

NOTICE OF INTENTION TO INCREASE EQUITY SHARE PERCENTAGE

PERSONAL DETAILS

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:			

ADDITIONAL PAYMENT DETAILS

ADDITIONAL PAYMENT AMOUNT: \$ _____

Please insert the amount that you wish to pay (Please note that the minimum increase is 5% of the Commissioner's Equity share Percentage at the date that title to the property was transferred to you which will be calculated after a valuation is obtained)

HOW DO YOU INTEND TO FINANCE THIS ADDITIONAL PAYMENT:

Borrow money from family/friend?

Gift of money from family/friend?

Use money saved personally?

Borrow money from IMB Limited?

Other: _____
(Please specify)

If you intend to borrow money from IMB, have you obtained IMB approval? Yes / No

ACKNOWLEDGEMENTS

Upon receipt of this Notice, and if the Commissioner is satisfied that there is reasonable likelihood that an Additional Payment will be made and will equal or exceed your minimum Equity Share Percentage, the Commissioner will arrange an independent valuation in accordance with your Equity Loan Agreement and will notify you of:

- the Value of the Property;
- whether the additional payment amount specified is more than or equal to your minimum Equity Share Percentage;
- the Minimum Additional Payment Amount: and
- the date any Additional Payment is due.

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	CANBERRA CITY	WODEN	TUGGERANONG
Applicant Services Centre Nature Conservation House Cnr Emu Bank & Benjamin Way	City Health Centre 1 Moore Street DROP OFF BOX ONLY	Phillip Health Centre Cnr Corinna & Keltie Sts DROP OFF BOX ONLY	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