



Authority for Bond Loan Deduction

Please complete this form if you want Centrelink to send your Bond Loan payment directly to the Department of Family and Community Services (FACS). FACS will credit your payments to the account(s) you indicate below. You need to sign the Authorisation on this form and **Fax to 1300 722 404** OR return it to your local office with your **Application for Bond Loan**. Please print in BLOCK LETTERS with a black or blue pen. For information or assistance with this form, phone **1800 422 322**, 24 hours a day, seven days a week. Please mark relevant boxes with a .

Your details

Last name or family name

Given name (s)

Unit/House number Street/Avenue

Town/Suburb Postcode

Phone Mobile

Email address

Centrelink Reference Number (CRN)

FACS Client Reference Number

Your payment details

Payments usually start on the next available pay day of your Centrelink payment cycle. That is the date your payments will start. You must continue to make payments as you normally do until you receive a letter from Centrelink confirming when your payments will start.

What is the amount to be taken out of your Centrelink payments each fortnight?

Estimate of repayments

This table sets out the maximum amount you will pay towards your bond loan. Please select the payment amount based on the bond assistance you are requesting and write it in the specified box.

You will be advised of the exact amount over the phone by the Housing Contact Centre and you can approve any adjustments at this time. A letter will be sent to confirm the repayment amount together with a copy of the Terms and Conditions.

Bond Amount	Maximum fortnightly payment
\$400 - \$800	\$31.00
\$801 - \$1,200	\$47.00
\$1,201 - \$2,000	\$77.00
\$2,001 - \$5,000	\$208.00

Type of Housing Payment	Amount from Centrelink Payment	Amount from Family Tax Benefit	Total
Bond Loan	\$	\$	\$

Authorisation

- I authorise FACS to confirm information provided by me with any third party and for any such third party to provide FACS any relevant documentation or information sought by FACS when determining or supporting this authority.
- I authorise Centrelink to take out of my Centrelink payment, amounts in respect to the agreement with FACS and pay the amounts stated above directly to FACS.
- I agree that in the event of my Bond Loan account falling into arrears, I authorise FACS to increase my fortnightly payment by up to ten dollars (\$10) until the arrears have been fully repaid.

Authorisation - cont'd

- I understand that if my rent or income, or other amounts change, FACS will tell Centrelink and the new amount will be taken out of my Centrelink payment from the next available pay date.
- I understand that it is my choice to have the above amounts deducted from my Centrelink payment and that I can withdraw from the scheme at any time.
- I agree that if a person other than the Borrower contributes to payments that are the Borrowers legal responsibility, no rights or claims against FACS are conferred on that person.
- I agree that the rights and obligations of FACS to any Bond Loan client are not diminished in any way by the fact that current payments are received from Centrelink.
- I authorise FACS to deduct Bond Loan payments from my Bond Loan account. In the event that an additional Bond Loan is approved, I authorise FACS to transfer any Bond Loan payments to the new account.

FACS Privacy Notice

This privacy notice applies to the Department of Family and Community Services (FACS) which includes the following entities: the Land and Housing Corporation and the Aboriginal Housing Office. FACS and its related entities comply with NSW privacy legislation when collecting and managing personal and health information. The information we collect from you or from an authorised third party will be held by FACS or the entity that collects it. It will be used to deliver services and to meet our legal responsibilities. We may also use your information within FACS as a whole to plan, coordinate and improve the way we provide services. FACS is also legally authorised to disclose information to outside bodies in certain circumstances.

Further information about your privacy rights can be found on the Department's website: www.facs.nsw.gov.au/site_information/privacy or by calling: 02 9377 6000.

Notice and Declarations

Under the *Housing Act 2001* a fine of up to \$2,200 and/or three months imprisonment applies for making a false statement or representation. Anyone who wilfully makes any false statements that result in them obtaining accommodation or other financial benefit of any kind may be refused further assistance by social housing providers or prosecuted.

Notice: Your personal information and any relevant health information provided on this form will be exchanged between social housing providers (public, community and Aboriginal housing) for the purpose of assessing your continuing eligibility for social housing and providing an appropriate service. FACS may also collect information from your former social housing landlord or their agent (if you have one), including information about any debt.

Declaration

- I understand the instructions given on this application.
- To the best of my knowledge, the information provided in this application is correct.
- I understand there are penalties for giving false or misleading information.
- I understand that this information is used by all social housing providers (public, community and Aboriginal housing).
- I understand and agree that FACS may collect information from my former social housing landlord or their agent, including information about any debt.

Please print and then sign this form

Your signature
or authorised agent
or legal representative

Date

Declaration from person assisting client

- I filled in this form on the basis of the information the applicant gave me.

Full name
(please print)

Signature

- I have read out the form and the answers to the applicant who seemed to understand them.

Date

Office Use Only

Date received

T-File
number

New application (N) or Variation (V)

Deduction authority number (client)

Deduction authority number (other)

Officer's name and position (please print)

Signature

Date