



Self Employed declaration form

Complete this form if there is a self employed person in your household.

Rental Application/Agreement number:

Name of self-employed person:

Address:

Details of business

Name of company/business

Australian Business Number (ABN)

Type of self employed business

Address of your self employed business

Date that your self employed business commenced

Date that you lodged your first Business Activity Statement

Income from business

Gross takings for previous calendar month

Do you also receive a part Centrelink income? Yes No

If Yes, what Centrelink payment do you receive?

What is your Centrelink Customer Reference Number

Please **attach evidence** of the start date of your business and earnings to this form.

EG: a letter from your accountant

Signature: Date

Self Employed Household Member

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/privacy.

DECLARATION

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 Communities.

Tenant/applicant name:

Signature: Date

Tenant/applicant name:

Signature: Date