

**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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