

Community Housing Notification of Death Form



The Estate of:

Formerly of:

I,

(Full name)

Date of Birth

Telephone

(Your Date of Birth - dd/mm/year)

Of

(Your address)

As the legal personal representative / next of kin of the deceased, hereby authorize the termination

On

(Enter date, not more than 28 days from the date the tenant passed away)

Of the tenancy of the above tenant.

I acknowledge that Momentum has decreased the rent to a nominal occupation fee of \$5 per week for a maximum period of 28 days. At the expiry of that period, a fee equivalent to market rent for the property will be charged to the estate of the tenant.

I acknowledge that any rent paid by me does not entitle me to any tenancy rights with Momentum for this property.

I understand that if the keys to the property are not received by Momentum by the date I have authorized termination, Momentum may apply to the NSW Civil and Administrative Tribunal (NCAT) for an order for possession of the property.

I declare that all information provided in this certificate is true and correct.

Signed

Date
