

Consent to pay over 30 per cent of household income

This form is for a client to consent to pay over 30 per cent of their household income to the Department of Territory Families, Housing and Communities.

Client details			
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other:	Date of Birth	/ /
Full name			
Co-client details (if applicable)			
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other:	Date of Birth	/ /
Full name			
Consent amount			
I/We consent the Department of Territory Families, Housing and Communities to accept the total amount of \$ _____ to be paid (tick applicable) <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly			
Client consent – please read, sign and date the following:			
<p>I/We understand and confirm:</p> <ul style="list-style-type: none"> • The Department does not require me/us to pay a total amount over 30 per cent of my/our household income. • The 'Consent amount' above is over 30 per cent of my/our household income. • I/We have received a copy of the Agreement to Pay and schedule this consent relates to. • I/We can afford the total payments scheduled towards regular rent and any debt(s). • The Department will allocate the total amount as outlined in the terms of the Agreement to Pay and schedule I/we have agreed to. • This consent replaces any previous consent provided. • I/We have a responsibility to tell the Department if I/we are struggling to meet any payments. • I/We can withdraw my/our consent in writing at any time. 			
Client signature		Date	/ /
Co-client signature		Date	/ /

Disclaimer

The Department of Territory Families, Housing and Communities only collects personal information which is reasonably necessary, or related to, its functions and activities. If you do not provide the Department with the requested information, we may not be able to provide you with the services or assistance that you are seeking. The information collected will be handled as outlined in our Privacy Policy, which is available on tfhc.nt.gov.au or can be requested by contacting the Department. By providing your personal information in this form, you consent to the collection, use, storage and disclosure of your personal information as described in our Privacy Policy. You have a right to seek access or correction of any information we hold about you. If you have any queries or concerns about how your personal information is collected and used, please contact the Legal and FOI Unit on (08) 89992602.

Advocate details – if another person helped you complete this form, please provide their details

Full name			
Agency name			
Address			
Phone number		Other contact	
Email			

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Office use only			
TMS Account number		TMS Group number	
Staff name		Date	/ /
Consent explain to client(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Interpreter offered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total household income	\$		
30 per cent of household income	\$		
Amount exceeding 30 percent	\$		
Delegate approval			
Delegate name			
Delegate position			
Decision	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved		
Delegate signature		Date	/ /
Comments			