

Date: / /

**Department of Human Services
Loan Assistance Unit
Level 24, 50 Lonsdale Street
Melbourne, Victoria 3000**

**FAX NUMBER 03 9096 9229
Phone: 1800 638 879**

I/We

Of

Loan Number:

I/We wish to complete the Discharge of Mortgage held by Director of Housing over the above mentioned property.

I/We acknowledge that there will be costs involved, separate to the loan payout figure, which are payable by me/us.

I/We will be represented by (insert Solicitor/Conveyance's details):

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I/We

- Understand that if any error has been made in calculating the settlement amount, that I/we are liable for any amount outstanding.
- Authorise the Director of Housing Home Loan Programs, to provide the Legal Firm, as detailed as above (where applicable), as my/our authorised representative, with any information they require about the above account(s) and to hand Loan Account documentation to them (or their nominated agent) upon settlement.

Signed:

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Signature

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Signature

.....
Full Name

.....
Full Name