

Tenant Vacating Form

Tenancy Details	Forwarding Address
Tenant Name	Street Number
Mr Mrs Miss Ms Other	Street Name
First name	Suburb / Town
Second name	State
	Postcode
Co-tenant Name Mr Mrs Miss Ms Other	Phone
Surname	Email
First name	
Second name	Next of Kin Details Name
Vacating Property Address Street Number	Phone
Street Name	Refunds
Suburb / Town	For transfers , the balance of your account will be automatically transferred to your new account. For other refunds please
State	complete the following details: Bank, Building Society or Credit Union Name
Postcode	
Date Vacating Property D D M M Y Y Y Y	BSB Number Account Number Account Name

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Debts	
If you have a current Housing Authority debt, a payment arrangement must be set up to repay the debt.	
Arrangement Payment method Housing Card Direct Debit Centrelink deduction	
Frequency Weekly Fortnightly Amount	
\$	
Unpaid debts will be referred to a Debt Collection Agency.	
Consent and Declaration	
I/We consent to the Department of Communities, the Housing Authority or their representatives communicating with me/us electronically and understand that I/we can withdraw my/our consent at any time. I/We confirm that as at the above date: No one is living in the property I have provided vacant possession of the property to the Department of Communities I have removed all my personal belongings and that of any householders from the property I would like to be present when the Department of Communities inspects the property	
Signature (Tenant)	
L o	
Date D D M M Y Y Y Y	
Signature (Co-tenant)	
€ 0	
Date	
D D M M Y Y Y Y	

Office Use Only	
Tenancy Reference No	
Property ID	
Client File No	
Key receipt issued Yes No	
Number of keys returned	
On completion of this form please provide tenant with a copy, then pass to Property Services Team Leader with keys and key receipt.	
Processing Officer Name	
Processing Officer Signature	
Date	