

Application Form for Rental Subsidy

(and Rental Deduction) for Field Stations

For Official Use:				
Date:				
From:				
To:				
Subsidy:				
Retro:				

This page to be completed by field staff member.

Section A: General Inf	formation				
1.Index No.: SAP/PER No:	2. Name:			3. Division/Section:4. Duty Station:	
Check One					
5. Date of arrival at Duty Stat	ion:	Date (dd.mm.yyyy)			
6. Nature of Application:					
Check One					
\square First application at this du	ty station.				
☐ Change in dwelling.		Date (dd.mm.yyyy)			
☐ Change in rent (same dwe	elling).	Date (dd.mm.yyyy)			
☐ Annual resubmission of a Present rental subsidy per		Date (dd.mm.yyyy)			
II. Rental Information					
7. Accomodation is:					-
8. Period of lease: F	rom:	To:			
9. Agent/Brokers's fee:	Date (de	d.mm.yyyy) Da If yes, please speci	ate (dd.mm fy amoun		
10. Total monthly net rent:	21 1 1 1				
Amount Should Be Exclusive Subsidy from other source	sive Of:	rrency as per lease agreen rce and amount:	nent)		
- Electricity & other costs. (If amount which has been de					above, please indicate
- Security costs if any with an you. (Indicate amount, if an					oe that actually paid by
11. Currency of actual rental	payment to la	ndlord			
12. I certify that the above in review by certifying official.	formation is c	orrect and up to date	, and have	e attached a copy of th	e lease agreement for
		Chaff Manakan			

One box below must be checked or application will be returned.

13.a I certify that the dwelling occupied by the staff member is appropriate to the circumstances and family status of the staff member and that the rent is reasonable given the local market conditions. To the best of my knowledge all the information recorded is up to date.

The necessary supporting documentation has been submitted and verified and kept at the duty station.

13. b In view of the staff member's family status and/or the conditions prevailing in the local housing market, the rent shown in 10. is inappropriately high. It is therefore recommended that a rental amount of _______ be used for the calculation of the rental subsidy.

13.c I certify that the dwelling provided to the staff member is of substandard quality and that the calculated deduction (if any) should be reduced to one half.

I certify that I have reviewed the lease agreement and have verified that the information provided by the staff member is in accordance with the lease agreement.

Title Certifying Official Signature Certifying Official Date (dd.mm.yyyy)

If this application is incomplete or illegible it will be considered invalid and returned to originating field office.

Plese scan/fax or pouch application to the attention of DHR/HRSS – Payroll Unit – New York HQs Office #TA 26B. Fax 212.824.6328.