

## Section A - Tenant to complete

Full Name:

Rental Agreement No:

Address:

Postcode:

Please refund the following payment/s:

Refund Amount:

\$

Payment type:

Electronic Funds Transfer

Cheque

(Please note: cheques may take up to three working days and Electronic Funds Transfers up to two working days to process.)

Building Society  
Bank:

Branch:

BSB No:

Account No:

Name of account holders:

Reason for refund request:

Signature of Tenant:

Date:

/ /

## Section B – Department Officer/ Agent to complete

Area Office/ CSC:

Phone No:

Actioning Officer:

Position:

Signature:

Weekly Rent:

\$

Last payment received:

/ /

Refund amount:

\$

Balance after refund:

\$

I.D sighted?

Yes  No

OR

Signature match completed? Yes  No

Are any exceptional circumstances present? Yes  No  If yes, please provide details:



## Section C - Approving Officer to complete (Must be a different officer than that indicated in Section B)

Signature:

Position:

Date:

/ /

**Fax IMMEDIATELY to Operations Branch: 3227 8781**

### Personal Information Privacy Notice

The Department of Communities is collecting personal information on this form to provide you with housing assistance or assess grant funding applications. This is authorised by the *Housing Act 2003*. To assist you with your housing needs and services, relevant information may, in very limited and specific circumstances, be disclosed to: Partner agencies, Service providers, Agencies authorised by legislative provisions, and local governments and non-governmental agencies that now, or will, provide you with housing and/or support services. Limited personal information may be used for housing related research, policy or planning functions. Unless authorised or required by law, your personal information will not be passed on to any other third party without your consent. More information about the department's privacy policy is available on our website at:

[www.communities.qld.gov.au/prviacy](http://www.communities.qld.gov.au/prviacy)