

22, Pietro Floriani Street, Floriana FRN 1060 • Telephone: 22991000 • Freephone: 80072232 E-mail: customer.care.ha@ha.gov.mt • Website: http://www.housingauthority.gov.mt

PRIVATE RENT HOUSING BENEFIT SCHEME

With effect from 1st February 2019

Application for Housing Benefit on privately owned dwellings which are not owned or leased by the Government, the Housing Authority, any parastatal body or local Authority.

	File No.	
HBS		

IMPORTANT NOTICE

Anyone who makes a false declaration will be disqualified for a period of five (5) years from benefiting from any scheme issued with the approval of the Minister responsible for Housing.

Notwithstanding anything contained in the foregoing provisions of this Scheme, the Authority shall have the right and this at its absolute discretion, to refuse any application.

Application will only be accepted if:

- 1. It is filled and signed by each recognised tenant;
- 2. the application for assistance under this Scheme must be made by both spouses jointly in case of married couples, two persons who have entered into a Civil Union under the Civil Union Act who are not legally or *bona fide de facto* separated;
- 3. a payment of €10 by cash, cheque or money order addressed to the Chairman, Housing Authority is attached;
- 4. the necessary documents stipulated in Section 4 of the application are produced.

The personal information submitted in this application is protected and will be only utilised according to the Data Protection and Privacy.

The personal information provided in this application form will be strictly utilised by the Authority for the processing of this application and will be only processed according to the Data Protection Act (CAP 440). Applicants have the right to access or verify the information held about them by requesting this in writing at the above address.

AND THE DWELLING ON WHICH HOUSING BENEFIT IS BEING REQUESTED

1a)	Name & Surname	
ia)	Address:	
	ID Card No.:	Date of Birth:
	Telephone No::	
	Email:	
1b)	Name & Surname	
	Address:	
	ID Card No.:	Date of Birth:
	Telephone No.:	Mobile No.:
	Email:	Civil Status:
1c)	Name & Surname	
,	Address:	
		Date of Right
	ID.Card.No.:	
	Telephone No.:	Mobile No.:
	Email:	Civil Status:

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SECTION 2 OTHER INFORMATION Amount of Rent per annum Does the applicant have children under the age of 18? If YES, how many? LL / SS / SL Rent registration number The property is a House Maisonette **Apartment** Date of marriage/Civil Union (in case of a married couple / two persons who have entered into a Civil Union* or separated / annulled / divorced): Date of death of spouse (in case of widows/ers) vii. Name of spouse (in case of widows/ers) Bank Account details where the subsidy is to be deposited Bank Account No .: Bank / Branch IBAN:

SECTION 3 LIST OF DOCUMENTS TO BE ATTACHED TO APPLICATION

List of documents and certificates which need to be produced together with application (where applicable)

- i) Photocopy of valid ID Card from both sides of each applicant and of children over the age of 18 living with them.
- ii) In case of disabled children living with applicant, a copy of Special Disability Card issued by the National Commission for Persons with a Disability is to be produced;
- iii) In case of separated/annulled/divorced applicants, these are to produce a copy of the final judgement of the competent court that pronounces the separation or a copy of the contract of separation;
- iv) In case of *bone fide de facto* separated persons, these are to produce proof and/or official documentation to substantiate this. It shall be discretionary on the Housing Authority to decide whether the documents submitted suffice the de facto separation;
- v) FS3 of applicants for calendar year preceding the date of application. In case of applicants in receipt of pensions, a document indicating the amount of pension received is to be produced. In case of self-employed applicants, these are to produce a Profit & Loss Account/Income Statement signed by themselves and a Balance Sheet/Statement of Financial Position if applicable, together with Income Tax form for the year preceding the date of application if applicable;
- vi) In case of families having fostered children living with them, applicants who have lived in care, applicants who have successfully completed a rehabilitation programme or left CCF, a document specifying this should be produced.

APPLICATIONS HAVING MISSING DOCUMENTS SHALL NOT BE ACCEPTED

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SECTION 4 DECLARATION

I, the undersigned, bearer of ID Card number	_			
residing at do hereb declare that:	у			
1. I have read, agreed and accepted all the conditions of the Government Gazette related to my application, which conditions form an integral part of my declaration and which conditions I was given a copy of together with my application form;				
 I do not possess in full ownership, in part ownership, or in perpetual emphyteusis, either alone or together with others, property suitable for habitation purposes; 				
3. the rented property, which is my ordinary residence, is habitable and in good state of repair, without any dangerous structures, has all sanitary facilities functioning well, including the water, electricity and drainage system. The property is also equipped with a fully functional kitchen necessary for cooking;				
4. the information given in the application is correct and true. I understand that I will forfeit the right to any subsidy under this Scheme and will not be entitled to the charges paid if incorrect information is given.				
 in case of any breach of the terms of the Scheme, the Housing Authority reserves the right to withdraw the benefit being given under this scheme and this without any prejudice to my obligations according to the conditions of the Scheme including the refund of benefits received under this scheme; 				
6. I accept that in case where the rent receipts are not presented by me when requested by the Housing Authority, my benefit will be terminated with immediate effect and that I will be obliged to refund the amount that has been given to me under this scheme. In case of fraudulent application, criminal action will be taken against me according to the Criminal Code Cap 9				
Signature of Applicant Date:				
Signature of Applicant Date:				
Signature of Applicant Date:	***			



	loday:			
I, the undersigned———		, son/daughter of		
	nee'	born	and residing	
holder of ID Card No.		and	son/daughter	
of	and	nee'	,	
born	and residing			
am/ara authoriaing that		, holder of ID Card I	No.	
am/are authorising the: •				
this application;Department for Sowritten request) co	ocial Security to give in overing any period of a ndersigned am giving my	ployment history from Jobsplus nformation about me to the Ho time as the same Authority dee power of attorney to the Housing A	ousing Authority (via ems fit*;	
The personal information is necessary and legitimate processed in accordance Parliament and of the Oprocessing of personal cand the laws applicable in	provided on this applicate to process your applied with the Data Protection Council of 27 April 2016 data and on the free movin Malta which enter into	tion is protected and used by the Hocation under this scheme. This per a Act (CAP 586), Regulation (EU) 20 on the protection of natural pervement of such data (General Data force from time to time. Applicants esting this in writing at 22, Triq Pietr	rsonal information will be 016/679 of the European rsons with regard to the a Protection Regulation) have the right to access	
*The Housing Authority, fron	n time to time, reserves the ri	ight to ask the entity for updates of inform	nation.	
Signature:		Signature:		