



COVID-19 RENTAL ASSISTANCE REQUEST FROM TENANT

Special COVID-19 protections for residential tenants and owners were introduced on 24 April 2020. These protections apply to COVID-19 impacted tenancies.

For more information go to: <https://www.covid19.qld.gov.au/the-hub>

Please complete this form to provide the owner with the relevant information along with supporting documentation relating to your request for a rental reduction due to excessive hardship as a result of the COVID-19 pandemic.

NOTES

Income, of a person, means the net weekly income of the person, including, for example, any financial assistance the person is receiving from the State or Commonwealth (such as JobSeeker and JobKeeper payments).

Vulnerable person means any of the following persons:

- an individual over 70 years of age;
- an individual over 65 years of age who has an existing health condition or comorbidities;
- an Aboriginal person or Torres Strait Islander over the age of 50 who has an existing health condition or comorbidities;
- an individual whose immune system is compromised.

Supporting documentary evidence may include:

- a medical certificate (eg to confirm that you are suffering from COVID-19 or you are self-isolating because you are a vulnerable person);
- a copy of an employment separation certificate;
- proof of job termination/stand-down or loss of work hours;
- confirmation from Centrelink regarding government income support (such as JobSeeker or JobKeeper payments); or
- information similar to what you provided when you started your tenancy regarding proof of income, including:
 - **Employed** - Last two (2) pay slips;
 - **Self employed** - Bank statements, Group Certificate, Tax Return or Accountant's letter;
 - **Not employed** - Centrelink statement.

Please ensure that you provide accurate information in support of your claim to be, or to have been, suffering excessive hardship because of the COVID-19 emergency.

Please note that there are penalties for providing false or misleading information about COVID-19 related hardship.

PART 1: TENANCY DETAILS

Tenants(s) name(s)	
Address of property	
Term of the lease (dates)	to
Normal Rental rate	\$ per week

PART 2: QUESTIONS SURROUNDING COVID-19 IMPACT

Please complete the following questions and provide supporting documentary evidence:

Are you, or another person in your care, suffering from COVID-19?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you subject to a quarantine direction?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your place of employment closed because of a public health direction, including, for example, because a public health direction has closed a major supplier or customer of your employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the trade or business conducted by your employer been restricted because of a public health direction, including, for example, because a public health direction has closed a major supplier or customer of the person's employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you self-isolating because you are a vulnerable person, live with a vulnerable person or are the primary carer for a vulnerable person?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does a restriction on travel, imposed under a public health direction or other law, prevent you working or returning home?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the COVID-19 emergency prevent you leaving or returning to Australia?	Yes <input type="checkbox"/> No <input type="checkbox"/>

AND

Are you suffering a loss of income of 25% or more?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the rent payable 30% or more of your income?	Yes <input type="checkbox"/> No <input type="checkbox"/>

[OR where there is more than one tenant]

Has there been a 25% or more reduction in the combined total income of all of the tenants?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the rent payable 30% or more of the combined total income of all the tenants?	Yes <input type="checkbox"/> No <input type="checkbox"/>

PART 3: YOUR REQUEST

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

Please provide specific details regarding the reduced rental amount, how long the reduced rental amount will be in place as well as a payment plan for any unpaid rent while the temporary rent reduction is in place.

PROPOSED RENT REDUCTION	
Proposed Reduced Amount:	\$ _____ Per week
Proposed Duration: (dates are inclusive)	from _____ to _____
	Other: _____
PROPOSED REPLAYMENT OF DEFERRED RENT	
OPTION 1: Lump Sum	\$ _____ By no later than _____
OPTION 2: Instalments:	\$ _____ Per week
Payment period (inclusive)	from _____ to _____

PART 4: DECLARATION AND ACKNOWLEDGEMENT

By providing this information and documentation, you acknowledge that this material may be passed on to third parties, including but not limited to, the lessor and his/her/its legal and financial advisers, banks, mortgagee(s), government and state agencies.

By submitting this application, you acknowledge that:

- 1 the information and documentation is provided to Solutions Property Management as agent for the lessor in support of your claim to be, or to have been, suffering excessive hardship because of the COVID-19 emergency; and
- 2 any decision in relation to the entering into a tenancy variation agreement lies solely with the lessor and not Solutions Property Management.

In the event that the circumstances outlined in this application change and you are no longer suffering excessive hardship, you acknowledge that you will as soon as reasonably practicable after your circumstances change, report the changed circumstances to Solutions Property Management. In this event, the lessor reserves the right to cancel and/or amend any tenancy variation agreement entered into with you.

Please note that there are penalties for failing to report a change in circumstances if you are no longer suffering excessive hardship.

All tenants named on the General Tenancy Lease Agreement must sign below:

Signature	Signature
Full Name	Full Name
Date	Date:

Signature	Signature
Full Name	Full Name
Date:	Date: