

Visitor notification

Visitors to your approved Rent Allowance (RA) property may affect the amount of RA you receive. This is dependent on the length of their stay and whether they have a permanent home at another location. If your visitor is staying for a period of four (4) weeks or longer you must complete this form.

Service number			Emplo	oyee ID			Rank	
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Family name					Initials			
Current unit/base								
Contact phone number(s)	Work ()			Home ()		Mobile	
Current residentia	l address							
		State			Postcod	le		
Please list ALL visitors currently staying at your residence. Do not include Defence recognised dependants. List the dates they occupied and/or vacated and their permanent address. If no other permanent address, indicate 'No other permanent address'.		Name						Start occupancy
		Permanent address						
								End occupancy
			State			Postcode		
		Name Permanent address						Start occupancy
								End occupancy
			State			Postcode		
		Name Permanent						Start occupancy
		address						Fad accurage
			State			Postcode		End occupancy
			State			rosicode		
		Name Permanent address						Start occupancy
								End occupancy
			State			Postcode		
		Name						Start occupancy
		Permanent						Start occupancy
		address						End occupancy
			State			Postcode		,,

Declaration by member

- 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 Defence Housing Australia or the Department of Defence is a serious offence under the *Commonwealth Criminal Code 1995* and the *Defence Force Discipline Act 1982* and that this legislation imposes substantial penalties, including imprisonment, for committing these offences.
- I understand that any entitlements provided to me as a result of such conduct may be recovered.

Signature

