



RENT DEDUCTION SCHEME (RDS) AUTHORITY FOR SUSPENDING HOUSING PAYMENTS

Please complete this form if you want the Department of Housing to suspend your automatic payment deductions for any period up to 12 weeks (periods longer than 12 weeks must have deduction cancelled).

If you are **not** terminating your tenancy with the Department of Housing you will need to continue making payments at the Australia Post Office, using the barcode on your payment slip. If you do not have a payment slip, contact your nearest Housing Service Centre.

About you

Surname (Family name)

Given names

Date of birth

Your Centrelink Reference Number (CRN)

This number can be found on your Health Care Card, Pension Concession Card or Department of Veterans' Affairs correspondence.

Type of Centrelink payment

Your rental address

Suburb/Town

State: Queensland

Postcode

Your telephone number

Home ()

Work ()

From what date do you want the deductions to be temporarily ceased?

/ /

You may need to allow up to four days for your request to be processed

How many payments do you want temporarily ceased?

Type of payment to be ceased

(please tick)

Payment Reference Number

Rent

Rent arrears repayment

Maintenance/other repayments

Extra payments

Your Signature _____ **Date:** ____ / ____ / ____

Please return completed form to your nearest Housing Service Centre.

Privacy Notice

The Department of Housing is collecting your personal information so we may provide you with housing assistance. To assist you with your housing needs and services, your personal information may be disclosed to partner agencies, service providers, local governments and non-governmental agencies that now, or will, provide you with housing and/or support services. Unless authorised or required by law, your personal information will not be disclosed to any other third party without your consent. More information about the Department's privacy obligations is available on our website at www.housing.qld.gov.au.

Housing Service Centre Use Only

Date form received: _____ / _____ / _____ Date entered in Reside: _____ / _____ / _____

Processing officer's name: _____