

# Income Confirmation Scheme – Withdrawal

Client Details			
Title	Mr / Mrs / Ms / Miss / Other _____		
First Name			
Last Name			
Address			
Date of Birth		CRN	

I, \_\_\_\_\_ (FULL NAME)

Hereby withdraw my consent for Department of Housing and Community Development to obtain my income details from Centrelink through the Income Confirmation Scheme.

I acknowledge and agree that I will provide proof of my income in another way, when requested to do so by Department of Housing and Community Development.

I accept that I am required to complete a new consent form if I choose to use the Income Confirmation Scheme in the future.

Signature		Date	
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## Disclaimer

The Department of Housing and Community Development collects only your personal information which is necessary to provide housing assistance under the *Housing Act* and its Regulations.

If you do not provide the requested information we may not be able to provide you with assistance. The information collected will not be disclosed to anyone without your consent unless it is required or authorised by law in accordance with the Information Privacy Principles at Schedule 2 of the *Information Act* (NT). You have a right to access and correct the information held about you.

If you have any queries or concerns please contact the Information Access Unit on 8999 8490, email [infoact.DHCD@nt.gov.au](mailto:infoact.DHCD@nt.gov.au) or write to GPO Box 4621, Darwin NT 0801.

OFFICE USE ONLY – DHCD staff to complete			
TMS Group number		TRM reference	
DHCD staff name		Date processed on TMS	