**Termination of Tenancy Form**

To end your tenancy you need to provide us with four weeks’ notice and a signed termination of tenancy form. A forwarding address **must** be provided before we can your tenancy.

You can return this form by email to enquiries@futureshg.co.uk or by post to **FHG, PO BOX 141, Innovation House, Coniston Court, Blyth, NE24 9FQ**

Please leave all keys in the pre-arranged key safe by the **Sunday** your tenancy ends. Please note that your rent is payable until the tenancy has ended and we are in receipt of all keys. **If you no longer wish to end your tenancy, please call us as soon as possible on 0300 456 2531.**

|  |  |
| --- | --- |
| **Name of tenant:** |  |
| **Joint tenant (if applicable)** |  |
| **Property/garage address:** |  |
| **Postcode:** |  | **Telephone number:** |  |
| **Email:** |  |
| **Forwarding Address:** |  |
| **Gas Supplier & type of meter**  |  |
| **Electric Supplier & type of meter** |  |

*In cases of bereavement or where tenant has no capacity to sign please supply the next of kin/executors/power of attorney details below.*

|  |  |
| --- | --- |
| **Name of Next of Kin/Executors/Power of attorney** |  |
| **Address of Next of kin/Exectuors/Power of attorney** |  |
| **Telephone Number of Next of Kin/Executors/Power of attorney**  |  |
| **Email of Next of Kin/Exectors/Power of attorney** |  |

We will arrange to visit your property before your tenancy ends.

We may need to conduct viewings during the notice period.

I/We understand that upon giving back the keys to my property:

* No-one must be left living in the property
* Structure, fittings and fixtures must be left in a reasonable condition
* The property must be left clean and tidy, including lofts and outbuildings
* Furniture, clothing and personal belongings must be removed
* Gardens must be tidy and clear of rubbish

**I understand I will be charged for any repairs needed that are not resulting from normal wear and tear. I understand that any items I leave will be disposed of and I may be charged for this.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Print name** |  | **Date** |  |
| **Signature** |  |

**(*Must be signed by tenant or power of attorney\*/next of kin in case of bereavement) \*Copy required***

|  |  |
| --- | --- |
| **Tenancy End Date:**  | ………………………………………………………………………………………… |

**Reason(s) for leaving (tick all that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Transferring with FHG** |  | **Downsizing required** |  |
| **Moving or joining with family/relatives** |  | **Larger property required** |  |
| **Long term hospital, hospice or residential care**  |  | **Fear/victim of crime** |  |
| **Taken into custody** |  | **Fear/victim of ASB/Nuisance** |  |
| **Moving to privately rented** |  | **Rent and/charges too high** |  |
| **Purchasing privately** |  | **Condition of/No longer require garage** |  |
| **Moved to another Social housing/Local authority** |  | **Deceased\* (please provide date of death)** |  |
| **Dissatisfied with the area/service** |  |  |  |

**\*We will require a copy of the death certificate before we can end the tenancy.**