



Acknowledgement and Agreement to Repay Debt

This form is to be completed by a client to acknowledge and agree to repay a debt owed to a social housing provider. For information or assistance with this form, phone **1800 422 322**, 24 hours a day, seven days a week. Please print in BLOCK LETTERS with a black or blue pen. Please mark relevant boxes with a . If you need more room to answer any questions, please include details on a separate page and attach it to this form.

| | | |
|----------------------|-------------------------|--------------------------|
| T File number | Client reference number | Payment reference number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Declaration

I, the undersigned

| | | |
|-----------------------|----------------------|-------------------------------|
| Title | <input type="text"/> | |
| Mr, Mrs, Ms, Miss, Mx | | |
| Last name or family | <input type="text"/> | |
| Given name (s) | <input type="text"/> | |
| Unit/House number | Street/Avenue | <input type="text"/> |
| Town/Suburb | <input type="text"/> | Postcode <input type="text"/> |
| Phone | <input type="text"/> | Mobile <input type="text"/> |
| Email address | <input type="text"/> | |

Acknowledge that a sum of:

| | |
|-------------------|-------------------------|
| Amount in words | <input type="text"/> |
| Amount in figures | \$ <input type="text"/> |

Arising from the lease of the property at:

| | | |
|-------------------|----------------------|-------------------------------|
| Unit/House number | Street/Avenue | <input type="text"/> |
| Town/Suburb | <input type="text"/> | Postcode <input type="text"/> |

Between the dates of:

| | | |
|---|-----|---|
| <input type="text" value="DD / MM / YYYY"/> | and | <input type="text" value="DD / MM / YYYY"/> |
|---|-----|---|

Is owed to: Name of social housing provider

For: (tick applicable box)

| | | | |
|--------------------------|----------------------|--------------------------|---------------------|
| <input type="checkbox"/> | Rent arrears | <input type="checkbox"/> | Water usage |
| <input type="checkbox"/> | Property damages | <input type="checkbox"/> | Rentstart Bond Loan |
| <input type="checkbox"/> | Other – give details | | |

In consideration of the above named social housing provider not taking legal action to recover the above debt I agree to repay the debt by regular instalments at the amount of:

| | |
|----------------------|----------------------|
| <input type="text"/> | per week / fortnight |
|----------------------|----------------------|

With the first payment to commence by:

I agree that if there is a failure to comply with the instalment agreement, then the total debt outstanding becomes immediately due and payable and the social housing provider may proceed to enforce the debt through legal action.

Applicant/Tenant signature

In the presence of (authorised delegate of the social housing provider)

Full name (please print)

Signature

Date

Please note:

If you have difficulty making repayments and need to discuss repayment options, please contact:

- your local Client Service Officer for tenancy related accounts or
- Housing Contact Centre for Rentstart Bond Loan on 1800 422 322.