

# TENANT EMPLOYMENT SUPPORT SCHEME (TESS) FORM

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TENANT DETAILS		
First Name:	Surname:	
Address:		
Suburb:	State:	Postcode:
Phone (home):	Email:	
Name of person commencing employment:		
Date commenced employment:		
Name of employer:		

Please provide a copy of your first pay slip when submitting this form.

Once complete please return this form to your Housing Manager or email [myevolve@evolvehousing.com.au](mailto:myevolve@evolvehousing.com.au)

FOR OFFICE USE ONLY		
TESS application recommended? Please tick box.	Yes	No
Comment:		
HOUSING MANAGER:	Date:	
TESS application approved? Please tick box.	Yes	No
Comment:		
EXECUTIVE MANAGER:	Date:	
Rent review team advised? Please tick box.	Yes	No
Comment:		

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