



In case pages of this form become separated, please place your name on top of each page.

Before you fill out this application form you should read the brochure on Rent Deductions to State Housing Authorities. By filling out this application form you are giving the Department of Veterans' Affairs permission to:

- deduct an amount, agreed by you and the Housing Authority, from your pension and forward it to the Housing Authority every fortnight; and
- advise the Housing Authority if your circumstances change, which may affect your deduction.

Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

[Read more: How DVA manages personal information](#)

Please write in BLOCK LETTERS using a blue or black pen (not pencil).

About you	
1. Your surname	<input type="text"/>
2. Given name(s)	<input type="text"/>
3. Date of birth	<input type="text" value="/"/> / <input type="text" value="/"/>
4. DVA File No.	<input type="text"/>
5. Home address	<input type="text"/> <hr style="border-top: 1px dashed black;"/> <input type="text" value="Postcode"/>
6. Telephone number	(<input type="text"/>) <input type="text"/>

About your deduction		
7. Amount to be taken out of your pension every fortnight	Rent \$ <input type="text"/>	Other \$ <input type="text"/>
8. Start date (this must be a future payday)	<input type="text" value="/"/> / <input type="text" value="/"/>	
9. Name of your Housing Authority	<input type="text"/>	
10. Your Housing Authority account number	<input type="text"/>	

About your partner (if you wish to share payments)		
11. Surname	<input type="text"/>	
12. Given name(s)	<input type="text"/>	
13. Date of birth	<input type="text" value="/"/> / <input type="text" value="/"/>	
14. DVA File No.	<input type="text"/>	
15. Home address	<input type="text"/> <hr style="border-top: 1px dashed black;"/> <input type="text" value="Postcode"/>	
16. Telephone number	(<input type="text"/>) <input type="text"/>	
17. Amount to be taken out of your partner's pension every fortnight	Rent \$ <input type="text"/>	Other \$ <input type="text"/>

Authorisation

I/we authorise the Department of Veterans' Affairs to deduct out of my/our pension each fortnight amounts in respect of my/our agreement with the above Housing Authority and pay the amounts to the Housing Authority.

I/we understand that if my/our rent or other amounts change, the Housing Authority will tell Veterans' Affairs and the new deduction will be taken out of my/our Veterans' Affairs pension from the next available payday.

I/we understand that Veterans' Affairs will advise the Housing Authority if my/our circumstances change which will affect my/our deduction.

I/we understand that it is my/our choice to have a deduction from my/our Veterans' Affairs pension, and that I/we can cancel the deduction at any time. Providing that sufficient notice is given, the deduction will cease from the next available payday.

Your signature

Your partner's signature

Date

Date

SHA Use Only

Date Received

Signature of SHA Officer