

NOTICE OF TERMINATION OF TENANCY

I hereby give four weeks notice of my intention to terminate my tenancy at the address below

TO BE COMPLETED BY TENANT

Tenant's Name:

Joint Tenant's Name:

Address:

Postcode:

Telephone Number:

Date of end of tenancy:

Forwarding address:

Gas Supplier:

Quantum:

 Yes No

Electric Supplier:

Powercard:

 Yes No

I/we agree to or accept the following:

- The keys will be received into the ELHA office by 9.00am the day following termination. If the keys are late, extra rent will be due.
- I will be liable for a charge if any of my possessions are left in the property and have to be disposed by ELHA.
- I will be liable for a charge if the property needs an undue amount of cleaning, repair or redecoration before it can be relet.
- I will advise the gas, electricity and telephone company of my move and will make arrangements regarding my account(s) with them.
- I will ensure that if I have any pre-payment meters I will leave the keys/cards for the meters in the property.

Signature:

Date:

Signature of joint tenant,
partner or spouse*:

Date:

*** If you are living with someone, even if they are not a joint tenant, please ensure they sign this form. If they do not, your tenancy end date may be delayed.**

Is your new address: (please tick one of the boxes)

- | | | | |
|---|--------------------------|----------------------------------|--------------------------|
| An East Lothian Housing Association Tenancy | <input type="checkbox"/> | Shared Ownership property | <input type="checkbox"/> |
| Rented from another Housing Association | <input type="checkbox"/> | Shared Equity property | <input type="checkbox"/> |
| Rented from East Lothian Council | <input type="checkbox"/> | Low Cost Home Ownership property | <input type="checkbox"/> |
| Rented from another Council | <input type="checkbox"/> | Prison | <input type="checkbox"/> |
| Owned by you | <input type="checkbox"/> | Long term care | <input type="checkbox"/> |
| C/O Friends or relatives | <input type="checkbox"/> | Temporary accommodation | <input type="checkbox"/> |

Other - please state

Primary reason for leaving: (please tick ONE box only)

- | | | | |
|-------------------------------|--------------------------|--|--------------------------|
| Did not like property | <input type="checkbox"/> | Property charges too expensive | <input type="checkbox"/> |
| Did not like area | <input type="checkbox"/> | Moving due to anti social behaviour | <input type="checkbox"/> |
| Health reasons | <input type="checkbox"/> | Moving to live with partner | <input type="checkbox"/> |
| Care/hospitalised | <input type="checkbox"/> | Moving due to racial harassment | <input type="checkbox"/> |
| Social isolation | <input type="checkbox"/> | Moving due to gender/sexual harassment | <input type="checkbox"/> |
| Moving for employment reasons | <input type="checkbox"/> | Moving due to high heating costs | <input type="checkbox"/> |
| Need larger home | <input type="checkbox"/> | Going to prison | <input type="checkbox"/> |
| Need smaller home | <input type="checkbox"/> | Relationship breakdown | <input type="checkbox"/> |

Other - please state