



Rent Assessment

Tenant Details

Surname

First Name

Second Name

Please tick boxes

Title Mr Mrs Miss Ms Male Female *Intersex D.O.B / /

Contact Address
.....
..... Postcode

Telephone Mobile.....

Centrelink Ref Email

Rent Assessment

This will be used to calculate the amount of rent you will pay according to the income of the people living in your home at:

.....
You must inform the Department of Communities (Communities) immediately of any change in the household income or people living in your house as this may affect the amount of rent you pay. A visitor who stays at the property for longer than eight consecutive weeks is regarded as a householder and will have their income assessed for rent from the ninth week.

Please Note:

All household members who receive an income must provide supporting documents to verify the amount and source of the income. Supporting documents must be attached to this form.

Proof of income may be provided in the following ways:

- Letter or statement from Department of Human Services (Centrelink) or Department of Veteran's Affairs showing the amount of pension/benefit received
- Salary advice slips from the last 12 consecutive weeks for wage and salary earners
- Letter or bank statement verifying source and rate of payment as proof of an overseas pension
- A letter from your employer or complete the Employer Income Verification Statement
- A copy of your last financial year notice of assessment from the ATO.

Office Use Only

Person Ref:
Application/Tenancy Ref:
File Number:
Admin Unit:
HPE CM Number:

Date Received Stamp

Blank area for date received stamp



For office use only

Household Details

Complete the following details for each person living in the home including those not receiving an income (including dependent children).

📎 Please attach proof of income documents for all household members.

Gross (before tax) incomes of all occupants must be included from any source including pensions, family allowance payments, maintenance, compensation, etc.

Title Mr Mrs Miss Ms	Surname	First Name	Second Name	Date of Birth	Gender M/F/*	Income Types (wages, aged pension, Newstart etc.)	Gross weekly income (before tax) (include any amount salary sacrificed)		Savings/investments		Do you have a Disability? Y/N
							Pension/ benefit \$	Other [^] \$	Amount \$	Interest Rate	
Tenant											
Partner/Co-Tenants											
Other Household Members (Other Household Members include dependents, non-dependents and carers)											
											Relationship to Tenant

* Intersex – for those people who do not identify themselves as male or female.
 ^ Other income includes Child Maintenance, Superannuation and Investments.

Are you or anyone else in your household employed part time or as a seasonal worker such as a taxi driver, fruit picker, deckhand or tour guide?

No Yes

📎 If YES attach details of the likely start date, end date and income.

Do you or other people in your household receive income from self employment or from other business related activities?

No Yes

📎 If YES attach statements.

Do you or other people in your household receive any other income or have other financial assets not described above?

No Yes

📎 If YES attach statements.

Are you or anyone else in your household an owner, part owner or in the process of purchasing any property including a house, unit, flat, vacant land or commercial property?

No Yes

If YES state address and provide ownership details below:

.....

Value of property

Amount owing on home loan

Income received fortnightly

\$

\$

\$

Declaration

I consent to the Department of Communities communicating with me electronically and understand that I can withdraw my consent at any time.

I declare the information provided in this review is true and complete. I understand that if any person in my home or if any income details have been left out, Communities may cancel or adjust my rent subsidy and I may have to pay the full rent.

I understand that I may have to back pay rent to Communities if the subsidy is cancelled or adjusted.

I undertake to notify Communities immediately if someone moves in/out, or if the household income changes by more than \$10 per week.

I understand that my payment arrangements may be automatically updated based on a subsidy being processed or cancelled. My rent may increase if my subsidy is cancelled.

I understand that my tenancy may be terminated for willfully giving false information.

Signed: Date:

Signed: Date:

Signed: Date:

THIS PAGE HAS BEEN INTENTIONALLY LEFT BLANK

To access this publication in alternative formats, call **(08) 9222 4666**
or email **generalenquiries@housing.wa.gov.au**

Contact us through the National Relay Service (NRS): **133 677 (TTY)**
or SMS Relay on **0423 677 767** or **1800 555 727 (Speak & Listen)**