

APPLICATION FOR TENANT/S
ARREARS REPAYMENT NEGOTIATION

OSBORN
GEORGE

IMPORTANT INFORMATION

- All Tenants applying must demonstrate their eligibility.
- Complete ALL sections of this form and ensure you include all communications and evidence with your application to be considered. ***If you do not submit the form and all evidence as required, your application will not progress.***

APPLICANT/S INFORMATION

Name:	
Address:	
Agent's Name:	
Agent's Phone Number:	
Agent's Email:	

ELIGIBILITY

To be eligible as an impacted tenant, the tenant will need to prove that ONE or MORE rent paying members of the household/lease:

- | | YES | NO |
|--|--------------------------|--------------------------|
| ▪ Lost their job, income or work hours due to the impact of the COVID-19 pandemic | <input type="checkbox"/> | <input type="checkbox"/> |
| OR | | |
| ▪ Had to stop work or substantially reduce work hours due to illness with COVID-19, another member of the household's illness with COVID-19 | <input type="checkbox"/> | <input type="checkbox"/> |
| AND | | |
| ▪ This resulted in reduction in the total weekly household income (including government assistance) of at least 25%. | <input type="checkbox"/> | <input type="checkbox"/> |
| AND | | |
| ▪ During the moratorium period, the tenant failed to pay rent or charges under their lease agreement (either with or without the agreement of the landlord) that:
1. were payable AND
2. are still owing. | <input type="checkbox"/> | <input type="checkbox"/> |

EVIDENCE

The tenant must provide copies of evidence to demonstrate that they are eligible. Please confirm you have attached:

- | | YES | NO |
|---|--------------------------|--------------------------|
| ▪ Proof of job termination/stand-down, or loss of work hours (evidence needs to specify this occurred as a direct impact of COVID-19) | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Proof of Government income support (may not be applicable to all) | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Proof of prior weekly household income | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Other relevant evidence to show the reduction in income (if any) | <input type="checkbox"/> | <input type="checkbox"/> |

DESCRIBE YOUR SITUATION IN THE SPACE PROVIDED

DESIRED OUTCOME

Tenants – you are required to have an idea of how much you can pay in addition to your regular rental payments and at what frequency.

NEXT STEPS

Submit completed Application for Repayment Plan negotiation form along with all supporting evidence and communications between parties. If you do not submit all evidence to Raymond Terrace offices, your matter will not progress further or be declined.

LIST ALL DOCUMENTATION PROVIDED BELOW

- | | |
|----|-----|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

Print Name of Tenant Applying

Date of application submitted

Signature of Tenant Applying