

Special COVID-19 protections for residential tenants and owners were introduced on 24 April 2020. These protections apply to COVID-19 impacted tenancies.

For more information go to: <https://www.covid19.qld.gov.au/the-hub>

Please complete this form to provide the owner with the relevant information along with supporting documentation relating to your request for a rental reduction due to excessive hardship as a result of the COVID-19 pandemic.

Tenant(s) name(s): _____

Address of property: _____

Term of the lease:

Rental rate (per week):

Please complete the following questions and provide supporting documentary evidence:

Are you, or another person in your care, suffering from COVID-19?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you subject to a quarantine direction?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your place of employment closed because of a public health direction, including, for example, because a public health direction has closed a major supplier or customer of your employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the trade or business conducted by your employer been restricted because of a public health direction, including, for example, because a public health direction has closed a major supplier or customer of the person's employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you self-isolating because you are a vulnerable person, live with a vulnerable person or are the primary carer for a vulnerable person?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does a restriction on travel, imposed under a public health direction or other law, prevent you working or returning home?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the COVID-19 emergency prevent you leaving or returning to Australia?	Yes <input type="checkbox"/> No <input type="checkbox"/>

AND

Are you suffering a loss of income of 25% or more?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the rent payable 30% or more of your income?	Yes <input type="checkbox"/> No <input type="checkbox"/>

[OR Insert where more than one tenant]

Has there been a 25% or more reduction in the combined total income of all of the tenants?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the rent payable 30% or more of the combined total income of all the tenants?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Income, of a person, means the net weekly income of the person, including, for example, any financial assistance the person is receiving from the State or Commonwealth (such as JobSeeker and JobKeeper payments).

Supporting documentary evidence may include:

- a medical certificate (eg to confirm that you are suffering from COVID-19 or you are self-isolating because you are a vulnerable person);
- a copy of an employment separation certificate;
- proof of job termination/stand-down or loss of work hours;
- confirmation from Centrelink regarding government income support (such as JobSeeker or JobKeeper payments); or
- information similar to what you provided when you started your tenancy regarding proof of income, including:
 - **Employed** - Last two (2) pay slips;
 - **Self employed** - Bank statements, Group Certificate, Tax Return or Accountant's letter;
 - **Not employed** - Centrelink statement.

Please ensure that you provide accurate information in support of your claim to be, or to have been, suffering excessive hardship because of the COVID-19 emergency.

Please note that there are penalties for providing false or misleading information about COVID-19 related hardship.

Please advise what you propose to the lessor during these circumstances:

Please provide specific details regarding the reduced rental amount, how long the reduced rental amount will be in place as well as a payment plan for any unpaid rent while the temporary rent reduction is in place.

Proposed Reduced Rental Amount: ___%, \$____ per week

Proposed Duration:

Start Date __/__/__ End Date __/__/__ (inclusive)

Other:

Proposed repayment plan

Start Date __/__/__ End Date __/__/__ (inclusive) \$____ per week

By providing this information and documentation, you acknowledge that this material may be passed on to third parties, including but not limited to, the lessor and his/her/its legal and financial advisers, banks, mortgagee(s), government and state agencies.

By submitting this application, you acknowledge that:

- 1 the information and documentation is provided to **[insert name of agency]** as agent for the lessor in support of your claim to be, or to have been, suffering excessive hardship because of the COVID-19 emergency; and
- 2 any decision in relation to the entering into a tenancy variation agreement lies solely with the lessor and not **[insert name of agency]**.

In the event that the circumstances outlined in this application change, you acknowledge that you will immediately report the changed circumstances to **[insert name of agency]**. Failure to advise the landlord of any change in circumstance may result in a penalty. In this event, the lessor reserves the right to cancel and/or amend any tenancy variation agreement entered into with you.

Signature

Full Name:

Date

Signature

Full Name:

Date:

Signature

Full Name:

Date:

Signature

Full Name:

Date: