

EASY PAY AUTHORITY FOR SUSPENDING HOUSING PAYMENTS

Please complete this form if you want the Department of Communities (Housing and Homelessness Services) 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 Communities (Housing and Homelessness Services), you will need to continue making payments at the Australia Post Office, using your rental payment card. If you do not have a payment card, contact your nearest Housing Services office.

About you

Surname (Family name)

Given names

Date of birth

Your Department of Veterans' Affairs Reference Number

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

Type of Department of Veterans' Affairs payment

Your rental address

Suburb/Town

State: Queensland

Postcode

Your telephone number

Home ()

Work ()

From what date do you want the deductions to temporarily cease?

/ /

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

How many fortnights do you require the payment to cease?

Rental Agreement Number
Your Signature _____ **Date:** ____ / ____ / ____

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 personal 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.

Housing Services Office Use Only

Date form received: ____ / ____ / ____ Date entered into SAP: ____ / ____ / ____

Processing officer's name: _____