

TENANT CONSENT FOR INCOME CONFIRMATION WITH DEPARTMENT OF VETERAN AFFAIRS FORM



I address

Date of Birth: _____ File number: _____

authorise Department of Veteran Affairs to provide a statement of information to Affordable Community Housing Limited (ACHL) to assist in the assessment of my/our entitlement to services from ACHL. I understand that the information provided by Department of Veteran Affairs include only my income statement.

I understand that:

- It is my choice to sign this form. And I cancel it at any time after informing ACHL.
- If I stop using ACHL services, my consent form will expire automatically.
- My consent will be noted on my account record with ACHL.

Privacy

Your personal information is protected by law. Department of Veteran Affairs may give your information to ACHL for the purposes of:

- Your income statement

I understand that this authority, once signed, is effective only for the period I am a tenant of ACHL. I understand that this authority, which is ongoing, can be revoked at any time by giving notice to ACHL.

I understand that I will be able to obtain a written copy of the Statements at any time from either ACHL or Department of Veteran Affairs.

Tenant Name: _____ CRN: _____ Date of Birth: _____

Signature: _____ Date: _____

Providing secure, affordable housing to those most in need.

Unit 6, 63-79 Parramatta Rd, Silverwater NSW 2128 Phone: 02 8622 1500 Fax: 02 8622 1599 Web: www.achl.org.au