**Notice to Terminate your Tenancy**

I/We …………………………………………………………………………………..

………………………………………………………………………………………….

Of ………………………………………………………………………………………

…………………………………………. Post code: ………………………………..

Hereby give four weeks’ notice to Broxtowe Borough Council to terminate the tenancy of the above dwelling of which I am the tenant/next of kin of the tenant. The notice will expire on **Sunday …………………………** at **midnight**, to which date the rent will remain payable. I/We will hand the keys in to Broxtowe Borough Council Offices, on: **Monday** **…………… ……………………………………**

New Address: ………………………………………………………………………………………..

…………………………………………………….. Postcode: ……………………………………..

I/We understand that failure to return the keys and any key fobs, if applicable, as directed above, will result in the locks being changed and a charge being made. I/we also understand that the property is to be cleared of all possessions, carpets (unless otherwise advised by the Voids Inspector) and to be cleaned throughout.

Should the dwelling be unavailable for letting, then I understand that there will be a charge of **£ ……….. (weekly rent)** per week, made in respect of loss of revenue, until such time as the dwelling is made available for letting. I/we understand that this will be made in addition to any lock change charges, that may need to be made (if applicable).

I/we understand and agree that the property must be left clear of all rubbish, furniture and other contents. I/we agree that any items left in the property can be disposed of forthwith by Broxtowe Borough Council. If I/we leave any rubbish or other items at the property, I/we agree to be recharged for the cost of its removal. I/We have been provided with a copy of this Notice and I/we have understood the information contained in it.

If I/we intend to vacate the premises prior to the above date, and surrender the keys, I/we undertake to give the Council notice thereof, and in which event I give permission for the Council to enter the property and commence any necessary repairs/maintenance that is required.

Signed:……………………………………….… Signed:……………………………………….….

Name: ………………………………..………… Name: …………………………………………..

Date: ………………………………………….... Telephone: …………………………………….

**Reasons for Leaving**

 **Please tick where relevant**

| Transfer to another BBC property |  |
| --- | --- |
| Transfer to a Housing Association Property |  |
| Moving out of the area |  |
| Property too small |  |
| Property too large |  |
| Due to health reasons |  |
| Deceased* **Please provide copy of death certificate**
 |  |
| Moving to a Care Home |  |
| No reason given |  |
| Other please specify: |  |

**For Next Of Kin details (please ensure a copy of the death certificate is provided asap):**

Should the tenant have passed away, and you are their Next of Kin or if you are acting as Power of Attorney, please provide proof and your details below:

Name …………………………………………………………………………………………….

Address ………………………………………………………………………………………….

…………………….. Postcode: ……………… Telephone: …………………………………

Will the property be clear of all possessions (this includes carpets & curtains)? **Yes/No**

If **no** what items will be left ………………………………………………………………….

………………………………………………………………………………………………….

What improvements to the property (if any) have been done? Please also confirm whether you have received permission from Broxtowe Borough Council or not:

…………………………………………………………………………………………………………....................................................................................................................................................

…………………………………………………………………………………………………………..

Please confirm who supplies your:

Gas ………………………………………………Electric …………………………………….…

Oil …………………………………………………………… Telephone: ……………. …………

Is the oil delivery part of a co-operative scheme? ……………. Yes/No

**Please confirm the following:**

Is the property a house/flat/bungalow/maisonette? ……………………………..

If it is a flat which floor is it on? ………………………………

How many bedrooms are there? 1 / 2 / 3 / 4

What type of heating is there? Gas CHTG / electric storage heaters /

 Oil CHTG

Does it have its own garden? Yes / No

How big is the garden? Small / Medium / Large / Communal

Does it have the following parking provisions?

On road/street Yes / No

Off road – does it have its own driveway? Yes / No

Is there a dropped kerb provided? Yes / No

Is there a garage? Yes / No

Is the bathroom Upstairs / downstairs

Is the WC Upstairs / downstairs / both

Is there a shower? Yes / No Over bath / level access / cubicle

How many downstairs rooms are there? E.g.: 2 or 3? ……………………………………..

Are there any of the following adaptations which have been done to the property:

Widened doorways wheelchair adapted kitchen

wheelchair height plug sockets/switches ramps grab rails

If there is a stair lift in the property, was this fitted by:

The tenant Red Cross Social Services (BBC)

If this has not been fitted by Social Services (BBC) you will need to arrange for it to be removed prior to handing in the keys. Otherwise, you will be re-charged for its removal.

Any medical equipment (i.e.: hospital bed, wheelchair) needs to be collected by the provider.

Thank you for completing this part of the notice. Should you have any further queries, concerning this, please do not hesitate to contact the Lettings Team on **0115 917 3347**