



OUTGOING KEY CHECKLIST

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	Client Number	<input type="text"/>		
	Title - Mr, Mrs, Ms, Miss	<input type="text"/>		
	Last name or family name	<input type="text"/>		
	Given name/s	<input type="text"/>		
Property details	Unit/House number	<input type="text"/>		
	Street /Avenue	<input type="text"/>		
	Town or Suburb	<input type="text"/>	Postcode	<input type="text"/>
Contact details	Phone	<input type="text"/>	Mobile	<input type="text"/>
	Email	<input type="text"/>		

Name/s of other occupants	Title	Given name/s	Last name or family name	Key/s returned	
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please indicate all keys that have access to the property/ unit stated above that you are picking up today.	Front door	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Gates	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Back door	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Shed / garage	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Windows	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Security swipe	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Letter Box	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text" value="OTHER"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

A photocopy of all keys outgoing must be signed and dated by the occupant as well as the THAC worker, then attached to this document.

Keys / swipes not outgoing	Please list all missing Keys / swipes	<input type="text"/>
Tenant	Full name (please print)	<input type="text"/>
	Signature	<input type="text" value="X"/>
	Date	<input type="text" value="DD / MM / YYYY"/>
THAC Staff member	Position (please print)	<input type="text"/>
	Full name (please print)	<input type="text"/>
	Signature	<input type="text" value="X"/>
	Date	<input type="text" value="DD / MM / YYYY"/>



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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 form.
- To the best of my knowledge, the information provided in this form is correct.
- I understand there are penalties for giving false or misleading information.

Full name (please print)

Signature

Date

Phone

Full name of witness (please print)

Position

Signature

Date

Phone

Declaration from Person Assisting You

Is there another person helping you to fill out this form?

Yes

No



that person should read and sign the declaration below

- I filled in this form on the basis of the information the tenant gave me.
- I have read out the form and the answers to the tenant who seemed to understand them.
- I understand there are penalties for giving false or misleading information.

Full name (please print)

Signature

Date

Phone

Office Use Only

- A photo/copy of each key returned attached
- Each photo/copy signed and dated by the tenant
- Confirmation sent to client
- Tenant's file updated

Yes

No

Yes

No

Yes

No

Yes

No

Staff initials

DD / MM / YYYY

DD / MM / YYYY