

Hardship Application form



How to complete this form

This form is to be completed by the renter who have advised that they want to apply for their rent to be reduced due to temporary hardship.

If you are requiring assistance in completing the application, please contact your allocated Tenancy Officer.

Please respond to all questions and supply documents to support your application where requested.

Renter/household information		
Renter name/s:		
Address:		
Why do you request your rent to be reduced?		
Household Income and Expenses		
Has your household income increased?	<input type="checkbox"/>	<input type="checkbox"/> (Please circle yes or no)
If Yes to above, please provide details.		
Have your household expenses increased?	<input type="checkbox"/>	<input type="checkbox"/> (Please circle yes or no)
If Yes to above, please provide details.		
For what period are you seeking a rent reduction?		

Please provide evidence in support of your application

Please list attachments

Declaration

I/We confirm that we are in true financial hardship and that the information provided in this form is true and correct.

Signed: _____ Name : _____ Date: _____

Signed: _____ Name : _____ Date: _____

Tenancy Officer Use

Recommendation to reduce rent	
Date received:	
Current rent per week:	
Proposed reduced rent per week:	
Date to begin reduction:	
Date to end reduction:	
Staff member name:	
Staff member position:	
Date assessed:	
Please attach documents from the tenant to verify circumstances and costs	

Tenancy Officer to contact the Renter and follow up in writing regarding the outcome of this application

Manager Use

The reduced rent is approved/not approved for the amount and period above

Manager name	
Manager position	
Date signed	