Self Employed declaration form

Complete this form if there is a self-employed person in your household. *Please return completed form to your nearest Housing Service Centre.*

Application/Tenancy ref	ference number:			
Name of self-employed p	erson:			
Address:				
Details of business				
Name of company/business				
Australian Business Number (ABN)		ABN		
Type of self employed business				
Address of your self employed business				
Date that your self emplo Date that you lodged you	-			
Income from business Gross takings for previou	s calendar month			
Do you also receive a par	rt Centrelink incom	e?	Yes	No
If Yes, what Centrelink pa	ayment do you rece	eive?		
What is your Centrelink Customer Reference Number CRN				
Please attach evidence EG: a letter from your accounta		your business a	and earnings to thi	
Signature:				Date
	Self Em	ployed Househo	d Member	
Privacy Notice The Department of Housing is colle with your housing needs and serving governments and non-government or required by law, your personal in	ces, your personal informa al agencies that now, or w	ation may be disclose vill, provide you with	ed to partner agencies, se nousing and/or support s	ervice providers, local ervices. Unless authorised

DECLARATION

Queensland

Government

To the best of my knowledge, the information provided on and in conjunction with this form is true and correct. I/ We understand that it is an offence liable to a penalty under the *Housing Act 2003* and/or a breach of my State Tenancy Agreement to knowingly provide false or misleading information to the Department of Housing.

about the Department's privacy obligations is available on our website at www.housing.qld.gov.au.

Tenant/applicant name:	
Signature:	Date
Tenant/applicant name:	
Signature:	Date