

Ending your tenancy – Giving Notice to leave your Home

By law you must give us four weeks written notification that you intend to end your tenancy. The notice period will start from the Monday after we receive this form.

Please note: You must give us access to your home before leaving to allow us to carry out an inspection. This inspection will assess the condition of your home, garden and outbuildings. If you leave your property in good condition, with a clear rent account and allow us access to your home for an inspection you will be eligible to be entered into a prize draw to win £100 worth of shopping vouchers.

1. Tenancy Details:

Tenant's Name: _____

Date of Birth: _____

Rent a/c Number: _____

Address: _____

Post Code: _____

Home Telephone Number: _____

Work Telephone Number: _____

Mobile Telephone Number: _____

Email Address: _____

I wish to give four weeks notice for my property starting from: _____
(Must be from Monday)

(If you wish to give more than four weeks notice please state the Monday from which your four weeks notice will begin)

- I understand that all keys to my property should be returned to Rykneld Homes before 12noon on the date of termination.
- I must allow access for an inspection to be carried out on my property before I return my keys.
- I agree that the property will be left in a clear and tidy condition and any items left or repairs outstanding I may be recharged for.

Signed: _____ **Date:** / /20

Signed: _____ **Date:** / /20

My gas is supplied by: _____

My gas meter is key/prepaid/quarterly *(delete as applicable)*

My electricity is supplied by: _____

My electric meter is key/prepaid/quarterly *(delete as applicable)*

Alarm Code Number
(if applicable) _____

Does the property have any adaptations? Yes/No

If yes, please give details: _____

Do you currently rent a North East Derbyshire Council Garage/Site? Yes/No

Are you wishing to retain the rental of the Garage/Site Yes/No

2. The Address that you are moving to:

Address: _____

Post Code: _____

Property Type: Detached/Semi-Detached/Terraced/Maisonette/Ground
Floor Flat/Upper Floor Flat/Bungalow
(Please delete as applicable)

Number of Bedrooms: _____

Where the tenant is deceased please provide:

Date of death: _____

Copy of the Death Certificate: Yes/No

Next of Kin Name: _____

Next of Kin Address: _____

Post Code: _____

Home Telephone Number: _____

Mobile Telephone Number: _____

Email Address: _____

3. Reason for moving:

Please tell us the reason why you are leaving your home. Please tick the most appropriate box:

- | | |
|---|--------------------------|
| Property is too large | <input type="checkbox"/> |
| Property is too small | <input type="checkbox"/> |
| Need to move for medical reasons | <input type="checkbox"/> |
| Required Disabled Adaptations | <input type="checkbox"/> |
| Tenant Deceased | <input type="checkbox"/> |
| Prefer different estate | <input type="checkbox"/> |
| Prefer different street | <input type="checkbox"/> |
| Unable to afford to live at property | <input type="checkbox"/> |
| Move to a property with a garden | <input type="checkbox"/> |
| Moving closer to school/work/family/friends/support networks (mark as applicable) | <input type="checkbox"/> |
| | |
| To avoid eviction | <input type="checkbox"/> |
| Anti-social behaviour – youth disorder | <input type="checkbox"/> |
| Anti-social behaviour – neighbour nuisance | <input type="checkbox"/> |
| Harassment | <input type="checkbox"/> |
| Fleeing Violence | <input type="checkbox"/> |
| Hate Crime | <input type="checkbox"/> |
| Moving to residential care | <input type="checkbox"/> |
| Moving into nursing home | <input type="checkbox"/> |
| Moved to sheltered accommodation | <input type="checkbox"/> |
| Moved to long-term supported housing | <input type="checkbox"/> |
| Move to short term supported housing | <input type="checkbox"/> |
| Taken into custody | <input type="checkbox"/> |
| Entered long stay hospital or hospice | <input type="checkbox"/> |
| Moved to live with daughter/son for care and support | <input type="checkbox"/> |

Please tell us what type of home you are moving to. Please tick the most appropriate box

- | | |
|---|--------------------------|
| Another North East Derbyshire District property (NEDDC) as a tenant | <input type="checkbox"/> |
| Another Council property out of the Area (NEDDC) | <input type="checkbox"/> |
| A Housing Association property as a tenant | <input type="checkbox"/> |
| Buying your own home | <input type="checkbox"/> |
| Moving to a private tenancy | <input type="checkbox"/> |
| Moving in with friends and/or family | <input type="checkbox"/> |
| Moving to residential care | <input type="checkbox"/> |
| Other – please specify _____ | <input type="checkbox"/> |

Please remember that your rent account should be cleared before you leave. Should you be unable to do this please complete the section below.

3. Former tenant arrears:

I offer to pay my former tenants arrears by instalments of:

£ _____ weekly/fortnightly/monthly (please delete as applicable)

From: _____ (date/month/year)

I wish to pay via the following method:

Direct Debit

Swipe card

Online payments at www.ne-derbyshire.gov.uk

Signed: _____

Please return this form to Rykneld Homes, Pioneer House, Mill Lane, Wingerworth S42 6NT.
Alternatively you can leave the form at any of our Area Housing Offices or One Stop Shops

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For Office Use Only

Provisional Termination Date: _____

Actual Termination Date: _____

Details of keys received: _____ Time: _____

Keys received from: _____

Relationship, if not tenant: _____

Address: _____

Neighbourhood Champions and Voids Inspector informed of termination by forwarding Pro-Forma Yes/No

Choice Move Team informed of termination Yes/No

Has outgoing tenant ever had a Housing Application Registered: Yes/No

If Yes, what is the Housing Application Registration Number: _____

Has the Housing Application been cancelled: Yes/No

If No, why? _____

Has the Rents and FT Rents Team been advised of termination,
forwarding address and contact details: Yes/No

Check Rent Balance at: _____ £ _____ Signature: _____
Tenants must be notified of any outstanding rent (must be checked by Rents Section)

- Water turned off: Yes No
- Has a water meter been fitted during your tenancy? Yes No
- Furniture/rubbish for collection: Yes No

If yes, where located: _____

• Disposal Authorisation Signature: _____

- Does Tenant have a Garage/Plot? Yes No

If yes, is garage/plot to be terminated/transferred to forwarding address?
Yes No

Signature: _____ Date: _____