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 SURVEY OF RESIDENTIAL LEASES PROGRAMME ('PROGRAMME')

(All Applications are to be submitted before 4pm on 01 May 2022 to: <a href="mailto:residential.survey@govnet.gov.fj">residential.survey@govnet.gov.fj</a> or hand-delivered to the Ministry of Housing & Community Development Office or Housing Authority Offices in Lautoka/Labasa)

SECTION A: DETAILS OF APP	PLICANT			
Full Name:				
Residential Address:				
District/Town:		Province:		
Phone No.:		Mobile No.:		
Current Occupation:		Full-time, Part-time or Casual:		
Name of Employer (if applicable	»):			
FNPF No.:		Taxpayer Identification No.:		
SECTION B: IDENTIFICATION (VOTER IDENTIFICATION CARD PREFERRED)				
☐ Voter Identification Card No.:				
☐ Other valid photo identification	n (please specify	y):		
SECTION C: LAND DETAILS				
You hold (select one):				
☐ an Approval Notice of leas	e for State Land	☐ an Agreem	nent for Lease for iTaukei Land	
Lease Reference No.:	Lot No.:		Plan No.:	
Land Description/Name:		Area:		
SECTION D: HOUSEHOLD DE	TAILS			
		:(-w)		
Income Earner	nold and annual income (gross):  Taxpayer Identification No.  Annual income (if any)			
Income Earner	(if any)	nuncation No.	(before tax and FNPF deductions)	

A (				
Attached to this application form are:				
□ Declaration of income; salary slips and latest bank statements, if any;				
☐ Birth certificate;				
☐ Valid photo identification;	- v /TININ I- (( - v)			
☐ Taxpayer identification number	,			
<ul><li>☐ Copy of Lease Documents; a</li><li>☐ Statutory declaration form</li></ul>	na			
Statutory declaration form				
SECTION F: DECLARATION				
By ticking this box $\square$ , I declare that:				
(a) I am a Fijian citizen residing in Fiji;				
(b) I am 18 years of age or above;				
(c) the gross annual combined income of my household (persons living in the same house) is \$50,000 or less;				
(d) I hold a lease document for resid	ential purposes under my name;			
(e) attached to this application form are original or true, correct and certified copies of the documents				
required to be attached under Section E;  (f) I have not previously received assistance under the Programme;				
• • • • • • • • • • • • • • • • • • • •	9 ,			
(g) I (or any household member) do not own any other lease or freehold property; and (h) I understand that the provision of false information to Government for the purposes of receiving a				
	alse Information Act 2016 and may result in a requirement to repay			
•	00 or an imprisonment term of up to 10 years or any or all of the			
foregoing.				
SECTION G: SIGNATURE				
I, (full name)	,			
of (address)	,			
	he information contained in this form is true and correct and I make			
this solemn declaration believing the				
(-:)	-			
(signature)				
Declared at	this day of201			
(along the activities and	-			
I (SIGNATI I'R OT WITHESS)				
(signature of witness)				
Name:				
Name: Occupation:	-			
Name: Occupation: Address:	-			
Name: Occupation: Address: SECTION H: OFFICIAL USE	-			
Name: Occupation: Address: SECTION H: OFFICIAL USE Office:	-			
Name:Occupation:Address:SECTION H: OFFICIAL USE Office: Receiving officer:	-			
Name: Occupation: Address: SECTION H: OFFICIAL USE Office:	-			
Name: Occupation: Address:  SECTION H: OFFICIAL USE  Office: Receiving officer:	-			