



ACT
Government

Chief Minister, Treasury and
Economic Development

EXTENDED PROGRAM APPLICATION FORM
September - December 2021

ACT Government COVID-19 Community organisation and Small Business
Rent Relief Application FORM

The ACT Government COVID-19 Rent Relief Initiative assists tenants of ACT Government owned buildings who are severely affected by the COVID-19 pandemic.

Commercial and community tenants of ACT Government owned properties who have a turnover of less than \$50 million and are severely impacted by the COVID-19 pandemic **(at least 15 per cent reduction in business income/grants for not-for-profit businesses and 30 per cent reduction in business income/grants for other businesses)** will be assisted through the Rent Relief package through rent waivers for four months during September - December 2021.

Please email completed application forms to ACTPGExecutiveSupport@act.gov.au

Privacy Notice

Your personal information is being collected for the purpose of providing your business with financial assistance in response to COVID-19. Your personal information will be handled in accordance with the Territory Privacy Principles in Schedule 1 of the Information Privacy Act 2014. More detailed information about how your personal information will be collected stored, secured, used and disclosed by CMTEDD can be found in our Privacy Policy at <https://www.cmtedd.act.gov.au/legal/privacy>

	COMPLETE YOUR RESPONSE HERE:
Business legal name:	
ABN:	
Trading Name (if applicable):	
Tenancy address:	
Landlord (ACT Government Directorate):	
Primary Contact name:	
Primary Contact phone:	
Primary Contact email:	
Is the entity an SME with annual turnover of less than \$50 million? The \$50m threshold is applied in respect of franchises at the franchisee level, and in respect of retail corporate groups at the group level	



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RENT RELIEF - Those who have been severely affected through loss of income (at least 15 per cent reduction in business income or grant funding for not-for-profit organisations and at least 30 per cent reduction in business income or grant funding for other businesses)

tenants severely affected will be offered rent waivers for the months of September - December 2021

Nature of organisation/business:

Please explain how COVID-19 has impacted the organisation/business: (e.g. reduced income/sales)

Is this a Not-for-Profit organisation

Yes/No

For not-for profit organisations, has the organisation/business had at least 15 per cent reduction in business income from 1 August 2021 (Compared to August 2020)?
(If any documents contain TFNs, please redact them first. If you cannot we will redact them before including the documents in our records)

For other businesses, has the organisation/business had at least 30 per cent reduction in business income from 1 August 2021 (Compared to August 2020)?
(If any documents contain TFNs, please redact them first. If you cannot we will redact them before including the documents in our records)

Examples include:

- *Business Activity Statements (BAS) (for evidence of previous earnings); or*
- *financial reports produced from an accounting software package (for evidence of previous earnings and downturn in current period); and*
- *estimates of future income losses with supporting evidence/statement of claims*

Please complete the declarations at the end of this form

- I am authorised by [name of organisation/business/company's] to provide the personal information where requested of third parties and have (if required) sought their consent and authority to the collection of their personal information for the purpose of this application.
- That I (and if applicable) any of the other representatives of my [name of organisation/business/company's] personal information included in this application (if any) are or have been made aware of where to locate the CMTEDD Privacy Policy at <https://www.cmtedd.act.gov.au/legal/privacy>

Title:		
Date:		

DECLARATION and ELECTRONIC SIGNATURE:

By signing this form, I confirm the information provided in this application is true, accurate, complete and up to date. I understand that if I have provided false or misleading information this application may be refused.

Name:		
Title:		
Date:		