

Rooming accommodation COVID-19 variation agreement (Form 18e)

Residential Tenancies and Rooming Accommodation Act 2008

Note: Subject to proposed legislative amendments of the Residential Tenancies and Rooming Accommodation Act 2008, there will be a six-month freeze on evictions due to rent arrears for residents experiencing financial hardship due to the impacts of COVID-19. All parties are encouraged to agree on solutions together. If you are unable to reach an agreement, conciliation through the RTA will be a mandatory process, subject to proposed legislative amendments. Learn more at [COVID19.qld.gov.au/the-hub](https://www.covid19.qld.gov.au/the-hub).

Part 1 Current rooming accommodation details

Item 1	1.1 Agent or manager/provider		
	Name/trading name		
	Address		Postcode
	1.2 Phone	Mobile	Email
	Notices by Email: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Item 2	2.1 Resident/s		
	Resident 1	Full name/s	
	Phone	Email	Notices by Email: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Resident 2	Full name/s	
	Phone	Email	Notices by Email: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Address of the rental premises		
Item 3	Room no.		
			Postcode
Item 4	Current rent	\$	per <input type="checkbox"/> week <input type="checkbox"/> fortnight
Item 5	5.1 The current term of the agreement is <input type="checkbox"/> fixed term agreement <input type="checkbox"/> periodic agreement		
	5.2 Starting on		5.3 Ending on

Part 2 COVID-19 rent variation agreement

Item 6	6.1 New rent	\$	per <input type="checkbox"/> week <input type="checkbox"/> fortnight
	6.2 Starting on		6.3 Ending on

Part 3 COVID-19 special terms

Insert any special terms other than a rent variation here and/or attach a separate list if required. (See clause 6(1) of the Rooming accommodation tenancy agreement)

Item 7	
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Each party to this agreement certifies that the information is true and correct.

Do not send this agreement to the RTA—all parties should keep a copy for their records.

Signature of the agent, manager/provider or provider's agent

Name/trading name	Signature	Date
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Signature of resident 1

Indicate if acting on authority under *Guardianship and Administration Act 2000* or *Powers of Attorney Act 1998*.

Print name/s	Signature	Date
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Signature of resident 2

Indicate if acting on authority under *Guardianship and Administration Act 2000* or *Powers of Attorney Act 1998*.

Print name/s	Signature	Date
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