



Domestic and Family Violence - Notice to Terminate Tenancy

Please print in **BLOCK LETTERS** with a black or blue pen

This form is to be completed when a tenant wishes to terminate a residential tenancy agreement on or after the day this notice is given, and the tenant or the tenant's dependent child is in circumstances of domestic and family violence. Under the Residential Tenancies Act 2010, a tenant is also required to attach **one** piece of supporting evidence (listed on page 2).

Landlord: **Birribee Housing**

Payment reference number

Client Details:

Mr/Mrs/Ms/Miss

Family name

Given name (s)

Contact phone number

Email

Property Details:

Unit/House number

Street/Avenue

Town/Suburb

Postcode

Household Details:

Name of household member(s) in circumstances of domestic and family violence:

Full name	Date of birth	Relationship to tenant
	DD / MM / YYYY	
	DD / MM / YYYY	
	DD / MM / YYYY	
	DD / MM / YYYY	
	DD / MM / YYYY	
	DD / MM / YYYY	

Notice to Terminate Tenancy Details

Complete this section if you or your dependent child is in circumstances of domestic and family violence and you wish to terminate your tenancy.

I/We *insert name of tenant/s* hereby give Birribee Housing notice to terminate the tenancy at:

insert Birribee Housing property address

Date of termination of tenancy

DD / MM / YYYY

Reason for terminating the tenancy

Domestic and Family Violence

Address of where are you going to live

I have attached to this notice ONE of the following documents as supporting evidence:

Conviction certificate against domestic violence offender

Relevant Domestic Violence Order (DVO)

Family Law Act injunction against domestic violence offender

Competent person DV declaration form signed by relevant medical practitioner

I agree that:

Tenant's belongings — check which one applies

a. Birribee to dispose of goods left at the property

b. I have organised for a third party to collect my belongings within 14 days of this notification

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

DD / MM / YYYY

Declaration from person assisting or completing this application on behalf of the client

I have read the form out in full to the client.

After doing so, I then asked each question on the form to the client and I recorded the answers which the client gave me.

After I completed the form and before the client signed it, I read out each of the questions and the answers which the client gave me.

The client stated that they understood the form and that the answers which they gave to me and which I wrote on the form, were true and correct.

Full name (please print)

Signature



Date

DD / MM / YYYY

Contact phone number

Email