

**Application for Discount on Ground Rent *(Residential Leases)***

*Please utilize this form to apply for the* ***one-time discount on ground rent outstanding****. Incomplete form will not be acceptable.*

**A. Customer Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Customer (s)** | **Leaseholder 1** | **Leaseholder 2** | **Leaseholder 3** | **Leaseholder 4** |
| First Name: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Surname: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Other Names: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Date of Birth: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| TIN No.: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Marital Status: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Employer: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Occupation: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Gender: | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| FNPF Number | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Postal Address: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Email Address: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Phone Contact (Home): | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Phone Contact (Work): | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**B. Property / Account Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Account  Number: | Click or tap here to enter text. | Ground Rent ($) | Click or tap here to enter text. per year |
| Survey Reference: | Click or tap here to enter text. | Property Location: | Click or tap here to enter text. |

**C. Other Property Information *(Please select as applicable)***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Vacant Land | Residential only (House) | Residential and Rental | Residential & Diary Shop | Strata Unit | Mortgage with Bank: Bank \_\_\_\_\_\_\_\_\_\_ | Residential & Others: Please specify [eg. Billboard / Tower etc]  Click or tap here to enter text. |

**D. If Rented *(No. of flats on Rent)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| One | Two | Three | Four | More than 4 Flats: State: \_\_\_\_\_\_\_\_\_\_\_\_\_ |

**E: Occupancy of Property**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Legal Owner | Tenant | Power of Attorney | Caretaker | From Family (Parents / Relatives) | Others:  Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**F: Hardship Faced in Payment of Yearly Ground Rent**

|  |  |  |  |
| --- | --- | --- | --- |
| Unemployed | Retired | Medically / Physically Disabled or Bed-ridden | Others: Specify: Click or tap here to enter text. |

**G: Documents Required**

|  |
| --- |
| Duly Completed Form |

**E: Applicant(s) Declaration**

*I / We confirm that I / we have read and understood the conditions stated therein and declare that all the information provided is true and correct.*

Signed: …………………………………………………………. Date: Click or tap to enter a date.

**PLACING YOUR NAME BELOW CONSTITUTES YOUR ELECTRONIC SIGNATURE.**

|  |  |  |  |
| --- | --- | --- | --- |
| Customer 1: | Click or tap here to enter text. | Place: | Click or tap here to enter text. |
| Customer 2: | Click or tap here to enter text. | Place: | Click or tap here to enter text. |
| Customer 3: | Click or tap here to enter text. | Place: | Click or tap here to enter text. |
| Customer 4: | Click or tap here to enter text. | Place: | Click or tap here to enter text. |

***Important Notice:***

***Any person obtaining assistance from Housing Authority who willfully fails to disclose any material information within his/her knowledge or willfully makes a statement which he/she knows to be false or does not believe to be true, shall be guilty of an offence and on conviction for a fine not exceeding $200 or imprisonment for a term not exceeding six months, or both such fine and imprisonment- Section 28 of Housing Act (cap 267)***



**Application for Discount on Ground Rent *(Commercial/Civic/Industrial Leases)***

*Please utilize this form to apply for the* ***one-time discount on ground rent outstanding****. Incomplete form will not be acceptable.*

**A. Customer Information**

|  |  |
| --- | --- |
| **Customer (s)** | **Leaseholder** |
| Leaseholder: | Click or tap here to enter text. |
| TIN No.: | Click or tap here to enter text. |
| Postal Address: | Click or tap here to enter text. |
| Email Address: | Click or tap here to enter text. |
| Phone Contact: | Click or tap here to enter text. |
| Nature of Business / Service: | Click or tap here to enter text. |
| No. of Employees: | Click or tap here to enter text. |
| Type of Business: | Sole Proprietor  Company  Partnership  Government Agency  Others: specify: Click or tap here to enter text. |
| If Civic: | School  Religious Site  Community Hall  Others: Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**B. Property / Account Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Account  Number: | Click or tap here to enter text. | Ground Rent ($) | Click or tap here to enter text. per year |
| Survey Reference: | Click or tap here to enter text. | Property Location: | Click or tap here to enter text. |
| Mortgage with Bank: | Yes  No | Bank Name: | Click or tap here to enter text. |

**C: Hardship Faced in Payment of Yearly Ground Rent**

|  |  |
| --- | --- |
| Impact of COVID-19 | Others: Specify: Click or tap here to enter text. |

**D: Documents Required**

|  |
| --- |
| Duly Completed Form |
| Business Registration Certificate |

**E: Applicant(s) Declaration**

*I / We confirm that I / we have read and understood the conditions stated therein and declare that all the information provided is true and correct.*

Signed: …………………………………………………………. Date: Click or tap to enter a date.

**PLACING YOUR NAME BELOW CONSTITUTES YOUR ELECTRONIC SIGNATURE.**

|  |  |  |  |
| --- | --- | --- | --- |
| Customer 1: | Click or tap here to enter text. | Place: | Click or tap here to enter text. |
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