



APPLICATION FOR TEMPORARY RENT RELIEF

PLEASE READ CAREFULLY BEFORE COMPLETING THE FORM

DECLARATION BY TENANT

I of.....
Gibraltar do hereby declare that the particulars detailed herein are true to the best of my knowledge, information and belief.

In the event of my application being successful I hereby acknowledge that any temporary rent relief granted to me is based on my acceptance of the following conditions:-

- (a) Temporary rent relief shall only be granted to me whilst my household and financial circumstances warrant it. It does not in any way imply a reduction in the rent I should be paying and am liable to pay.
- (b) All improvements in family income and any changes in the number of persons living in the household must be notified to the Principal Housing Officer within a period of 7 days from such change.
- (c) Should the Principal Housing Officer identify alternate accommodation which in his opinion satisfies my needs and requirements I shall within the time period specified by the Principal Housing Officer move to the identified accommodation and cease occupation of my present accommodation. Should I fail to move to the identified accommodation within the specified time I shall forthwith cease my entitlement to any rent relief.
- (d) All false statements or material misrepresentations made by me knowingly in this application shall affect the level of rent relief granted to me and may result in my not being granted any rent relief whatsoever.
- (e) Without prejudice to the rights of action available to the Principal Housing Officer, the Principal Housing Officer may at any time stop or reduce all temporary rent relief payable to me if he is satisfied that I have:-
 - (i) Wilfully made a statement in this application for rent relief which I know to be false or misleading.
 - (ii) Failed to notify the Principal Housing Officer of any change in my household circumstances or in the number of persons living in the household within the required 7 days.
 - (iii) Failed or refused to move to alternate accommodation identified by the Principal Housing Officer within the period of time specified by the Principal Housing Officer.

1. APPLICANT INFORMATION

SURNAME _____

FIRST NAME _____

ADDRESS _____

DATE OF BIRTH _____

MARITAL STATUS _____

PROFESSION _____

I.D CARD NO. _____

TELEPHONE _____

TAX NO. _____

2. HOUSEHOLD INCOME

Details of gross weekly income of all persons residing in the premises

DETAILS	APPLICANT	SPOUSE	OTHER 1	OTHER 2	ID CARD NO
SURNAME					
FIRST NAME					
RELATIONSHIP TO APPLICANT					
DATE OF BIRTH					
EMPLOYMENT STATUS					
INCOMES	£	£	£	£	
GROSS WEEKLY PAY					
SPARE OR P/T EMPLOYMENT					
PENSION					
SERVICE PENSION					
OCCUPATIONAL PENSION					
UNEMPLOYMENT BENEFIT					
SOCIAL INSURANCE BENEFIT					
SUPERANNUATION					
ACCIDENT PAY					
MAINTENANCE ALLOWANCE					
GRATUITIES					
PRIVATE INCOME					
ANY OTHER INCOME					

3. Details of children residing with me and are undergoing fulltime education or are under school age

NAME	DATE OF BIRTH	SCHOOL	I.D CARD NO

4. I attach statement(s) verifying the statement made by me in paragraph 1, 2 & 3 above

Date..... Signature.....

**NOTES
FOR OFFICE USE**



Housing Department
HM Government of Gibraltar

I/We hereby authorize the Housing Department to gather or disclose from/to other Government Departments, its agencies and/or Private Enterprises, any information directly or indirectly related to the details contained in the Rent Relief Application which could be required or relevant in the processing of my/our Rent Relief Application.

Date: _____

Application(s) Name _____ Signature _____

Application(s) Name _____ Signature _____

Application(s) Name _____ Signature _____

Application(s) Name _____ Signature _____

Witnessed By _____

Name in Block Letters _____