

**RENT HOUSE APPLICATION FORM FOR HOUSING ALLOWANCE**

- **These documents must accompany this Application:**
- Your Letter of Appointment made by Teaching Service Commission (TSC) / Public Service Commission (PSC).
- Copies of Land Lease Title & Business Licence from your Landlord / lady
- A supporting letter from a local authority (eg. Chief) if the property is located in the landlord / lady's customary land
- Original Receipt of first monthly payment, issued by Landlord / lady.
- **Section 3 applies only to officers appointed by TSC**
- Officer providing false documents or information shall be subject to disciplinary action
- Please PRINT clearly.

**SECTION 1: TO BE COMPLETED BY OFFICER.**

Officer's Full Name: \_\_\_\_\_

Work Location: \_\_\_\_\_ Entry Date of Service: /\_\_ / \_\_ / \_\_ /

Current Salary Level: \_\_\_\_\_ Post Title: \_\_\_\_\_

Post No. / \_\_ / \_\_ / \_\_ / \_\_ / \_\_ / \_\_ / Payroll No: / \_\_ / \_\_ / \_\_ / \_\_ / \_\_ /

Employment Status: *Permanent* ( ) *Probation* ( ) *Local Contract* ( )

Name of spouse / de facto partner: \_\_\_\_\_

Is he / she employed by Vanuatu Government? YES ( ) NO ( )

If YES, please state the Government Ministry or Department he / she is attached to:  
\_\_\_\_\_

State actual date you began occupying the house: /\_\_ / \_\_ / \_\_ /

State type of building: Permanent ( ) Semi-permanent ( ) local ( )

State rental monthly amount actually paid: VT. \_\_\_\_\_

**SECTION 2: CERTIFICATION OF PROPERTY OWNERSHIP**

I, \_\_\_\_\_ hereby certify that I am the true owner of the house \_\_\_\_\_ (name of officer) is currently residing in and that the details provide above are true and correct. I also understand it is my responsible to notify the Department of Education in writing immediately, should any of these details change.

Signature of Landlord / lady: \_\_\_\_\_ Date: / \_\_ / \_\_ / \_\_ /

SECTION 3:

**OBSERVATION BY HEAD TEACHER / PRINCIPAL:**

Name: \_\_\_\_\_ Signature + Official stamp: \_\_\_\_\_

School / College: \_\_\_\_\_ Date: / \_\_\_ / \_\_\_ / \_\_\_ /

**CHECKED BY PROVINCIAL EDUCATION OFFICER / CHURCH EDU. DIRECTOR:**

Name: \_\_\_\_\_ Signature + Official stamp: \_\_\_\_\_

Office Location: \_\_\_\_\_ Date: / \_\_\_ / \_\_\_ / \_\_\_ /

SECTION 4:

**OBSERVATION BY DIRECTOR:**

Name: \_\_\_\_\_ Division: \_\_\_\_\_

Signature + Official stamp: \_\_\_\_\_ Date: / \_\_\_ / \_\_\_ / \_\_\_ /

SECTION 5:

**APPROVAL BY SECRETARY GENERAL, TEACHING SERVICE COMMISSION:**

Application approved ( ) not approved ( )

Name: \_\_\_\_\_ Signature + Official stamp: \_\_\_\_\_

Date: / \_\_\_ / \_\_\_ / \_\_\_ /

Employee informed by Salary Section (Ministry of Education) and copied to  
Personal Unit on: / \_\_\_ / \_\_\_ / \_\_\_ /