



# Application for a Statement of Satisfactory Tenancy

This form is to be completed by a tenant or former tenant to request a Statement of Satisfactory Tenancy from the Department of Family and Community Services (FACS). For information or assistance with this form, phone **1800 422 322**, 24 hours a day, seven days a week. If you need more room to answer any questions, please include details on a separate page and attach it to this form. Please ensure all relevant sections are completed, print, sign and return to us.

Client reference number  T-File number  Payment reference number

## Your details

Title   
Mr, Mrs, Ms, Miss  
Last name or family name   
Given name (s)   
Date of birth   
Unit/House number  Street/Avenue   
Town/Suburb  Postcode   
Phone  Mobile   
Email address

## Your request

I request that FACS provides me with a Statement of Satisfactory Tenancy in respect of my current/former tenancy at:

Unit/House number  Street/Avenue   
Town/Suburb  Postcode

My statement should provide information about:

1. The address of my current/former tenancy with FACS
2. The date my tenancy with FACS
3. The date my tenancy with FACS ended, or current date if not ended
4. My rental and other accounts

I agree to notify FACS immediately and return the tenancy statement if it is not accurate.

## Consent for inspection (current tenants only)

I give consent to FACS to undertake an inspection of my current FACS property, where possible within 4 days of receipt of this request by FACS.

Yes

No

## Statement of indemnification

I hereby indemnify FACS from any claim at law, equity or statute by reason of the use or misuse of information contained in my Statement of Satisfactory Tenancy by any person to whom it may be referred to by me or in relation to any subsequent use or misuse by any third person by whatever means that person comes across my tenancy statement.

## Consent

I give my consent to FACS confirming the issue of the above statement should a property manager contact us to verify that the statement has been issued to me.

Full name ( please print)

Signature

Date

### When you have completed this form, return it to FACS:

- **by email** to: [HCC-TENANT-STATEMENTS@facs.nsw.gov.au](mailto:HCC-TENANT-STATEMENTS@facs.nsw.gov.au)
- **by fax** on (02) 9612 6393
- **by post** to Locked Bag 7150 Liverpool BC 1871
- **in person** to your local FACS office