Relinquishment of Tenancy Consent

This form is to be completed and signed by the tenant. Giving consent to relinquish your tenancy means that you agree to end your tenancy agreement with Community Housing Limited (CHL)

Landlord Community Housing Limited

Tenant Details

Family name **Given names**

Property Address

Street number/name

Suburb *State* *Postcode*

Phone number

I agree that:

- The residential tenancy agreement for the property listed above is terminated on *dd/mm/yyyy*

  by

- Possession will be given to the landlord on *dd/mm/yyyy*
- Agreement for what is happening to the tenant's belongings

Full name of tenant or executor of their estate
(please print)

Signature of tenant or executor of their estate

Date *dd/mm/yyyy*

If signing on behalf of the tenant as their legally appointed guardian, such as the NSW Trustee and Guardian or private enduring guardian, sign here.

Full name of legally appointed guardian
(please print)

Signature of legally appointed guardian

Date *dd/mm/yyyy*

Return form to your local Community Housing Limited office or email to: info@chl.org.au or cso@chl.org.au