

DVA DIRECT DEDUCTION FACILITY (DDF) AUTHORITY FOR HOUSING PAYMENTS

Please complete this form if you want the Department of Veterans' Affairs to send your housing payments directly to the Department of Housing.

Please ensure that you sign the Authorisation on the second page of this form and return to your nearest **Housing Service Centre.**

| About you | | | | | | | | |
|--|-------------------------------|--------------------------|--|--|--|--|--|--|
| Surname (Family name) | | | | | | | | |
| Given names | | | | | | | | |
| If you use a different name with Veterans' Affairs, please state it here | | | | | | | | |
| Date of birth | | | | | | | | |
| Your Department of Veterans' Affairs Reference Number | | Health | umber can be found on your Repatriation Card, Pension Concession Card or tment of Veterans' Affairs correspondence. | | | | | |
| Type of Department of Veteran's Affairs payment | | | | | | | | |
| Your rental address | | | | | | | | |
| | Suburb/Town | | | | | | | |
| | State: Queensland Postcode | | | | | | | |
| Your telephone number | Home | | Work | | | | | |
| About your payments to t | he Denartment of Ho | ousina | | | | | | |
| / wout your paymonto to t | | | | | | | | |
| What date do you want the deduc | ctions to start? | / | | | | | | |
| The Department of Veterans' Affa commence. | airs will send you a letter a | dvising you of the da | ate the direct deductions will | | | | | |
| Please continue to make your pa payments are up to date when the | | intil you receive this a | advice. You must ensure that your rent | | | | | |
| You can choose to pay your rent | based on a fixed amount | or percentage of ren | t. | | | | | |
| The department will credit your p | ayments to the account/s | you have indicated b | elow: | | | | | |
| AMOUNT TO BE TAKEN OUT OF | YOUR DEPARTMENT OF | VETERANS' AFFAI | RS PAYMENT EACH FORTNIGHT | | | | | |
| Type of payment | Fortnightly Fixed Amount (\$) | Percentage (%) | Payment Reference No. | | | | | |
| Rent | | | | | | | | |
| Rent arrears repayment | | Not applicable | | | | | | |
| Maintenance/other repayments | | Not applicable | | | | | | |
| Extra payments | | Not applicable | | | | | | |

Authorisation

- I authorise the Department of Veterans' Affairs to take out of my pension payment each fortnight the amount/s stated above and pay them directly to the Department of Housing. These amounts relate to my agreement with the department.
- I understand that it is my choice to have the above amounts deducted from my Department of Veterans' Affairs pension, and that I can withdraw from the scheme at any time.
- I agree that the Department of Housing may provide the answers on this form to the Department of Veterans' Affairs and confirm, where necessary, information I have provided on this form with the Department of Veterans' Affairs.
- I understand that if the household rent changes, the Department of Housing will tell the Department of Veterans' Affairs and the new amount will be taken out of my pension payment from the next available payday, based on the percentage proportion as stated on this form.
- I understand that if there is more than one person having payments deducted for rent, any change to the amount to be deducted will be divided in the same percentage proportion as stated on this form unless otherwise advised by me.
- I understand that if the household rent changes and I have stated a fixed rent amount on this form, the fixed amount stated on this form will continue to be deducted unless otherwise advised by me.
- I agree that if a person other than the tenant contributes to payments that are the tenant's legal responsibility, no rights or claims against the Department of Housing are conferred on that other person.
- I agree that the Department of Housing rights or obligations to me or any other occupant of the property are not diminished in any way by the fact that housing payments are received from the Department of Veterans' Affairs.
- I agree that any credit due at the end of a Department of Housing tenancy can be paid to any person whose name was on the State Tenancy Agreement as a tenant of the property.

| Your signature | |
|----------------|--------------------------------|
| | PLEASE SIGN THE AUTHORITY FORM |
| Date: // | AUTHORITTORIN |

Privacy Notice

The Department of Housing is collecting your personal information so we may provide you with housing assistance. To assist you with your housing needs and services, your personal information may be disclosed to partner agencies, service providers, local governments and and non-governmental agencies that now, or will, provide you with housing and/or 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 www.housing.qld.gov.au.

Other things that are important

- Any information you give may be used by the Department of Veterans' Affairs to check that you are getting your correct entitlement.
- If you have applied to receive a Department of Veterans' Affairs payment but have not yet been paid, wait until you start getting paid before completing this form.
- To avoid any difficulties with this deduction, you should immediately advise the Department of Veterans' Affairs of your new address if you just moved.
- These deductions will continue until you advise in writing either the Department of Housing or the Department of Veterans' Affairs to stop them.

| Housing Service Centre Date form received: | use only | | |
|--|----------|-----------|--|
| New application: | | Transfer: | |
| Processing officer's name: | | | |
| Date entered in Reside: | | | |

Please return completed form to your nearest Housing Service Centre.