



# National Rental Affordability Scheme

## Maximum Rent Determination and Request for Internal Review of a Decision to Reduce the Amount of an Incentive

### When to use this form

This is the approved form under section 12 and subsections 51(5) to (8) of the National Rental Affordability Scheme Regulations 2020 (the Regulations). An approved participant must use this form to make an application to request either or both of the following:

- that the Secretary of the Department of Social Services (the Secretary, the department) make a determination that an incentive **is available**, for a rental dwelling covered by an allocation, for a period during which the rent charged for the dwelling was not at least 20 per cent less than the market value rent for the NRAS year; and/or
- that the Secretary conduct an internal review of a decision to reduce the amount of an incentive for a rental dwelling covered by an allocation (this applies whether the reduction was because of exceeding maximum rent or for another reason).

A request for internal review of a decision to reduce the amount of an incentive must be made within 60 days after notice of the decision is given under subsection 51(5) of the Regulations. The Secretary may, in certain circumstances, consider a request for an internal review of a decision to reduce the amount of an incentive that is made outside the 60-day period. If the application is lodged outside the 60-day period, please provide reasons for the delay in lodging the request for internal review to assist the Secretary to decide whether or not to consider the request.

### Who fills out the form?

Applications must be completed by an approved participant or an authorised agent of the approved participant. Applications completed by any other parties will not be considered by the Department of Social Services (the department).

### Submission and attachments

Once completed, please submit this form, the Schedule to accompany 'Request for Maximum Rent determination and Internal Review of a decision to reduce the amount of an incentive' (the Schedule) and all supporting evidence identified in this form to [nras@dss.gov.au](mailto:nras@dss.gov.au).

## About you

1. Your organisation name
2. Enter in your Organisation Name
3. Your organisation's ABN  
Enter in your Organisation ABN
4. Your name (Authorised NRAS Contact)  
Enter in your name
5. Your contact phone numbers  
Work: Enter in your work contact phone number  
  
Mobile: Enter in your mobile contact phone number
6. Your email address Enter in your email address
7. Are you the approved participant who holds the allocations covering the rental dwellings listed in the Schedule?  
  
 Yes - If yes, proceed to question 9  
  
 No - If no, proceed to question 8
8. Are you the Authorised Agent of the applicant?  
  
 Yes, please attach evidence of authorisation  
  
 No, only authorised agents may fill out this form
9. Has a Statement of Compliance been submitted for each of the dwellings listed in the Schedule?  
  
 Yes, proceed to Part 1  
  
 No, proceed to Part 2

## Part 1 – Details of the internal review request

10. Is the approved participant requesting an internal review of a decision in relation to the amount calculated as the incentive payable for the allocation/s in the attached Schedule for the NRAS year?  
  
 Yes  
  
 No

A. How many allocations are covered by this request for internal review?

B. Date of notice of decision to issue reduced incentive

11. The Schedule forms part of this request and must be completed with the following information for each allocation covered by this request:

- Dwelling ID;
- the date of notice of decision to issue reduced incentive;
- the amount of the reduced incentive issued for the allocation;
- the reason for requesting the internal review; and
- any submissions, information or documents the approved participant would like the internal reviewer to take into account.

A. Is the Schedule attached?

Yes

No

B. Is additional information attached?

Yes

No

*Additional information or documents may be attached to this form to support the request for internal review.*

12. Is this request for internal review being lodged within 60 days of the original decision?

Yes

No, If no, please give reasons for the delay in lodging the request and provide submissions as to why the Secretary should permit the request to be lodged after the 60 day period has expired.

13. Was your reduction of incentive because the rent charged for the dwelling was not at least 20 per cent less than the market value rent for the NRAS year?

Yes – please complete Part 2

No – proceed to certification

## Part 2 – Details of rent charged

14. Is the approved participant requesting that the Secretary determine an incentive **is available**, for a rental dwelling covered by an allocation, for the period during which the rent charged for the dwelling was not at least 20 per cent less than the market value rent for the NRAS year.

Yes

No

How many allocations are covered by this request?

15. The Schedule forms part of this request and must be completed with the following information for each allocation covered by this request:

- Dwelling ID;
- the reason rent charged for the dwelling/s covered by the allocation/s was not at least 20per cent less than the market value rent for the dwelling/s; and
- any submissions, information or documents the approved participant would like the Secretary to take into account.

A. Is the Schedule attached?

Yes

No

B. Is additional information attached?

Yes

No

*Additional information or documents may be attached to this form to support the request for Secretary determination.*

16. Has the tenant/s of the dwelling/s been compensated for being overcharged? If so, please explain how the tenant/s have been compensated e.g. overcharged amount credited to tenant/s rental ledger or overcharged amount reimbursed to tenant/s bank account.

17. Please list all reasonable processes the approved participant has put in place to ensure the tenant/s is charged rent that is at least 20 per cent less than the market value rent for the dwelling?

18. Please list all reasonable steps the approved participant has taken to ensure that inadvertence or error of the kind mentioned in the Schedule will not happen in relation to future charges of rent for the dwelling(s).

### Certification and declaration

I certify to the best of my knowledge that the information provided in this application, including the attachments, is correct and complete.

I understand that giving false or misleading information is a serious offence.

Signature:

Date: