

Declaration to Justify Rent

1.
<p>In accordance with the requirements of the <i>Residential Tenancies Act</i> the following information is supplied to justify the current rent being charged in respect of premises at:</p>
<p>Flat number: _____ Lot number: _____</p>
<p>Street number: _____ Street: _____</p>
<p>Suburb: _____ Postcode: _____</p>
<p>Owners surname: _____ Given name(s): _____</p>
<p>Owners address: _____ Postcode: _____</p>
<p>Phone number: _____ Facsimile: _____</p>
2.
<p>Rent charged by owner (per period as applicable):</p>
3.
<p>Details of any special covenants or conditions in the lease to be performed by the Tenant. (eg improvements, alterations or repairs or maintenance at Tenant's expense)</p> <p>_____</p> <p>_____</p> <p>_____</p>
4.
<p>Description of premises: _____</p> <p>Type of construction _____</p> <p>Cyclone proofed: <input type="radio"/> Yes <input type="radio"/> No</p>
5.
<p>Estimated market value of the subject premises: \$ _____</p>

6.

Relating to the land and building in which the subject premises are located please state –

- 1) the amount of any mortgage \$ _____
- 2) annual interest rate payable \$ _____
- 3) name and address of mortgagee _____

Annual Rates

- a) Local Council \$ _____
- b) Garbage (where not included in Council rates) \$ _____
- c) Water \$ _____
- d) Sewerage \$ _____
- e) Land rent (if applicable) \$ _____

Insurance

- a) Building – Premium & Contents \$ _____ pa
- b) Contents – Premium \$ _____ pa
- 4) Agents Fees and/or Management costs \$ _____
- 5) Repairs and Maintenance \$ _____
- 6) Vacancies (Average number of weeks per flat per annum) \$ _____
- 7) Other Expenses (details please) _____

7.

Any special circumstances which you feel should be considered in determining the rental value of the subject premises should be included on a separate page and attached to this form.

8.

Value of furniture, furnishings and other goods leased with the subject premises.
(Please attach an inventory showing separate value for each item).

Declaration

I/We certify that the information given above is true and correct.

Signature: _____
(Landlord / Agent)

Print Name(s): _____

Date: ___ / ___ / ___

Lodgement by Mail

DARWIN
Consumer Affairs
GPO Box 1722
Darwin NT 0801

ALICE SPRINGS
Consumer Affairs
PO Box 1745
Alice Springs NT 0871

Lodgement by Hand

DARWIN
Ground Floor, Old Admiralty Towers
68 The Esplanade
Darwin NT 0800

ALICE SPRINGS
Level One, Belvedere House
Parsons Street
Alice Springs NT 0870

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