

NOTIFICATION OF DEATH



Chief Executive Officer
North Coast Community Housing
PO Box 145
LISMORE NSW 2480

The Estate of:

Formerly of:

I,

(Full name)

Date of Birth

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

Telephone

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 NCCH has decreased the rent to a nominal occupation fee of \$1 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 NCCH for this property.

I understand that if the keys to the property are not received by NCCH by the date I have authorized termination, NCCHC 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
