

**TENANCY TERMINATION**

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| **Name of Tenant(s):** |
| **Address:****Postcode:** |

*I give 4 weeks’ notice to terminate my tenancy at the above address and I understand that all of the keys to this property should be returned to Broxtowe Borough Council Offices by 12 noon on the day after my termination date.*

**Date of Tenancy Termination: Sunday (Insert date)**

**Forwarding Address:**

**Contact Number:**

**Email Address:**

IMPORTANT INFORMATION

I understand and agree that:

* By signing this termination form I am asking Broxtowe Borough Council to terminate the tenancy
* If I have a joint tenancy, I understand by terminating my interest in the tenancy I am asking Broxtowe Borough Council to terminate the whole of the tenancy (please seek independent legal advice if you are unsure)
* All outstanding charges/debts to Broxtowe Borough Council must be paid in full before my tenancy ends
* I will be charged for any damage to the property including any unauthorized changes
* I will be charged if Broxtowe Borough Council must remove any items of furniture, personal possessions or rubbish left in the property, garden or outbuildings at the end of my tenancy
* Should there be any monetary credits on any account held by the tenant(s), and any debt or chargeable repairs, I agree the credits will be used to offset any debt
* Should I decide to surrender the keys to my tenancy before this notice period ends, I understand I am liable for the rent for the full notice period. I give permission for Broxtowe Borough Council to enter the property and commence any necessary repairs/maintenance

**Signature:**

**Print Name:**

**Date Signed:**

|  |  |
| --- | --- |
| **Reason for Termination:** | **Where have you moved?** |
| Tenancy Change |  | Private rent |  |
| Cannot afford the Property |  | Housing Association/ Council  |  |
| Area Unsuitable |  | Nursing Home |  |
| Under- occupying  |  | Family/ friends |  |
| Property unsuitable for health reasons |  | Bought property |  |
| Gone into Care/Nursing Home |  |
| Moved to Private Rented Sector |  |
| Anti-social behaviour in the area |  |
| Relocation for Work |  |
| Over crowding |  |
| Housing Association Nomination |  |
| Moved to LCHO/Owner Occupation |  |
| Moved to family and friends  |  |
| Unable to occupy property |  |
| Relationship breakdown |  |

**Where tenant has deceased \*if applicable**

**Date of death:**

**Contact number:**

**Next of Kin:**

**Contact address:**

**Please provide details of who is responsible for dealing with the tenants’ estate or any supporting information:**