

Tenant(s) name(s): _____

Address of Property: _____

Term of the lease:

Rent (per week):

Please complete the following questions:

<p>1. Has any one or more rent-paying members of the household lost employment or income as a result of the impact of the COVID-19 pandemic? Details:</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>2. Has any one or more rent-paying members of the household had a reduction in work hours or income as a result of the impact of the COVID-19 pandemic? Details:</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>3. Has any one or more rent-paying members of the household had to stop working, or materially reduce the member's work hours because of:</p> <p>a) the member's illness with COVID-19</p> <p>b) another member of the household's illness with COVID-19; OR</p> <p>c) the member's carer responsibilities for a family member ill with COVID-19</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>4. As a result of any of the matters stated in questions 1-3 above, has the weekly household income (defined below) for the household been reduced by at least 25% compared to the weekly household income for the household before the occurrence of any of the matters.</p> <p>"weekly household income" means the total of the weekly income, including any government payments, received by each rent-paying member of the household</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

<p>5. Are you a member of a household impacted by the COVID-19 pandemic?</p> <p>Note: you should answer “Yes” to this question 5 only if you have answered “Yes” to any of questions 1-3 AND “Yes” to question 4.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>Have any one or more rent-paying members of the household ceased employment on a temporary basis?</p> <p>Details:</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>Will any one or more rent-paying members of the household be re-employed once the COVID-19 pandemic/lockdown is over?</p> <p>Details:</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>Will any one or more rent-paying members of the household applied for income support from the government?</p> <p>Details:</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>Are any one or more rent-paying members of the household eligible for, or are receiving, any part of the \$1,500 per fortnight Job Keeper payment from their employer?</p> <p>Details:</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>Can any one or more rent-paying members of the household have an insurance policy (such as an income protection policy) which may respond in the circumstances?</p> <p>Details:</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>Can any one or more rent-paying members of the household make part payments towards rent?</p> <p>Details:</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>Duration of Proposal:</p> <p>Start Date ____ / ____ / ____ End Date ____ / ____ / ____</p>	

[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 and for good faith negotiations to take place between you and the landlord, 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 Elders Real Estate.

In the event that your financial circumstances change (for instance, if the weekly household income for your household increases above the 25% threshold referred to in the Residential Tenancies Amendment (COVID-19) Regulation 2020 (NSW) because you secure employment or receive further financial assistance from the Government or a third party (including, without limitation, the Job Keeper payment)), you acknowledge that you will immediately report this to Elders Real Estate. In event, you agree to reasonably and in good faith with the landlord so that your rental payments are appropriately increased having regard to your new financial circumstances.

Signature:
Name:
Date:

Signature:
Name:
Date:

Signature:
Name:
Date:

Signature:
Name:
Date: