

Tharawal Housing Aboriginal Corporation (THAC)

ABSENT OF DWELLING

Privacy Notice

Tharawal Housing Aboriginal Corporation values the right and privacy of all clients. Tharawal Housing Aboriginal Corporation will not share your personal information unless required to by law or consent has been given. The information collected from you or a third party will be held by Tharawal Housing Aboriginal Corporation. Tharawal Housing Aboriginal Corporation complies with NSW privacy legislation when collecting and managing personal information. We may use your information within our organization when coordinating and planning ways to provide better service delivery. Information will only be disclosed to outside bodies when legal required to and in certain circumstance.

| Declaration | Title - Mr, Mrs, Ms, Miss | | | | Property | y ID | |
|---|---|--------------------|------------|------------|------------|-------------|---------------------|
| l, the tenant (provide full | Last name or family name | | | | | | |
| details) | Given name/s | | | | | | |
| Of (residential address |) Unit/House number | Street /Avenue | | | | | |
| | Town or Suburb | | | | | Postcode | |
| | Phone | | | Mo | bile | | |
| | Email | | | | L | | |
| Do hereby appoint | | | | | | | |
| (please print full name) | | | | | | | |
| | Last name or family name | | | | | | |
| | Given name/s | | | | | | |
| Of (residential address |) Unit/House number | | Street /Av | renue | 1 | | |
| | Town or Suburb | | | | F | Postcode | |
| | Phone | | | Mol | bile | | |
| | Email | | | 1 | | | |
| | Date of Birth | DD / MM / | YYYY | | | | |
| As my agent during | y my absence from the dwell | ing | | г | | | |
| | From (date) | DD / MM / | YYYY | | | | |
| | To (date) | DD / MM / | ΥΥΥΥ | | | | |
| Reason | for absence from dwelling | | | | | | |
| Address of tenant wi absent from propert (maximum of 26 weeks | | | Street /Av | enue | 1 | | |
| | sy Town or Suburb | | 1 | | F | Postcode | |
| | Phone | | | Mol | bile | | |
| | Email | | | | | | |
| | ny agent to accept service of t, or under the Residential Te | | | en to m | e as a te | enant under | the |
| | Signature of Tenant | Х | | | | Date | DD / MM / YYYY |
| I acknowledge that | I have been authorised as s | ated before. | | | | | |
| | Signature of Agent | Х | | | | Date | DD / MM / YYYY |
| Office Use Only | Approved le | etter (agent) sent | Approve | d letter (| tenant) se | ent D | eclined letter sent |
| Name of THAC Officer (please print) | | | | | | | |
| Signature of Tenant | | | | | | | |
| | Date | DD / MM / | YYYY |] | | | |



ABSENT OF DWELLING

I acknowledge that I have been authorised as stated before.

| Signature of Agent | X |
|--------------------|--|
| Date | DD / MM / YYYY |
| | |
| | |
| ice Use Only | Approved letter (agent) sent Approved letter (tenant) sent |

| Office Use Only | Approved letter (agent) sent | |
|-------------------------------------|-------------------------------|--|
| | Approved letter (tenant) sent | |
| | Declined letter sent | |
| Name of THAC Officer (please print) | | |
| Signature of Tenant | X | |
| Date | DD / MM / YYYY | |