

Tharawal Housing Aboriginal Corporation (THAC)

End of Tenancy Reconciliation Form

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.

Client Details:	Title - Mr, Mrs, Ms, Miss	Client number				
	Last name or family name					
	Given name/s					
	Phone			Mobile		
	Email					
Property Details:	Unit/House number	Street /Avenue				
Details.	Town or Suburb	Postcode				
Forwarding Address:	Unit/House number	Street /Avenue				
	Town or Suburb				Postcode	
Reason for vaca	etina:	Please tick which	ch applies to you.			
	g .	Movin	g to a private re	ental	Moving	tolive with family
			Nursing Ho	ome		Deceased Estate
			NCAT Ac	ction [Goal
Moving to	o alternative Social Housing	Provider:				
	P. 1.6.	1		1		
	or any credits left in my accour ntion. If any monies is owed to					
	Account name (please print)					
Bank or C	redit union name (please print)					
	BSB number					
	Account number					
I do not wish for an	y monies to be refunded into	my bank accou	ınt instead I am	requested a d	cheque is refur	ided to:
	Name					
	Address					
	Town or Suburb				Postcode	



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Notice and Declarations

Notice and Declarations Under the Housing Act 2001 a fine of up to \$2,200 and/or three months imprisonment applies for making a false statement or representation. Anyone who wilfully makes any false statements that result in them obtaining accommodation or other financial benefit of any kind may be refused further assistance by social housing providers or prosecuted.

Notice: Your personal information and any relevant health information provided on this form will be exchanged between social housing providers (public, community and Aboriginal housing) for the purpose of assessing your continuing eligibility for social housing and providing an appropriate service.

Declaration

- I understand the instructions given on this application form.
- To the best of my knowledge, the information provided in this application form is correct.
- I understand there are penalties for giving false or misleading information.
- I authorise the Tharawal Housing Aboriginal Corporation (THAC) to:
 confirm information provided by me with any third party and or any such third party to provide THAC any relevant
 documentation or information sought by THAC when determining or supporting this application.
 Use my personal information in order to process this application.

If you are the applying to be the additional occupant and are aged 16 years or over, sign here, once you have read and understood the declaration statements.

Full n					
	Signature	X			
	Contact Number			Date	DD / MM / YYYY
Declaration from Person Ass	sisting You				
Is there another person helping this form?	Yes that person → read and sig declaration	gn the	0		
I filled in this form of	on the basis of the info	ormation the tenant ga	ive me.		
 I have read out the 	form and the answers	to the tenant who see	emed to unders	tand them.	
 I understand there 	are penalties for giving	g false or misleading i	nformation.		
Full n	ame (please print)				
	Signature	X			
	Contact Number			Date	DD / MM / YYYY
		Staff Use Only			
Date ended	DD / MM / YYYY	Staff Use Only	Keys	returned [DD / MM / YYYY
Date ended Date Outgoing Inspection	DD / MM / YYYY		Keys Date Outgoing Conditior	Property [DD / MM / YYYY DD / MM / YYYY
			Date Outgoing Condition	Property [
Date Outgoing Inspection			Date Outgoing Condition	Property [n Report: [DD / MM / YYYY
Date Outgoing Inspection Account Type			Date Outgoing Condition CR	Property [n Report: [/ DR	DD / MM / YYYY Date
Date Outgoing Inspection Account Type Rent Account Number:			Date Outgoing Condition CR CR CR	Property [n Report: [/ DR / DR	DD / MM / YYYY Date DD / MM / YYYY
Date Outgoing Inspection Account Type Rent Account Number: Water Account Number:			Date Outgoing Condition CR CR CR CR CR	Property n Report: / DR / DR / DR	DD / MM / YYYY Date DD / MM / YYYY DD / MM / YYYY
Date Outgoing Inspection Account Type Rent Account Number: Water Account Number: Repairs Charges Number:			Date Outgoing Condition CR CR CR CR CR	Property [] n Report: [] / DR / DR / DR / DR / DR	DD / MM / YYYY Date DD / MM / YYYY DD / MM / YYYY DD / MM / YYYY
Date Outgoing Inspection Account Type Rent Account Number: Water Account Number: Repairs Charges Number:	DD / MM / YYYY	Balance S S S	Date Outgoing Condition CR CR CR CR CR	Property [] n Report: [] / DR / DR / DR / DR / DR	DD / MM / YYYY Date DD / MM / YYYY DD / MM / YYYY DD / MM / YYYY DD / MM / YYYY
Date Outgoing Inspection Account Type Rent Account Number: Water Account Number: Repairs Charges Number: Other:	stem Yes	Balance S Office Use Only	Date Outgoing Condition CR CR CR CR CR	Property n Report: / DR	DD / MM / YYYY DD / MM / YYYY DD / MM / YYYY ed Yes No
Date Outgoing Inspection Account Type Rent Account Number: Water Account Number: Repairs Charges Number: Other:	stem Yes on file Yes	Balance S S Office Use Only No	Date Outgoing Condition CR CR CR CR CR	Property n Report: / DR	DD / MM / YYYY ed Yes No en Yes No