

PUBLIC RENTAL BOARD
COVID-19 RENT DEFERMENT FORM



Flat a/c Number	_____ Flat Status: <input type="checkbox"/> Subsidized <input type="checkbox"/> Non-Subsidized		
Tenant Name	_____		
Flat No: _____	Block No: _____	Estate: _____	
PMT Mode: _____	Mobile No: _____	Flat Rent: \$ _____	
Name of Employer: _____		Employer Contact: _____	
How are you affected?	<input type="checkbox"/> Reduced Hours	<input type="checkbox"/> Redundant	
Effective Date of Reduced Hours or Redundancy: _____ / _____ /2020			

HOUSEHOLD INFORMATION

	Names	DOB	Age	Relationship to Tenant(s)	Status	Employer	WGI	Ph. No.
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Tenant Signature:.....

Date:_____

Documents Checklist (Your form will be invalid if you submit incomplete documents)

<input type="checkbox"/> Status Confirmation Letter from your employer	<input type="checkbox"/> My income declaration of income assistance during unemployed period	<input type="checkbox"/> Recent Pay slips or Statutory Income declaration of other employed family members	<input type="checkbox"/> Statutory declaration for unemployed occupants above 18 years
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