

Updated: April 2017

National Rental Affordability Scheme

Application for approved participant consent to provide incentive claim information directly to investors

## When to use this form

This is the approved form for an investor to seek consent from approved participants (AP) for the Department of Social Services (DSS) to release information about the status of incentive claims directly to investors.

Given DSS holds no records about investors, consent from the AP is required in instances when investors approach DSS for information on the status of incentive claims. Once completed, the AP is to stamp the consent form and the accompanying schedule with the AP’s ‘approved participant stamp’ and return both, along with the evidence of authorisation requested in Question 13 to DSS by email to [nras@dss.gov.au](mailto:nras@dss.gov.au).   
**Note: The email must be sent from a person previously identified to DSS as being an authorised contact for the AP.**

## Investor Details

1. Your name
2. Your contact phone number
3. Your email address
4. Your contact address
5. Preferred method of communication

Email Mail

1. Arrange for the AP to insert the NRAS dwelling identifiers into the accompanying schedule (if known) and identify below how many pages of the schedule you are attaching to this application and how many dwellings they relate to.

No. of pages No. of dwellings

1. Which NRAS year/s does this request relate to?

* 13-14 NRAS year (1 May 2013 to 30 April 2014)
* 14-15 NRAS year (1 May 2014 to 30 April 2015)
* 15-16 NRAS year (1 May 2015 to 30 April 2016)
* 16-17 NRAS year (1 May 2016 to 30 April 2017)

## Questions I’d like a response to with respect to incentive claims for my AP

1. Has my AP submitted all incentive claims to DSS and if so, on what date?
2. Has DSS notified my AP of any errors in the incentive claims and as a result asked my AP to correct the errors and re-submit the claims? If so, on what date?
3. Where relevant, has my AP re-submitted the incentive claims to DSS with the required corrections and if so, on what date?
4. Has DSS notified my AP of the status of the re‑submitted incentive claims and whether further corrections are required? If so, on what date?
5. Is DSS awaiting further information from my AP with respect to the initial or re-submitted incentive claims and if so, since what date?
6. Has DSS issued the Commonwealth component of the incentive to my AP? If so, what was the Commonwealth amount of the incentive, and on what date was it issued to my AP?

## Investor Certification and declaration

I certify to the best of my knowledge that the information provided in this consent form, including the attachments, is correct and complete.

I understand that giving false or misleading information is a serious offence.

Signature:

Date:

Application for Approved Participant consent to provide incentive claim information directly to investors

## Approved participant details

1. NRAS Registration ID
2. Organisation Name
3. Contact name (Authorised NRAS Contact)
4. Contact phone numbers

Work:

Mobile:

1. Contact email address
2. Are you the Authorised Agent of the Approved Participant?

Yes - please attach evidence of authorisation

No - only authorised agents may complete this application

1. Do you agree to the information outlined in questions (a) to (f) being released to any of your investors making enquiries as to the status of your incentive claim?

* **\***Yes to all information outlined in questions   
  (a) to (f)
* **\*#**Yes, but only to information outlined in question(s):

(a) (b) (c) (d) (e) (f)

* No to all information outlined in questions (a) to (f)

**\* Should you answer yes to either of the first two option in question 14, please be advised that DSS is not able to verify whether enquires are from bona fide investors.**

**# Should you answer yes to the second option in question 14 i.e. consent to only certain information being released to any of your investors, please be advised that this may negatively impact on your investors obtaining a complete picture on the status of your incentive claims.**

## Approved participant consent

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as the authorised NRAS contact of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 *APPROVED PARTICIPANT*   
do hereby consent to DSS providing a response to the questions above with respect to incentive claims for the dwelling/s in the accompanying schedule for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 *APPROVED PARTICIPANT*  
to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 *INVESTOR FULL NAME*

I consent and the approved participant consents to DSS disclosing my personal information to the Investor for the purposes of informing the Investor about the status of an incentive claim.

I certify to the best of my knowledge that the information provided in this application, including the attachments, is correct and complete.

I understand that giving false or misleading information is a serious offence.

Signature

Date

## Submission

Once completed, please stamp this consent form and the accompanying Schedule and submit both forms to DSS by email to [nras@dss.gov.au](mailto:nras@dss.gov.au).

**Official approved participant stamp here**

**Information about privacy**

For more information about how the Department of Social Services handles personal information please see the Department’s [privacy policy](https://www.dss.gov.au/privacy-policy) at: www.dss.gov.au/privacy-policy

The privacy policy contains information about how an individual can seek access to or correction of personal information held by the Department.

The policy also provides information about how an individual can make a privacy complaint.