**IOU Form**

This form is to be completed by a client to acknowledge and agree to repay a debt owed to a social housing provider. For information or assistance with this form, phone **1800 422 322**, 24 hours a day, seven days a week. Please print in BLOCK LETTERS with a black or blue pen. Please mark relevant boxes with a . If you need more room to answer any questions, please include details on a separate page and attach it to this form.

T File number Client reference number Payment reference number

**Declaration**

**I, the undersigned** Title

Mr, Mrs, Ms, Miss

Last name or family name

Given name (s)

Unit/House number  Street/Avenue

Town/Suburb  Postcode

Phone  Mobile

Email address

**Acknowledge that a sum of:**

Amount in words

Amount in figures **$**

**Arising from the lease of the property at**

|  |  |
| --- | --- |
| Unit/House number | Street/Avenue |
| Town/Suburb | Postcode |

|  |  |  |  |
| --- | --- | --- | --- |
| **Between the dates of** | DD / MM / YYYY | and | DD / MM / YYYY |
| **Is owed to** | Name of social housing provider |  |  |  |

**For** (tick applicable box)

In consideration of the above named social housing provider not taking legal action to recover the above debt

I agree to repay the debt by regular instalments at the amount of:

 Rent arrears  Water usage

Property damages Other

give details

**$** per week / fortnight

|  |  |
| --- | --- |
| With the first payment to commence by: | DD / MM / YYYY |
|  |  |  |
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I agree that if there is a failure to comply with the instalment agreement, then the total debt outstanding becomes immediately due and payable and the social housing provider may proceed to enforce the debt through legal action.

Applicant/Tenant signature 

**In the presence of** (authorised delegate of the social housing provider)

Full name (please print)

Signature 

Date DD / MM / YYYY

**Please note:**

If you have difficulty making repayments, please contact your local Client Service Officer to discuss repayment options.

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