

## **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:			
	ential tenancy agreement for the sted above is terminated on		dd/mm/yyyy
	by		
<ul> <li>Possession</li> </ul>	n will be given to the landlord on		dd/mm/yyyy
Agreemer tenant's be	nt for what is happening to the elongings		,,,,,
Full name o	f tenant or executor of their estate  (please print)		
Signature o	f tenant or executor of their estate		
Date			dd/mm/yyyy
	of the tenant as their legally appointed the NSW Trustee and Guardian or ardian, sign here.		
Full na	ame 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

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