

## Notice to Tenant of Rent Increase (Fixed Term Tenancy) and/or Security Deposit Increase (By Landlord / Agent)

Please complete this form using BLOCK LETTERS

To: Mr/Mrs/Miss/Ms  (name of tenant)
I hereby give you notice of an increase in rent in relation to the premises at:  Postcode:
Date of increase: ___ / ___ / ___ Your new rent will be \$ _____  Payable: <input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly  This increase is being applied and has been calculated in accordance with clause _____ of the tenancy agreement signed on ___ / ___ / ____.
The amount of security deposit held in respect of this tenancy will increase to: \$ _____
You are therefore required to pay an amount of \$ _____ to increase your security deposit.

### Service of Notice

This Notice was given on \_\_\_/\_\_\_/\_\_\_ by:       Personally handing to the tenant  
 Mailing it to the tenant

\_\_\_\_\_  
 (Signature of Party Giving the Notice)

\_\_\_ / \_\_\_ / \_\_\_  
 (Date Issued)

### Notes:

The tenant must receive at least 30 days notice of the increase.

A rent increase must not be earlier than 6 months after the day on which the tenancy agreement commenced, or, the last increase in accordance with section 41 of the *Residential Tenancies Act 1999*.

In accordance with section 30 of the *Residential Tenancies Act 1999* an increase in the security deposit only applies if this notice is given at least 2 years after a security deposit was first given or last increased.

### PRIVACY STATEMENT

Consumer Affairs complies with the Information Privacy Principles scheduled to the *Information Act*.

To view the NT Consumer Affairs Privacy Statement, please access [www.consumeraffairs.nt.gov.au](http://www.consumeraffairs.nt.gov.au) or 08 8999 1999

#### DARWIN

1<sup>st</sup> Floor, The Met Building, 13 Scaturchio Street  
 PO Box, Casuarina NT 0811  
 Tel: (08) 8999 1999 or 1800 019 319  
 Fax: (08) 8935 7738

Web: [www.consumeraffairs.nt.gov.au](http://www.consumeraffairs.nt.gov.au) Email: [consumer@nt.gov.au](mailto:consumer@nt.gov.au)

#### ALICE SPRINGS

Ground Floor, Green Well Building  
 50 Bath Street  
 PO Box 1745, Alice Springs, NT 0871  
 Tel: (08) 8924 7052 Fax: (08) 8951 5442

**THE NORTHERN TERRITORY OF AUSTRALIA  
OATHS AFFIDAVITS AND DECLARATIONS ACT  
UNATTESTED DECLARATION**

(1) Insert name and address of person making declaration

I, (1) .....

(2) Here insert the matter declared to - either directly following the word "declare" or, if the matter is lengthy, insert the words "as follows" and thereafter set out the matter in numbered paragraphs

do solemnly and sincerely declare (2)

I did at ..... on ..... 20.....  
(time) (day) (month) (year)

duly serve the Tenant/Landlord .....

(tenant / landlords name)

with a NOTICE PURSUANT TO SECTION .....OF THE *RESIDENTIAL TENANCIES ACT* (a true copy of which is annexed hereto and marked "A") by delivering a true copy of this Notice personally / by mail (delete whichever is not applicable) to the Tenant/Landlord at

(fully describe address/place of service)

I identified the tenant/landlord as follows:

(include how you identified the person served) (include any other details/conversations necessary including how service was effected e.g. handing documents to person, placing documents on ground before the person)

This declaration is true and I know it is an offence to make a declaration knowing it is false in a material particular.

Declared at .....the .....day of ..... 20...

(3) Signature of the person making the declaration

(3)

**NOTE: This declaration does not have to be witnessed**

**NOTE: This written declaration must comply with Part 4 of the *Oaths Affidavits and Declarations Act*.**

**NOTE: Making a declaration knowing it is false in a material particular is an offence for which you may be fined or imprisoned.**