WARNING: Providing false information to Government is an offence under the False Information Act 2016. If you are found guilty of providing false information to Government, you may be fined up to \$20,000 or sentenced to imprisonment for up to 10 years.



# APPLICATION FORM FOR PAYMENT OF LEASE ARREARS – RESIDENTIAL AND AGRICULTURAL LEASES

SECTION A: DETAILS OF APPLICANT					
Full Name:		Age:			
Residential Address:	sidential Address:		Gender:		
District/Town:		Province:			
Phone No.:		Mobile No.:			
Current Occupation:		Full-time, Part-time or Casual:			
Name of Employer <i>(if applicable)</i> :					
FNPF No.:		Taxpayer Identification No.:			
SECTION B: IDENTIFICATION (VOTER IDENTIFICATION CARD PREFERRED)					
<ul> <li>□ Voter Identification Card No.:</li> <li>□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □</li></ul>					
SECTION C: LAND DETAILS					
You hold (select one):					
□ an Approval Notice of lease for State Land □ an Agreement for Lease/IOT for iTaukei Land					
□ Agricultural Lease □ Residential Lease					
Lease Reference No.:		Lot No.:		Plan No.:	
Land Description/Name:		Province/Area:			
SECTION D: HOUSEHOLD DETAILS					
List of income earners in household and annual income (gross):					
Income Earner Taxpaye (if any)		er Identification No.	(befo	Annual income (if any) (before tax and FNPF deductions)	

### SECTION E: ADDITIONAL DOCUMENTS

Attached to this application form are:

 $\Box$  Salary slips, if applicable;

- □ Birth certificate;
- □ Valid photo identification;
- □ Taxpayer identification number (TIN) letter;
- □ Recent lease statement confirming lease arrears on the specified dates;
- □ Statutory Declaration Form;
- □ Medical Report to indicate disability (if applicable); and
- □ Copy of Lease Document i.e. Approval Notice or Agreement to Lease.

#### SECTION F: DECLARATION

By ticking this box  $\Box$ , I declare that:

(a) I am a Fijian citizen residing in Fiji;

- (b) I am 18 years of age or above;
- (c) Combined Annual Household Income of \$50,000 or less;
- (d) Attached to this application form are original or true, correct and certified copies of the documents required to be attached under Section E; and
- (e) I understand that the provision of false information to Government for the purposes of receiving a benefit is an offence under the False Information Act 2016 and may result in a requirement to repay the benefit, a fine of up to \$20,000 or an imprisonment term of up to 10 years or any or all of the foregoing.

## **SECTION G: SIGNATURE**

I, (full name)

of (address)

certify that the above information contained in this form is true and correct and I make this solemn declaration believing the same to be true.

I hereby authorise Government to access any personal information or record of the applicant held by any relevant entity that may be required to process the application.

Applicant signature

Date

SECTION H: JUSTIFICATION (PROVIDE EXPLANATION AS TO WHY YOU SHOULD BE ASSISTED UNDER THIS INITIATIVE)

#### SECTION I: OFFICIAL USE

Office:

Receiving officer: Signature:

Date:

Application number: