

# Application for Deferral of Rental Bond Payments

Please use BLOCK LETTERS and print in black or blue pen only. Please mark the relevant boxes with a ☒. If you need more room to answer any section, please include details on a separate page and attach it to this form.

Client reference number

Payment Reference Number

T-File number

## Tenant details

Title

Last name or family name

Given name (s)

Unit/House number

Street/Avenue

Town/Suburb

Postcode

Phone

Mobile

Email address

## PART A - Application to defer rental bond payments

1. Is this the first time that you have applied for a deferral? ☐ Yes

☐ No

**Reason for Deferral** - Please provide reasons for the deferral in the box below

## PART B - Evidence Requirements to defer your rental bond payments

You must provide evidence to support your request to defer your rental bond payments. Approval to defer your payments will be assessed on the evidence provided.

Examples that can be provided to support your request for a deferral include evidence to show that you are:

- An existing tenant who has relocated due to extenuating circumstances and has to re-establish themselves and/or their family
- A new tenant who was rough sleeping or was homeless for a long period
- A new tenant who is entering public housing and is already paying off two bond loans (the maximum amount of bond loans allowed at any given time).

**Note this is not an exhaustive list.**

- 2. List the type of evidence you are providing to support your request for deferral of rental bond payments in the table below.**

*Attach any documents, letters, receipts or other supporting material for your request.*

EVIDENCE	
Type of evidence	Service provider details (if applicable)

## PART C - Appeal Consent

FACS will advise you in writing of the decision for the deferral. If the application is declined and you disagree with this decision, you have 7 days to provide additional information to support a review of your application. If the decision is still the same after the internal review, FACS will automatically send your file to the Housing Appeals Committee for an independent review of the decision.

### Declaration

- I understand that FACS will advise me in writing if my application for deferral of rental bond payments is declined.
- I understand that if this happens, I will have 7 days to provide additional information to support an internal review of the decision by FACS.
- I agree to FACS sending my file to the Housing Appeals Committee for an independent review, if my application is still declined after the internal review by FACS.

Full name (please print)

Signature

Date

### 32. FACS Privacy Notice

This privacy notice applies to the Department of Family and Community Services (FACS) which includes the following entities: the Land and Housing Corporation and the Aboriginal Housing Office. FACS and its related entities comply with NSW privacy legislation when collecting and managing personal and health information. The information we collect from you or from an authorised third party will be held by FACS or the entity that collects it. It will be used to deliver services and to meet our legal responsibilities. We may also use your information within FACS as a whole to plan, coordinate and improve the way we provide services. FACS is also legally authorised to disclose information to outside bodies in certain circumstances.

Further information about your privacy rights can be found on the Department's website: [www.facs.nsw.gov.au/site\\_information/privacy](http://www.facs.nsw.gov.au/site_information/privacy) or by calling: 02 9377 6000.

### Notice and Declarations

Under the *Housing Act 2001* a fine of up to \$2,200 and/or three months imprisonment applies for making a false statement or representation. Anyone who wilfully makes any false statements that result in them obtaining accommodation or other financial benefit of any kind may be refused further assistance by social housing providers or prosecuted.

**Notice:** Your personal information and any relevant health information provided on this form will be exchanged between social housing providers (public, community and Aboriginal housing) for the purpose of assessing your continuing eligibility for social housing and providing an appropriate service. FACS may also collect information from your former social housing landlord or their agent (if you have one), including information about any debt.

### Declaration

- I understand the instructions given on this application.
- To the best of my knowledge, the information provided in this application is correct.
- I understand there are penalties for giving false or misleading information.
- I understand that this information is used by all social housing providers (public, community and Aboriginal housing).
- I understand and agree that FACS may collect information from my former social housing landlord or their agent, including information about any debt.

Title	<input type="text"/>
Mr, Mrs, Ms, Miss	
Last name or family name	<input type="text"/>
First and middle name(s)	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text" value="DD/MM/YYYY"/>

### 33. Is there another person helping you to fill out this form?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	that person should read and sign the declaration below		

### Declaration from the person assisting or completing this application on behalf of the applicant

- I have filled out this form on the basis of the information the applicant gave me.
- I have read out the form and the answers to the applicant who seemed to understand them.
- I understand there are penalties for giving false or misleading information.

Title	<input type="text"/>
Mr, Mrs, Ms, Miss	
Last name or family name	<input type="text"/>
First and middle name(s)	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text" value="DD/MM/YYYY"/>
Phone	<input type="text"/>