

Termination of Tenancy

Name of Tenant:	Joint Tenant:
Address:	
.....	
Postcode:	
Date Written Notice Received: (Office Use Only)	
Date of First Contact About Termination (Letter or Phone Call):	
Tenancy Due to End – Day: Date:	
Main Reason for Terminating:	
<input type="checkbox"/> Anti-social behaviour in neighbourhood <input type="checkbox"/> Became owner occupier <input type="checkbox"/> Can't afford heating <input type="checkbox"/> Can't afford rent <input type="checkbox"/> Death <input type="checkbox"/> Don't like neighbourhood <input type="checkbox"/> Medical – Can't Manage Stairs <input type="checkbox"/> Medical – Home too large <input type="checkbox"/> Medical – Home too small <input type="checkbox"/> Medical – Requires adaptations <input type="checkbox"/> Move in with family <input type="checkbox"/> Move to ground floor <input type="checkbox"/> Move to larger home <input type="checkbox"/> Move to permanent accommodation <input type="checkbox"/> Move to residential care <input type="checkbox"/> Move to sheltered housing <input type="checkbox"/> Move to smaller home <input type="checkbox"/> Move to supported accommodation <input type="checkbox"/> Notice to leave <input type="checkbox"/> Prison <input type="checkbox"/> Property condition <input type="checkbox"/> Relationship Breakdown <input type="checkbox"/> To be nearer family <input type="checkbox"/> Transport costs <input type="checkbox"/> Work	

Forwarding Address:

.....

Postcode:

Ongoing Contact Number:

Signature: Tenant

Signature: Joint Tenant

If Deceased – Next of Kin / Executors

Name:

Relationship to Tenant:

Address:

.....

Postcode:

Contact Number:

Signature: On Behalf of Tenant

PRINT Name
