**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 end your tenancy.

You can return this form by email to [Home.Choices@futureshg.co.uk](http://Home.Choices@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 have received 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 and meter type**  |  |
| **Electricity supplier and meter type** |  |

In cases of bereavement or where the 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
* dtructure, fittings and fixtures must be left in a reasonable condition
* yhe 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 caused by 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 or victim of crime** |  |
| **Taken into custody** |  | **Fear or victim of ASB or nuisance** |  |
| **Moving to privately rented** |  | **Rent and/charges too high** |  |
| **Purchasing privately** |  | **Condition of or no longer require garage** |  |
| **Moved to another social housing provider or local authority** |  | **Deceased\* (please provide date of death)** |  |
| **Dissatisfied with the area or service** |  |  |  |

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