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Sales, Management, Leasing  
 Residential, Industrial & Commercial  
**Managing Director and  
 Officer in Effective Control**  
 Frank P Callaghan AREI B. Comm  
 Licensed Estate Agent

## COVID19 – Residential Tenant Rental Payment Assistance Request Form

**Tenant Name:** \_\_\_\_\_

**Address of property:** \_\_\_\_\_, **Port Melbourne Vic 3207**

<b>Current rent</b>	\$ _____ *per month
<b>Proposed temporary rent</b>	\$ _____ *per month
<b>Proposed duration of temporary rent</b>	_ / _ / _ to _ / _ / _ (inclusive)

I, along with my co-tenants (where applicable), request that the amount by which the rent is reduced not be treated as arrears and is therefore not recoverable by the landlord.

### Acknowledgements

I acknowledge being informed that the information and documentation I provide may be passed on to third parties, including but not limited to, the landlord/s and his/her/their/its legal and financial advisers, banks, mortgagee(s), and government agencies for the purpose of deciding the amount of rent I am required to pay.

I acknowledge that any decision in relation to the request for rental payment assistance lies solely with the landlord unless that role is taken on by a government agency.

I acknowledge that if my financial circumstances change (for example, I secure employment, my income increases, I receive further assistance from the government or a third party) I will immediately report this to **Frank Gordon Real Estate** or its successor.

I acknowledge that if my financial circumstances or those of other tenants on the tenancy agreement improve the landlord reserves the right to cancel and/or vary the terms of any rental payment assistance agreed to.

**Signature:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Date:** \_\_\_ / \_\_\_ /20\_\_

So that your request can be properly assessed, please attach supporting documentary evidence demonstrating any change in your circumstances. For example:

- correspondence from your employer(s) in relation to termination of your employment/standing down from your employment,
- evidence of income before and after a change in circumstances
- evidence of any applications made to government and state agencies for financial assistance
- bank statement and BAS for your business if you are self-employed
- evidence of significant liabilities
- *Please complete only one of the following pages, Part A, Part B or Part C. Where there is more than one tenant on the tenancy agreement each tenant will need to complete a request form even if it is only the circumstances of their co-tenant that have changed.*

**Part A – only complete this part if you are unemployed**

When were you last in paid employment?	
Briefly describe what that employment was.	
Was your employment terminated due to COVID19?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was your employment terminated for another reason? Details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been laid off on a temporary basis?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have leave entitlements? E.g. long service leave, annual leave	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will you be re-employed once the crisis/lockdown is over?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will you be receiving payment from your employer due to the JobKeeper wage subsidy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you receive financial support from the government? Provide details including amount and frequency of payment:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you waiting on the result of an application for financial support from the government?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have an insurance policy (such as an income protection) which may respond in the circumstances?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How many people aged 18 years or older, whether or not on the tenancy agreement, are there in the household? Include yourself in this number.	
How many of these people were in paid employment during February 2020? Include yourself in this number.	
How many of these people have suffered a reduction in income since 1 March 2020? Include yourself in this number.	
How many people under the age of 18 years are there in the household?	
Can you make part payments towards your rent?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Signature:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Date:** \_\_\_ / \_\_\_ /20\_\_\_

**Part B – only complete this part if you are employed (fulltime or part-time)**

Briefly describe your employments:	
Has your income reduced due to COVID19?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your income reduced for another reason? Details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If income has been reduced is the reduction temporary?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your current weekly after-tax income?	\$
If your income has reduced what was the previous weekly after tax amount?	\$
Do you have leave entitlements? E.g. long service leave, annual leave	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will your income be increased once the crisis/lockdown is over?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will you be receiving payment from your employer due to the JobKeeper wage subsidy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you receive financial support from the government? Provide details including amount and frequency of payments:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you waiting on the result of an application for financial support from the government?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have an insurance policy (such as an income protection) which may respond in the circumstances?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How many people aged 18 years or older, whether or not on the tenancy agreement, are there in the household? Include yourself in this number.	
How many of these people were in paid employment during February 2020? Include yourself in this number.	
How many of these people have suffered a reduction in income since 1 March 2020? Include yourself in this number.	
How many people under the age of 18 years are there in the household?	
Can you make part payments towards your rent?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Signature:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Date:** \_\_\_ / \_\_\_ /20\_\_

**Part C – only complete if you are self-employed, or your last employment was self-employment**

Briefly describe your self-employment.	
How is/was your business owned (sole trader/partnership/company)?	
Has the income of the business reduced due to COVID19? Describe the reduction:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the income of the business reduced for another reason? Details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the business closed permanently?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the closure due to Covid19?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the business been closed for another reason? Details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If the business has closed permanently what has happened to the assets (if any) of the business?	
If the income has been reduced is the reduction temporary?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is it likely the income of the business will increase once the crisis/lockdown is over?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you receive financial support from the government? Provide details including amount and frequency of payments:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you waiting on the result of and application for financial support from the government?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have an insurance policy (such as an income protection) which may respond in the circumstances?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How many people aged 18 years or older, whether or not on the tenancy agreement, are there in the household? Include yourself in this number.	
How many of these people were in paid employment during February 2020? Include yourself in this number.	
How many of these people have suffered a reduction in income since 1 March 2020? Include yourself in this number.	
How many people under the age of 18 years are there in the household?	
Can you make part payments towards your rent?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Signature:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Date:** \_\_\_ / \_\_\_ /20\_\_\_