

1. Personal details

Service number

Employee ID

Title/Rank

Family name Initials

Date of birth / /

Unit/Branch Service

Unit location

Work contact number () Home contact number ()

Mobile contact number

Email address

Date(s) of enlistment (include dates of previous service) / / / / / / / /

2. What is your current categorisation?

MWD Member with Dependants i.e. a Defence Member who maintains a home for dependants and who occupies the home with at least one dependant

MWD(U) Member with Dependants (unaccompanied) i.e. a Defence Member who maintains a home for dependants and who is separated from them for service recognised reasons
Note: A categorisation form/minute from your gaining unit is required.

MWOD Member without Dependants i.e. a Defence Member who is not MWD or a MWD (U)

3. Do you have your CO/OC's permission to live off base?

Note: LIA policy now directs that certain members may be required to live in (refer to PACMAN Chapter 7).

No **Do not proceed until approval is confirmed**

Yes Was/is any Live in Accommodation held in your name? No Yes Date Live in Accommodation handed back / /

Comments

4. Are you planning on living outside your posting locality?

No Yes You need your CO/OC's permission, an approval minute or other approval documentation to process your application.

5. Reason you are applying for Rent Allowance

Note: If you are contracted to Defence on CFTS, you will need to provide your contract/signal or a minute from your CO/OC.

Live in Accommodation not available

Suitable Service Residence not available

SGT (E) to WO or MAJ (E) or higher rank

Five years aggregate continuous full-time service (CFTS) completed (Note: Your date(s) of enlistment must be completed at Question 1)

Only levels 1, 2 or 3 Live in Accommodation are available

Other circumstances – please give details

6. Do you currently receive Rent Allowance?

No Yes Address of the property where you currently receive Rent Allowance

State Postcode

Optional

15. Do you wish to apply for an advance payment for bond, rent or utility allowance?

No **Go to Question 16**

Yes Bond \$

Rent \$ Limited to the lesser of four weeks rent or ceiling

Utility connection deposit \$


Note: Proof of payment must be provided to your local HMC within 14 days of receipt of advance(s) requested.

I understand that any advances specified above must be repaid to the Commonwealth.

Advances will be recovered through fortnightly instalments directly from my pay over the term of the lease or a maximum of 26 fortnights whichever is the lesser period.

I understand that any monies still owed to the Department of Defence from an advance as outlined above, must be repaid in full immediately upon return of the bond.

Signature of Member



Date

/ /

If you have any questions relating to repayment of your advance(s), contact 1800 Defence (1800 333 362)

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16. Statement

IMPORTANT: Please confirm your understanding of Rent Allowance requirements by reading and ticking each box.

If unsure please ask your DHA consultant.

I understand that I must provide DHA with the following supporting documentation in respect to this application:

- Copy of the signed lease (residence/furniture)
- The initial receipt, detailing:
 - Name of the owner/agent to whom the rental payments are made
 - Amount of the rental and the period of payment (must include period of any rent in advance)
 - Date of payment
 - The address of the premises
- Bond and utility receipt (if applied for bond or utilities advance)

I understand that my Rent Allowance will not be processed if I fail to provide the documentation within 14 working days of the submission of my application.

I undertake to advise DHA and my Commanding Officer in writing of any changes to the details provided in this form within 10 days of the change.

I understand that my Rent Allowance may be audited one or more times in a posting cycle, and that I must respond within 14 days or my Rent Allowance will be suspended.

I have received/sighted a copy of the *Guide to Rent Allowance*.

I undertake to provide DHA with a **Cease Rent Allowance** form and **final rent receipt** to enable the cessation of my Rent Allowance when vacating.

Signature of Member

Date

17. Declaration by Member

Please confirm your understanding by reading and ticking each box.

If unsure please ask your DHA consultant.

I understand that DHA will collect, store and use or disclose information contained in this form.

I acknowledge that it is DHA's usual practice to give some or all of my personal information (including relocation details) to various government agencies and organisations.

The information I have provided in this form is true and accurate. I am aware that the giving of false or misleading information, documents or statements to the DHA is a serious offence under the *Commonwealth's Criminal Code 1995* and the *Defence Force Discipline Act 1982* and that this legislation imposes substantial penalties, including imprisonment, for committing these offences. Any entitlement provided to me as a result of such conduct may be recovered.

I acknowledge that I need approval to live outside the posting locality – this approval from the CO/OC needs to be provided to DHA.

Signature of Member

Date