



## Section A - tenant/applicant/household member to complete

Application/Tenancy reference number:

Name:

Address:

## Section B – your employer/s to complete this section to supply evidence of your income

Name of employer (or company name/stamp)

Occupation of the person named in section A

Permanent  Temporary  Casual  Fulltime  Part-time  \*School year only

\*If school year only, is the employee paid during the school holidays?  Yes  No

Date employment began:  /  /

Date ceased (if applicable)  /  /

## Income received – fulltime and permanent part-time employees only

Gross weekly wage/salary \* \$

Employee has been receiving this rate of pay since (date):  /  /

\*Total gross weekly wages includes income which is salary sacrificed; paid as a fringe benefit; and, wages paid while the employee is on leave. Please DO NOT include 'other' income types listed below.

## Income received – casual / part-time employees only

Total gross casual earnings for last four weeks (or less if employed less than 4wks) \$

Please do not include other income e.g. overtime, bonuses, allowances, etc, (see 'other income' below)

Other income (not included in gross wage above)	Total for last four weeks
Commission/s	\$ <input type="text"/>
Work allowances (DO NOT include allowances that are reimbursements for actual expenses e.g. travel, tools or clothing)	\$ <input type="text"/>
Overtime	\$ <input type="text"/>
Bonuses	\$ <input type="text"/>
Leave loading	\$ <input type="text"/>
Other (please specify)	\$ <input type="text"/>

### Privacy Notice

The Department of Communities, Housing and Digital Economy is collecting your personal information so we may provide you with housing assistance. This information may be disclosed between partner agencies, service providers, local governments and non-governmental organisations that may be able to provide you with housing or support services. They may, to assist you with services, pass on the information to other partner agencies, service providers, local governments and non-governmental organisations that may be able to provide you with support services. Unless authorised or required by law, your personal information will not be disclosed to any other third party without your consent. More information about the Department's privacy obligations is available on our website at [www.chde.qld.gov.au](http://www.chde.qld.gov.au).

## Declaration - employer/company representative to sign

Signature:

Print name:

Date:  /  /

Position:

Phone:

**Please return completed form to your nearest [Housing Service Centre](#).**