



Notice of Tenancy Termination (Transfer)

Please fill in the details below and delete* as appropriate.

Name of tenant	
Name of joint tenant	
Address	
	Post code:
<p>Please note that it is essential that a Pre-Termination visit is carried out before you vacate the property.</p> <p>Please provide your contact details so we can arrange a pre-termination inspection of the property.</p> <p>Email address:</p> <p>Telephone number:</p> <p>Mobile number:</p>	

I/we* give at least 7 days' notice from to end my/our*

tenancy at the above address. The tenancy will end on

I/we* have told the electricity/gas* suppliers that the tenancy will end on the above date. I/we* understand that it is my/our* responsibility to read the electric/gas* meter(s) prior to handing in my/our* keys and that meter(s) **MUST BE LEFT FREE OF DEBT**. The utility suppliers are:

Gas supplier	
Electricity supplier	

This form is continued over

The property has the following adaptations (please ✓ all that apply)

Wheelchair access			Wheelchair adapted	
Ramp access front			Ramp access rear	
Level access shower			Over bath shower	
Stair lift	Straight		Lowered kitchen	
	Curved			
Hand rails			Grab rails	

**Do you have a garage on
a Council site or a Council lock up?**

(please ✓)

Yes	No

If Yes, what is the address?

.....

Are you on the grass cutting list
(please ✓)

Yes	No

My/our* forwarding address will be:

Name	
Address	
	Post code:
Contact details	

Name	
Address	
	Post code:
Contact details	

This form is continued over

If you have filled in this form on behalf of the tenant, please print your name and address and state the reason why (e.g. exercising the Power of Attorney (POA)). **Please note:** If you have Power Of Attorney we will require a copy of your lasting Power Of Attorney Certificate. Please bring this with you or send us a copy along with this form.

Name	
Address	
	Post code:
Reason	
Email address:	
Telephone number:	
Mobile number:	

The following person(s) are over the age of sixteen and live at this address as their principal home. They have been told that the tenancy will end and will also be leaving the above property by the above date.

Name	Signature

Signed tenant		Date
Signed joint tenant		Date
Declaration of Spouse (if applicable) I understand that my husband/wife, who is the sole tenant of the house named on this form, is terminating the tenancy of the house and I hereby declare that I consent to the proposed termination.		
Signed spouse/ civil partner		Date

Important information: PLEASE READ CAREFULLY

- The keys for the property must be handed into your local Access Point **no later than 12 noon on the day following the termination date or rent will continue to be charged until the keys are returned.**
- Please leave the house in a clean and tidy condition. The garden area should also be in a tidy cultivated condition with all sheds or other outbuildings cleared.
- **You may be charged for:**
 - any problems or repairs not due to fair wear and tear, including 'improvements' that you do not have our written permission for;
 - clearance costs for any rubbish left in and around the property;
 - lost or missing keys; and
 - cleaning the property to meet the reasonable condition for re-letting.

ACCESS POINT DATE STAMP AND SIGNATURE