



# Notice to Vacate Form

Please print in BLOCK LETTERS with a black or blue pen

This form is to be completed when a tenant wants to vacate their property.  
For information or assistance with this form, phone our office on (02) 7252 9516 or email [tenant@birribeehousing.org.au](mailto:tenant@birribeehousing.org.au).

Payment reference number

**Client details**

Title

Mr, Mrs, Ms, Miss, Mx

Last name or family name

Given name (s)

**Current address**

Unit/House number  Street/Avenue

Town/Suburb  Postcode

Contact phone

**Notice to Vacate Details**

Reason for vacating property

Where are you going?

- |  |   |
|--|---|
| <input type="checkbox"/> Back to country                             | <input type="checkbox"/> Disability accommodation/<br>group home                      |
| <input type="checkbox"/> Moving in with family/<br>friends           | <input type="checkbox"/> Aged-care facility/retirement<br>home                        |
| <input type="checkbox"/> Health care institution                     | <input type="checkbox"/> Prison/correctional facility                                 |
| <input type="checkbox"/> Moving interstate/<br>overseas              | <input type="checkbox"/> Private ownership  |
| <input type="checkbox"/> Private rental (as tenant<br>or occupant)   | <input type="checkbox"/> Aboriginal Community Housing<br>Provider /Lands Council      |
| <input type="checkbox"/> Aboriginal Housing Office<br>(AHO) property | <input type="checkbox"/> Community housing  |
| <input type="checkbox"/> Boarding house                              | <input type="checkbox"/> Caravan park/boat  |
| <input type="checkbox"/> Rough sleeping                              | <input type="checkbox"/> Specialist Housing (Service/<br>crisis/refuge accommodation) |
| <input type="checkbox"/> Hotel/motel                                 | <input type="checkbox"/> Other transitional housing                                   |
| <input type="checkbox"/> Other<br>give details                       |   |

Vacating date

Next of kin

**Forwarding address**      Unit/House number       Street/Avenue   
Town/Suburb       Postcode   
New contact phone

**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

**OFFICE USE ONLY**

Date received

How was notice given?

Pre-vacate inspection appointment date