence. This may include the following supporting documents:

|  |  |  |
| --- | --- | --- |
|  | **Supporting Documents Provided by Tenant** | **Supplied**  |
| 1.
 | Payslips or bank statements showing the reduced income | Yes ☐ No ☐ |
|  | Documentation from an employer indicating loss of employment or reduced hours | Yes ☐ No ☐ |
|  | Evidence of a business closure or business records showing loss of business takings | Yes ☐ No ☐ |
|  | Confirmation from a Government agency (eg. Centrelink) of eligibility for financial assistance | Yes ☐ No ☐ |
|  | Medical Certificate(s) | Yes ☐ No ☐ |

# Please advise what you propose to the landlord during these circumstances:

By providing this information and documentation, you acknowledge that this material may be passed on to third parties, including, but not limited to, the landlord and their/its legal and financial advisers, banks, mortgagee(s), insurers, Government and State agencies.

By submitting this application, you also acknowledge that any decision in relation to the request for rental payment assistance lies solely with the landlord and not **[insert name of agency]**.

In the event that your financial circumstances change (for instance, if the weekly household income for your household increases above the 25% threshold referred to in the *Residential Tenancies Act* (NSW) because you secure employment or receive further financial assistance from the Government or a third party, you acknowledge that you will immediately report this to **[insert name of agency]**. In this event, you agree to act reasonably and in good faith with the landlord so that your rental payments are appropriately increased having regard to your new financial circumstances.

I agree to be legally bound by the terms of this document even if I sign this document electronically.

Signature

Full Name:

Date

I agree to be legally bound by the terms of this document even if I sign this document electronically.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Full Name:

Date

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Date:

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Full Name:

Date