

Forth Housing Association

ENDING YOUR TENANCY FORM

NAME OF TENANT: _____ NAME OF JOINT TENANT (S): _____

ADDRESS: _____

TEL/CONTACT NO: _____ E-MAIL: _____

WILL ALL OCCUPIERS RESIDENT AT THE ABOVE ADDRESS BE VACATING THE PROPERTY? YES: NO:

IF NO, WHICH TENANT WILL BE VACATING THE PROPERTY _____

IN THE CASE OF DEATH PLEASE STATE NAME AND ADDRESS OF NEXT OF KIN:

NAME: _____

ADDRESS: _____

TEL/CONTACT NO: _____ DATE OF TENANTS DEATH _____
(Where Applicable)

Please note: - A charge will be made for any repairs and/or redecoration carried out by Forth Housing Association Ltd which were your responsibility, and for the removal of any furniture or items left in the house, which have to be cleared. The sets of keys given at the start of your tenancy must be returned or a charge will be made for a lock change.

Gas/Electricity

Please take a meter reading for your gas and electricity supply but do not arrange for disconnection. You must tell your gas and electricity suppliers your forwarding address.

I wish to end the tenancy and give 28 days' written notice. I undertake to hand back the number of keys signed for at the commencement of my tenancy and I understand rent will be charged for this 28-day period. I understand that once my termination date has been confirmed by the Association it will not be extended.

REASONS FOR TERMINATION – Please tick relevant boxes giving reason for termination

Better style of house	<input type="checkbox"/>	Larger house	<input type="checkbox"/>
Better housing conditions	<input type="checkbox"/>	Smaller house	<input type="checkbox"/>
Unhappy with area	<input type="checkbox"/>	Unhappy with neighbours	<input type="checkbox"/>
Buying a property	<input type="checkbox"/>	Cannot afford rent	<input type="checkbox"/>
Harassment	<input type="checkbox"/>	Medical reasons	<input type="checkbox"/>
Moving nearer work	<input type="checkbox"/>	Giving family support	<input type="checkbox"/>
Other	<input type="checkbox"/>	Receiving family support	<input type="checkbox"/>

Please explain your reason further below if required

Debt	<input type="checkbox"/>	Domestic Abuse	<input type="checkbox"/>
Housing Debt	<input type="checkbox"/>	Substance Misuse	<input type="checkbox"/>
Other Debt	<input type="checkbox"/>	Other	<input type="checkbox"/>
Fuel Debt	<input type="checkbox"/>		<input type="checkbox"/>

NEW ADDRESS: _____

SIGNATURE(S)

TENANT:

JOINT TENANT:

DATE

OFFICE USE:

Date Form Received: _____

Confirmed Tenancy End date: _____

STAFF SIGNATURE(S)

TENANT:

DESIGNATION:

DATE

Copy of completed form to be provided to tenant