

# 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/s)	
I hereby give you notice of an increase in rent in relation to the premises situated at: _____ Postcode: _____	
Your rent will increase to \$ _____	Commencing on and from: ____/____/____
Payable: <input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly	
This increase 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 not increase / will increase to: \$ _____ (delete whichever does not apply)	
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  
☐ Via electronic service

\_\_\_\_\_  
(Signature of Landlord/Agent)

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

## Note:

The tenant must receive at least 30 days' notice in writing of the rental 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 at least 2 years have elapsed after a security deposit was first given or last increased.

## PRIVACY STATEMENT

NT Consumer Affairs complies with the Information Privacy Principles scheduled to the *Information Act 2002*.

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)

### ALICE SPRINGS

Ground Floor, Green Well Building  
50 Bath Street  
PO Box 1745, Alice Springs, NT 0871  
Tel: (08) 8924 7052 Fax: (08) 8935 7738  
Email: [consumer@nt.gov.au](mailto:consumer@nt.gov.au)

**THE NORTHERN TERRITORY OF AUSTRALIA**  
**OATHS AFFIDAVITS AND DECLARATIONS ACT 2010**  
**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/s .....

(tenant/s name)

with a NOTICE PURSUANT TO SECTION .....OF THE *RESIDENTIAL TENANCIES ACT 1999* (a true copy  
of which is annexed hereto and marked "A") by delivering a true copy of this Notice personally / by  
mail / by electronic service (delete whichever is not applicable) to the Tenant/s at

(fully describe address/place of service)

I identified the Tenant/s 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 2010*.**

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