

# Remote Rent Safety Net Application

This form is for applying to change your current rent to the remote rent safety net. You must provide supporting document of income details for persons 18 years old and over that are listed on this form.

Tenant 1			
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other:		
Full name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified	Date of Birth	/ /
Mobile		Other contact	
Email address			
Tenant 2			
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other:		
Full name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified	Date of Birth	/ /
Mobile		Other contact	
Email address			
Address			
Residential			
		Postcode	
Postal			
Household structure			
Please list the details of the people who live with you.			
Household member 1			
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other:		
Full name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified	Date of Birth	/ /
Mobile		Other contact	
Relationship to tenant			

Household member 2			
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other:		
Full name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified	Date of Birth	/ /
Mobile		Other contact	
Relationship to tenant			
Household member 3			
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other:		
Full name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified	Date of Birth	/ /
Mobile		Other contact	
Relationship to tenant			
Household member 4			
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other:		
Full name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified	Date of Birth	/ /
Mobile		Other contact	
Relationship to tenant			
Household member 5			
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other:		
Full name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified	Date of Birth	/ /
Mobile		Other contact	
Relationship to tenant			

Household member 6			
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other:		
Full name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified	Date of Birth	/ /
Mobile		Other contact	
Relationship to tenant			
Household income			
Have you or anyone in your household aged 18 years and over commenced, continued, or stopped employment	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide supporting documents		
Declaration			
I/We	(Full name)		
	(Full name)		
<ul style="list-style-type: none"> <li>• Declare that, to the best of my/our knowledge, the answers I/we have given in this application are true and correct.</li> <li>• Authorise the Department of Territory Families, Housing and Communities staff as delegates of the CEO (Housing) to confirm any personal and financial background relevant to this application.</li> </ul>			
Tenant 1 signature		Date	/ /
Tenant 2 signature		Date	/ /

OFFICE USE ONLY - Receiving officer to complete		
Received by		TMS Group no
Application has been completed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional forms such as Additional Household Members form (SF118), Statutory Declarations, or ICS Consent forms have been attached.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Proof of household income (for all household members aged 18 years and over, Centrelink Income Statements and/or payslips for the past 13 weeks) have been attached.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Notes:		