

This form acknowledges your acceptance of your MWOD and MWD(U) Choice Accommodation (MCA) property. Please complete Section 1 of this form, including the declaration at Part C, and return to your DHA Case Manager. Section 2 will be completed at your MCA Welcome.

Note: This form must be completed before occupying the property.

SECTION 1

Part A - Member details

1. Employee ID number/PM Keys	<input type="text"/>			
2. Title/Rank	<input type="text"/>			
3. Full name	Family name	<input type="text"/>		
	Given name(s)	<input type="text"/>		
4. Work address	Unit	<input type="text"/>		
	Base	<input type="text"/>		
	Unit location	<input type="text"/>		
	Street address	<input type="text"/>		
5. Contact details	Telephone number	Home ()	<input type="text"/>	
		Work ()	<input type="text"/>	
	Mobile	<input type="text"/>	Fax	<input type="text"/>
	Email	<input type="text"/>		

Part B - Property details *(to be completed by DHA Case Manager)*

6. Expected occupancy date	<input type="text" value=" / /"/>		
7. UPRN	<input type="text"/>		
8. Address of MCA property	<input type="text"/>		
	<input type="text"/>		
	State	Postcode	
9. Market rent of MCA property	Full rate	Share rate	
	\$ <input type="text"/>	\$ <input type="text"/>	per fortnight
10. Defence RA Ceiling	\$ <input type="text"/>	\$ <input type="text"/>	per fortnight
	\$ <input type="text"/>	\$ <input type="text"/>	per fortnight
11. Member Contribution	\$ <input type="text"/>	\$ <input type="text"/>	per fortnight
	\$ <input type="text"/>	\$ <input type="text"/>	per fortnight
12. Additional Member Contribution (AMC), if applicable	\$ <input type="text"/>	\$ <input type="text"/>	per fortnight
	\$ <input type="text"/>	\$ <input type="text"/>	per fortnight
13. Total rent contribution for this property (Member Contribution plus AMC)	\$ <input type="text"/>	\$ <input type="text"/>	per fortnight
	\$ <input type="text"/>	\$ <input type="text"/>	per fortnight

Part C - Declaration

14. Declaration

Important notes about the amount you pay:

- The **Market Rent Value** of this MCA property may change every 12 months.
- The **Member Contribution** may change when Defence review their rates annually.
- If your circumstances change (i.e. promotion or demotion or are involved in operational activity), it may affect your total member contribution payable and you should contact DHA immediately.
- **Sharing** requires DHA approval. If you wish to discuss sharing you should contact DHA immediately.

I hereby confirm:

- the information provided on this form is true and correct.
- the MCA property address listed above is the property I wish to occupy.
- my total rent contribution is as listed above, which may include an Additional Member Contribution.

I understand:

- my contribution amount may change during my tenancy.
- I cannot share this property with another person unless I have requested and gained approval from DHA.

Defence member signature

Date

SECTION 2 (to be completed at MCA Welcome)

Part D - Acknowledgement of property and conditions

I acknowledge:

- I have inspected the property on / / and accept the property;
- OR
- I have elected to accept the property without an inspection.
- I have received the MCA Guide (electronic PDF) and am aware of my responsibilities as a DHA tenant.
- I am aware of the difference between fair wear-and-tear and non-fair wear-and-tear, and that I will incur charges for any non-fair wear-and-tear.
- I must advise DHA of any maintenance requirements (routine and emergency) immediately.
- I have received (and signed) the Tenancy Agreement for this property and am aware of my responsibilities as a DHA tenant.
- I have received a Property condition report and all keys to the property.
- I have received instructions for when I wish to vacate the property.
- I have received an MCA Welcome kit including any applicable Strata By-laws, Council By-laws and relevant local information.

Defence member signature

Date

DHA Property Manager signature

Date