**Bond refund**

**Do not sign a blank form.**

**Provide a copy of identification for signature verification.**

|  |  |
| --- | --- |
| Post: | GPO Box 965, ADELAIDE SA 5001 |
| Phone: | 131 882 |

*Residential Tenancies Act 1995*

Bond number:

**Checklist**

ALL sections to be completed. Missing information will delay the bond refund. Please read the information on page 2 before completing this form.

Provide a copy of identification for signature verification. Use BLOCK LETTERS and blue/black pen.

If there are more than 2 tenants/residents complete an additional form.

**This form can be submitted by post or online at** [**www.cbs.sa.gov.au/contact**](http://www.cbs.sa.gov.au/contact)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

Date tenancy ended:

Postcode

**$**

-

**Amount to be paid to tenant/resident 2**

**$**

BSB no

Account no

-

Date: / /

Signature tenant/resident 2

Name of **Australian** financial institution

Name of account holder

Postcode

Postal address

Mobile/daytime phone

Email address

Date of birth

Surname

First name(s)

**Tenant/resident 2 (if applicable)**

/

/

Date:

\*Account no

BSB no

Signature tenant/resident 1

Name of **Australian** financial institution

Name of account holder

**Amount to be paid to tenant/resident 1**

Postcode

Postal address

Mobile/daytime phone

Email address

Date of birth

Surname

First name(s)

**Tenant/resident 1**

Address

**Rental premises**

**$**

**Amount to be paid to Housing SA**

|  |
| --- |
| **Landlord/agent/proprietor** |
| First name(s) | Surname | Date of birth |
| AnglicareSA Housing T/A Believe Housing Australia (ABN 95 321 672 835) |  |  |
| Email address | Mobile/daytime phone |
| enquiry@believehousing.org.au | 1800 688 000 |
| Postal address Postcode | **Amount to be paid to landlord/agent/****proprietor** |
| 491-499 South Road, Regency Park SA  |  | 5010 |
| **$** |  |  |
| Name of account holder | Name of **Australian** financial institution | Signature landlord/agent/proprietor |
|  |  |  |
| BSB no | Account no |
|  |  |  | - |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date: |  | / |  | / |  |  |

|  |  |  |
| --- | --- | --- |
| Add together all the $ amounts listed and insert the total in the box to the right. This amount must equal the total amount ofbond held by Consumer and Business Services. | **Total bond** | **$** |

**COMPLETING THIS FORM**

* **Do not sign a blank form.**
* The bank account details must match the parties to the bond. We cannot pay into a third party account.
* If the EFT details do not match, or are incomplete, the EFT will be rejected and a cheque will be sent to the forwarding address provided.
* The name and signatures you provide on this form must match those on the documentation currently held by this office. Tenants and landlords also need to provide a copy of signature bearing identification (ID) documents for verification. Preferred forms of ID include:
	+ Current Australian Driver’s Licence; or
	+ Current Australian Passport.

If you are not an Australian citizen/resident or do not have any of the above please provide at least 2 forms of other ID.

# By completing the EFT details you are:

* Authorising Consumer and Business Services (CBS) to make payment to that account.
* Guaranteeing that the information provided above is correct and agreeing to indemnify CBS against any loss or damage suffered if the details provided are incorrect.

# Applying for a bond refund where all parties agree

All parties must complete, sign and lodge this form with CBS.

# Applying for a bond refund where all parties do not agree

* If a bond is **claimed by the tenant/resident** without the consent of their landlord/agent/proprietor, the landlord/agent/ proprietor is notified of the claim and given an opportunity to dispute it. If the claim is disputed the landlord/ agent/proprietor will be required to lodge an online application with SACAT. If the claim is not disputed or no response is received the bond will be paid to the tenant.
* If a bond is **claimed by the landlord/agent/proprietor** without the tenant/resident's consent, the tenant/resident is notified and given an opportunity to dispute it. If the claim is disputed, the landlord/agent/proprietor will be required to lodge an online application with SACAT.

If there is no response by the tenant/resident, the landlord/agent/proprietor will be required to provide CBS with evidence of their claim and if the claim is not substantiated it will be refused and the landlord/agent/proprietor will then need to make an application to SACAT.

If the claim is not disputed the bond may be paid to the landlord/agent/proprietor as requested.

# Housing SA Guarantee

If this bond was provided by Housing SA, please be aware that any amount of bond not returned to Housing SA may result in the tenant/resident incurring a debt through Housing SA. Please contact Housing SA on 131 229 to discuss payment options.

# IMPORTANT

1. Preferred payment is made by electronic funds transfer.
2. Any alterations on this form must be **signed in full** by all parties.
3. Always quote your bond number in any communication with CBS.
4. Where there are multiple tenants to a bond, please ensure that each tenant completes their section of the form including the $ amount to be paid to them. Tenants/residents may request unequal amounts be paid to each tenant provided all agree and sign the form.
5. Bonds **cannot** be partially refunded.
6. Tenants/residents moving to another country should keep their Australian bank account open so their bond refund can be paid into that account. Tenants/residents who need their bond refund paid into an overseas bank account will need to lodge an International Money Transfer form with CBS. The overseas bank may charge a fee.

**DECLARATION**

## Section to be completed ONLY if 1 tenant/resident is claiming the FULL tenant/resident portion of the bond refund in a multiple resident occupancy and the other tenant(s)/resident(s) are unable to sign the Bond Refund form.

WARNING: Before completing this declaration you must make reasonable efforts to get the other tenant(s)/ resident(s) to sign the bond refund form. If tenants/residents are in dispute about how their portion of the bond should be paid DO NOT complete this declaration.

|  |
| --- |
| **Bond details** |
| Bond number: | Rented premises address: |

I request that Consumer and Business Services pays to me the full tenant/resident portion of the bond. I declare that I have been unable to obtain the written consent of each of the tenants/residents on whose behalf I will be receiving payment for the following reason/s:

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I declare that I am entitled to this bond and acknowledge that I may be committing a criminal offence if this declaration is false. I understand that if there is subsequently a dispute to this payment, it may lead to a civil claim against me by the tenants/residents on whose behalf I am receiving payment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name:

Signature:

Date:

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