# Notice of intention to terminate

***Residential Tenancies Act 1997*, Part 12A**

Specialist Disability Accommodation Section 498ZW (2)

**Note:**

Use this form if you are a specialist disability accommodation (SDA) resident to issue a notice of intention to terminate to the SDA provider (the provider) because they did not give you an information statement.

Enter text in spaces provided only.

Give this form to the SDA provider.

This document is available for download at [consumer.vic.gov.au/forms](https://www.consumer.vic.gov.au/forms).

## How to use this form

1. Complete questions 1 to 9
2. Sign at 11

## How to serve this notice

You can give this notice by post, or deliver it personally to the provider between 8am and 6pm, or email it (with consent).

You can only give this notice by email if you already have the provider’s written consent to receive notices and other documents this way.

You and the provider may have consented to electronic service of notices and other documents in the SDA residency agreement.

## Telephone Interpreter Service

If you have difficulty understanding English, contact the Translating and Interpreting Service (TIS) on 131 450 (for the cost of a local call) and ask to be put through to an Information Officer at Consumer Affairs Victoria on   
1300 55 81 81.



Information about renting is available in other languages at [consumer.vic.gov.au/languages](https://www.consumer.vic.gov.au/languages).



# Notice of intention to terminate SDA resident’s copy

***Residential Tenancies Act 1997* S498ZW (2)**

## SDA provider details

1. This notice is given to:

(SDA provider’s name)

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| --- |
|  |

1. SDA provider’s address:

(can be an agent’s address)

|  |
| --- |
|  |

## SDA resident details

1. SDA resident’s name:

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|  |

1. This notice is given on behalf of the resident by the SDA resident’s guardian or administrator:

(if applicable, write name below)

|  |
| --- |
|  |

1. Regarding the SDA dwelling at:

(write address)

|  |
| --- |
|  |

1. Address for serving documents:

(if the same as in 5, write ‘as above’)

|  |
| --- |
|  |

1. SDA resident’s contact telephone numbers:

|  |  |
| --- | --- |
| Business hours: |  |
| After hours: |  |

## Service details

1. This notice is given:

(mark one method only and if posted, note the delivery speed)

|  |  |
| --- | --- |
| By hand: |  |
| By registered post: |  |
| By ordinary post: |  |
| By email: |  |
| Insert email address:  (if applicable) |  |
| On:  (dd/mm/yyyy) | / / |

1. I intend to terminate the SDA residency agreement on:

|  |  |
| --- | --- |
| Date:  (dd/mm/yyyy) | / / |

This is because you did not provide me with an information statement (as required under the law) before I entered into the agreement.

1. Within 24 hours of receiving this notice you (the SDA provider) must notify:

* the NDIA CEO (if this notice has been given to you by a resident who is an NDIS participant funded to reside in an SDA enrolled dwelling)
* the Public Advocate
* the SDA resident’s guardian or administrator (if this notice has been given to you by the resident)
* the Director of Consumer Affairs Victoria. To notify us, visit [consumer.vic.gov.au/SDAnotify](https://www.consumer.vic.gov.au/SDAnotify).

1. Signature of SDA resident:

(or guardian or administrator if applicable)

|  |
| --- |
|  |

# Notice of intention to terminate SDA resident support person’s copy

***Residential Tenancies Act 1997* S498ZW (2)**

## SDA provider details

1. This notice is given to:

(SDA provider’s name)

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|  |

1. SDA provider’s address:

(can be an agent’s address)

|  |
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|  |

## SDA resident details

1. SDA resident’s name:

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|  |

1. This notice is given on behalf of the resident by the SDA resident’s guardian or administrator:

(if applicable, write name below)

|  |
| --- |
|  |

1. Regarding the SDA dwelling at:

(write address)

|  |
| --- |
|  |

1. Address for serving documents:

(if the same as in 5, write ‘as above’)

|  |
| --- |
|  |

1. SDA resident’s contact telephone numbers:

|  |  |
| --- | --- |
| Business hours: |  |
| After hours: |  |

## Service details

1. This notice is given:

(mark one method only and if posted, note the delivery speed)

|  |  |
| --- | --- |
| By hand: |  |
| By registered post: |  |
| By ordinary post: |  |
| By email: |  |
| Insert email address:  (if applicable) |  |
| On:  (dd/mm/yyyy) | / / |

1. I intend to terminate the SDA residency agreement on:

|  |  |
| --- | --- |
| Date:  (dd/mm/yyyy) | / / |

This is because you did not provide me with an information statement (as required under the law) before I entered into the agreement.

1. Within 24 hours of receiving this notice you (the SDA provider) must notify:

* the NDIA CEO (if this notice has been given to you by a resident who is an NDIS participant funded to reside in an SDA enrolled dwelling)
* the Public Advocate
* the SDA resident’s guardian or administrator (if this notice has been given to you by the resident)
* the Director of Consumer Affairs Victoria. To notify us, visit [consumer.vic.gov.au/SDAnotify](https://www.consumer.vic.gov.au/SDAnotify).

1. Signature of SDA resident

(or guardian or administrator if applicable):

|  |
| --- |
|  |

# Notice of intention to terminate SDA provider’s copy

***Residential Tenancies Act 1997* S498ZW (2)**

## SDA provider details

1. This notice is given to:

(SDA provider’s name)

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|  |

1. SDA provider’s address:

(can be an agent’s address)

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|  |

## SDA resident details

1. SDA resident’s name:

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| --- |
|  |

1. This notice is given on behalf of the resident by the SDA resident’s guardian or administrator:

(if applicable, write name below)

|  |
| --- |
|  |

1. Regarding the SDA dwelling at:

(write address)

|  |
| --- |
|  |

1. Address for serving documents:

(if the same as in 5, write ‘as above’)

|  |
| --- |
|  |

1. SDA resident’s contact telephone numbers:

|  |  |
| --- | --- |
| Business hours: |  |
| After hours: |  |

## Service details

1. This notice is given:

(mark one method only and if posted, note the delivery speed)

|  |  |
| --- | --- |
| By hand: |  |
| By registered post: |  |
| By ordinary post: |  |
| By email: |  |
| Insert email address:  (if applicable) |  |
| On:  (dd/mm/yyyy) | / / |

1. I intend to terminate the SDA residency agreement on:

|  |  |
| --- | --- |
| Date:  (dd/mm/yyyy) | / / |

This is because you did not provide me with an information statement (as required under the law) before I entered into the agreement.

1. Within 24 hours of receiving this notice you (the SDA provider) must notify:

* the NDIA CEO (if this notice has been given to you by a resident who is an NDIS participant funded to reside in an SDA enrolled dwelling)
* the Public Advocate
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* the Director of Consumer Affairs Victoria. To notify us, visit [consumer.vic.gov.au/SDAnotify](https://www.consumer.vic.gov.au/SDAnotify).

1. Signature of SDA resident:

(or guardian or administrator if applicable)

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| --- |
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