

## Multiple Consent and Authority Form

Name \_\_\_\_\_ CRN \_\_\_\_\_

Date of birth \_\_\_\_\_ Address \_\_\_\_\_

**You must clearly indicate each service you wish for this customer consent to be applied. Please circle and/or delete as appropriate.**

<b>1. Electronic Verification of Rent (EVoR)</b>	I give my consent to Foundation Housing to provide my current and future accommodation information to the department for the reassessment of my eligibility for Commonwealth Rent Assistance.	<b>Yes/No</b>
<b>2. Income Confirmation</b>	I give my consent to the department to electronically provide a statement of information to Foundation Housing to assist in the assessment of my entitlement of services from Foundation Housing. Information provided by the department may include, where relevant, current or historical details of payments received, dependants, deductions, income, assets and confirmation of my current address.	<b>Yes/No</b>
<b>3. Centrepay</b>	I give my consent to Foundation Housing to advise the department: <ul style="list-style-type: none"> <li>• to change my existing Centrepay deduction, target amount or suspend the nominated deduction from time to time to ensure my housing payments are met, and</li> <li>• of my correct account or billing number if required.</li> </ul> I give my consent to the department to: <ul style="list-style-type: none"> <li>• provide information for the purpose of reconciling my payment deduction details.</li> </ul>	<b>Yes/No</b>

I understand that this consent, once signed, is effective for the service/s indicated, and only for the period that I am a customer of Foundation Housing.

I also understand, that this consent which is ongoing, may be revoked by me, at any time, by giving notice in writing to Foundation Housing.

I understand that I can withdraw my consent for all indicated service/s by contacting Foundation Housing.

I understand that every time that Foundation Housing provides information to the department for EVoR and/or Centrepay, I will be advised.

I understand that Foundation Housing will maintain a record of my consent for 5 years.

I understand that if I withdraw part or all of this consent in relation to Electronic Verification of Rent that I will be responsible for notifying the Australian Government Department of Human Services of all future changes to my accommodation circumstances.

I understand that I will be able to obtain a written copy of the income statements the department provides to my housing organisation at any time from either the department or Foundation Housing.

For more information visit **humanservices.gov.au**

Signature \_\_\_\_\_

Date \_\_\_\_\_