

COVID19 – Tenant Rental Payment Assistance Request Application Form

Tenant(s) name(s): _____

Address of property: _____

Term of the lease:

Rent (per week):

Please complete the following questions:

Has your employment been terminated due to COVID19?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your employment been terminated for another reason? Details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ceased employment on a temporary basis? Details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will you be re-employed once the crisis/lockdown is over? Details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you applied for income support from the government? Details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you eligible for, or are receiving, any part of the \$1,500 per fortnight JobKeeper payment from your employer? Details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have an insurance policy (such as an income protection policy) which may respond in the circumstances? Details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there anyone else in the household who is still working? Details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there anyone else in the household who will be receiving assistance? Details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can you make part payments towards your rent? Details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Duration of Proposal: Start Date ___/___/___ End Date ___/___/___ (inclusive)	

[Please note that the above questions are a guide only and do not comprise an exhaustive list for agents to use. Each tenancy and tenant(s) will have their own specific circumstances and the above list should be tailored to accommodate for each particular scenario]

So that your request can be properly assessed, you are required to **attach** supporting documentary evidence. This may include, for example, correspondence with your employer(s) in relation to the termination of your employment/standing down from your employment, evidence of any applications made to Government and State agencies for financial assistance and bank statements.

Please advise what you propose to the landlord during these circumstances:

By providing this information and documentation, you acknowledge that this material may be passed on to third parties, including, but not limited to, the landlord and their/its legal and financial advisers, banks, mortgagee(s), Government and State agencies.

By submitting this application, you also acknowledge that any decision in relation to the request for rental payment assistance lies solely with the landlord and not [insert name of agency].

In the event that your financial circumstances change (for instance, if you secure employment or receive further financial assistance from the Government or a third party (including, without limitation, the JobKeeper payment)), you acknowledge that you will immediately report this to [insert name of agency]. In this event, the landlord reserves the right to cancel and/or vary the terms of any rental payment assistance that has been agreed.

Signature
Full Name:
Date

Signature
Full Name:
Date:

Signature
Full Name:
Date:

Signature
Full Name:
Date:

This letter may be used to notify landlord clients when a tenant requests assistance with rental payments. Where [] appears, please note the instruction and insert the relevant information.

[Insert on agency letterhead]

Dear [insert client's name],

Re: [insert address of rental premises]

We have received a request from the tenant(s) of the above property for assistance with rental payments as follows:

Proposed Assistance with Rental Payment: _____%, \$ _____ per week

Total Assisted Rental Payment Proposed is \$ _____ per week

Duration: Start Date ____/____/____ End Date ____/____/____ (inclusive)

Attached is a copy of the Rental Payment Assistance Form for your consideration.

Please provide your written instructions in relation to the above request as soon as possible and, in any event, by no later than [insert date] by completing the form attached and returning it to us. Please keep in mind that a no eviction moratorium has been announced, meaning that tenants cannot be evicted as a result of financial distress caused by COVID-19 for a maximum period of 6 months.

If you wish to discuss this matter further or require additional clarification, please do not hesitate to contact [insert name of contact person] on [insert phone number and/or email address].

Thank you very much for your assistance and co-operation at this difficult time.

Yours faithfully

[insert name]

Landlord's Response

- I, [insert landlord's name], agree to the above request for assistance with rental payments by the tenant(s), [insert name(s)].

Signature

Name:

Date:

- I, [insert landlord's name], do not agree to the above request for assistance with rental payments by the tenant(s), [insert name(s)]. However, I am prepared to assist the tenant(s) on the following terms:

Signature

Name:

Date:

- I, [insert landlord's name], do not agree to the above request for assistance with rental payments by the tenant(s), [insert name(s)].

Signature

Name:

Date: