

| Customer Details               |                              |                             |
|--------------------------------|------------------------------|-----------------------------|
| Name:                          |                              |                             |
| Current address:               |                              |                             |
| Tenant Code:                   |                              |                             |
| Current account balances:      | Rent:                        | \$ _____                    |
|                                | Water:                       | \$ _____                    |
|                                | Maintenance:                 | \$ _____                    |
|                                | Total:                       | \$ _____                    |
| Date rent review due:          |                              |                             |
| Income provided or MCA signed: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|                                | Dated: _____                 |                             |
| Period of absence to commence: |                              |                             |
| Intended return date:          |                              |                             |
| Reason for absence:            |                              |                             |

1. I can confirm that during my absence my rent & other charges will be: (please tick appropriate method below)

- ☐ All paid before I leave to cover to the return date above
- ☐ By my bank through a formal agreement, copy attached
- ☐ By a Friend/Relative whose name is \_\_\_\_\_  
Phone No. \_\_\_\_\_
- ☐ Continuing to pay through Centrepay

2. During my absence, if there are any problems with my home, or my account payments, Hume Community Housing may contact me at:

Address:

Phone No: \_\_\_\_\_

A further contact person ("Contact Person") in Australia who will know where

I am, is: Name:

|                           |                                     |                   |            |
|---------------------------|-------------------------------------|-------------------|------------|
| Document Name:            | Form – Customer Short Leave Request | Effective Date:   | 30/11/2011 |
| Version:                  | 003                                 | Approved Date:    | 29/07/2014 |
| T.V Consultation Required | No                                  | Last Review Date: | 01/08/2019 |
| Approved by:              | COO                                 | Next Review Date: |            |

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

Relationship to customer: (please tick)

- ☐ Family  
☐ Friend  
☐ Acquaintance  
☐ Neighbour  
☐ Other; please specify \_\_\_\_\_

3. The nominated person (**“Nominated Person”**) who has agreed to care for the property in my absence ensuring it is well maintained, secure and any property care items addressed is:

☐ Same as above

or;

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

Relationship to customer: (please tick)

- ☐ Family  
☐ Friend  
☐ Acquaintance  
☐ Neighbour  
☐ Other; please specify \_\_\_\_\_

4. I agree to notify Hume Community Housing at least 10 days prior to my period of absence ending.
5. I agree that I will rescind my tenancy with Hume Community Housing if I am away for more than a total of 6 months and have not notified or requested permission for further extension. That is, if I have not returned by intended return date.
6. I acknowledge Hume Community Housing will issue non-payment termination notice of my tenancy due to in breach if my rent becomes arrears for 14 days or more.

|                           |                                     |                   |            |
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**All personal information collected by Hume Community Housing Association Co Ltd ('Hume Community Housing') under this Form is collected in accordance with its Privacy Policy, a copy of which can be downloaded from [www.humehousing.com.au/privacy.html](http://www.humehousing.com.au/privacy.html) or obtained from Hume Community Housing's Offices.**

Signed (Customer/Customer's Guardian- delete as appropriate)

.....

(\*Hume Housing Employees: cross reference signatures with Tenancy Agreement)

Date .....

Witnessed .....

Date .....

(Hume Housing Officer)

Consent of Contact Person and/or Nominated Person

I am aware that my contact details as provided in this Form are being collected and used by Hume Community Housing for the purpose of recognising me as the Contact Person for the Customer in accordance with clause 2 of this Form and/or for the purpose of recognising me as the Nominated Person in accordance with clause 3 of this Form. I consent to the collection of my contact details by Hume Community Housing for these purposes.

Signed .....

Date ..... (Contact Person)

Signed .....

Date ..... (Nominated Person)

\*\*\*\*For office use only\*\*\*\*

|                          |           |
|--------------------------|-----------|
| THE FORM IS RECEIVED BY: |           |
| Officer Name:            | Position: |
| Signature:               | Date:     |

|                           |                                     |                   |            |
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\*\*\*\*For office use only\*\*\*\* (continues)

|                           |   |
|---------------------------|---|
| THE FORM IS ASSESSED BY:  |   |
| Application approved      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Reason for refusal:       |   |
| Authorising Officer Name: | Position:   |
| Signature:                | Date:   |

|                           |                                     |                   |            |
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