

NOTICE OF INTENDED REFINANCE (Shared Equity Purchase)

Surname - Applicant 1	Given Names		
Surname - Applicant 2	Given Names		
Address - Applicant 1	Phone (H)	Phone (W)	
Address - Applicant 2	Phone (H)	Phone (W)	
Property:			

DETAILS OF REFINANCING ARRANGEMENTS

PROPOSED LENDER:

PROPOSED DATE FOR COMMENCEMENT OF REFINANCE:

ACKNOWLEDGEMENTS

Upon receipt of this Notice the Commissioner will arrange an independent Valuation in accordance with your Equity Loan Agreement and will notify you of the amount of the Secured Money to be paid and the date by which it must be paid.

I/We acknowledge that I/We are bound by the Equity Loan Agreement and the Mortgage and that the Mortgage over the Property will only be discharged in accordance with the Equity Loan Agreement and Mortgage.

I/We acknowledge that I/We have read and understood the above information and confirm that the details I/We have provided in this Notice are true in every particular.

Signed by Applicant 1:	Signed by Applicant 2:
Date:	Date:

DELIVERY OF THIS NOTICE

The completed form can be delivered to Housing ACT as below;

BELCONNEN

Applicant Services Centre
Nature Conservation House
Cnr Emu Bank & Benjamin
Way

CANBERRA CITY

City Health Centre
1 Moore Street

**DROP OFF BOX
ONLY**

WODEN

Phillip Health Centre
Cnr Corinna & Keltie Sts

DROP OFF BOX ONLY

TUGGERANONG

Canberra Connect
Shop 17-21 Homeworld
Reed St

DROP OFF BOX ONLY

Or mailed to: Housing ACT, Locked Bag 3000, Belconnen ACT 2617 Attention: Shared Equity Scheme