



Housing Pathways

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 x. 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
Declaration		
I, the undersigned Mr, Mrs, Ms, Miss, Ms		
Last name or family	1	
Given name (s		
Unit/House numbe	r Street/Avenue	
Town/Suburl		Postcode
Contact numbe		
Email address	3	
Acknowledge that a sum of:		
Amount in word	s	
Amount in figure	s \$	
Arising from the lease of the property at:		
Unit/House numbe	r Street/Avenue	
Town/Subur	0	Postcode
Between the dates of:	DD / MM / YYYY and	DD / MM / YYYY
Is owed to: Name of social housing provid	er	
For: (tick applicable box)	Rent arrears W	ater usage
	Property damages Re	entstart Bond Loan
	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:	\$ per week	c / fortnight
With the first payment to commence by:	DD / MM / YYYY	-
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action.		
Applicant/Tenant signature	×	
In the presence of (authorised delegate of the social housing provider)		
Full name (please print)		
Date	DD / MM / YYYY	
Signature	×	

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

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.

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