

# RENT RELIEF APPLICATION FORM

<p><b>NATURE OF APPLICATION</b></p>	<p>I am applying for:</p> <p><input type="checkbox"/> Rent relief</p> <p><input type="checkbox"/> Relief from recovery of Land Tax</p>	
<p><b>DETAILS OF LEASE</b></p>	<p>Please insert details of the lease for which rental relief is being sought, including the name of the lessee and the premises/property being leased.</p>	
<p><b>HAS YOUR BUSINESS QUALIFIED FOR THE JOBKEEPER PAYMENT?</b></p>	<p><input type="checkbox"/> Yes – please attach your Commonwealth Government notification confirming your business has been approved for the JobKeeper Payment</p> <p><input type="checkbox"/> No – please answer the following:</p> <ul style="list-style-type: none"> <li>• How many employees did the business have on 1 March 2020? _____</li> <li>• What is your average weekly GST revenue* since 23 March 2020? _____</li> <li>• What was your average weekly GST revenue* between 1 July 2019 and 23 March 2020 – Or other relevant period – please specify: _____</li> </ul> <p><b>Note:</b> please attach documents to support the above criteria *Revenue is for the aggregated reporting group</p>	
<p><b>DOES YOUR BUSINESS FALL INTO ANY OF THESE CATEGORIES?</b></p>	<p><input type="checkbox"/> An Australian Charities and Not-for-Profits Commission registered charity (except universities or schools)</p> <p><input type="checkbox"/> The Major Bank Levy was imposed on the entity or a member of its consolidated group for any quarter before 1 March 2020</p> <p><input type="checkbox"/> An Australian government agency</p> <p><input type="checkbox"/> A local governing body</p> <p><input type="checkbox"/> A wholly owned by an Australian government agency or local governing body</p> <p><input type="checkbox"/> A sovereign entity</p> <p><input type="checkbox"/> A company in liquidation</p> <p><input type="checkbox"/> An individual who has entered bankruptcy</p> <p><input type="checkbox"/> None of the above</p>	
<p><b>CERTIFICATION BY APPLICANT</b></p>	<p><input type="checkbox"/> I confirm that I have authority to act in relation to the lease to which this application relates; <b>and</b></p> <p><input type="checkbox"/> I confirm that the statements made in this application are true and correct.</p>	
<p><b>IS THE APPLICANT ALSO THE LESSEE?</b></p>	<p><input type="checkbox"/> <b>Yes</b></p> <p><input type="checkbox"/> <b>No – if no, describe the relationship of the applicant and lessee below:</b></p>	
<p><b>DETAILS OF APPLICANT</b></p>	<p>Name of applicant:</p>	<p>Contact details:</p>
	<p>Signature of applicant:</p>	<p>Date:</p>

# RENT RELIEF APPLICATION FORM



<b>Renewal SA use only below</b>	
<b>ASSET MANAGEMENT ASSESSMENT:</b>	<p>Has the tenant demonstrated financial hardship as a result of the COVID-19 pandemic, in accordance with the defined eligibility thresholds: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Estimated financial value of rent not to be charged: _____</p> <p>Estimated financial value of land tax not to be recovered: _____</p> <p>Name of Asset Management review officer: _____</p> <p>Asset Management review officer signature: _____ Date: _____</p>
<b>DELEGATE APPROVAL:</b>	<p>Approved by delegate: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Name of delegate: _____</p> <p>Signature of delegate: _____ Date: _____</p>
<b>COMMUNICATION:</b>	<p>Date outcome communicated to applicant / tenant:</p> <p>Date outcome communicated to property manager (if relevant):</p>