**Notice to Terminate the Tenancy of a Dwelling**

**Please complete this form if you wish to let us know that you intend to terminate an Aspire tenancy**

**Section 1**

|  |  |
| --- | --- |
| **Tenant/s Name** |  |
| **Address** |  |
|  |  |
| **Postcode** |  |

**I give 4 weeks’ notice\* to terminate my tenancy at the above address and I understand that all of the keys to this property should be handed in to Aspire Offices by noon on**

**\*Only 2 weeks’ notice is required on the death of a tenant**

**\*\* The notice period will commence from the Monday following the date when this signed termination form is received by Aspire e.g. if this notice is received on a Wednesday, the 4 weeks must commence from the following Monday. If keys are not returned on time you may be liable for a further weeks rent until keys are received**

**If you are acting on behalf of the tenant because they have died please go to section 4.**

**Section 2**

|  |  |
| --- | --- |
| **Forwarding Address** |  |
| **Post Code** |  |
| **Contact Tel Number** |  |
| **Email Address** |  |

**Section 3**

|  |  |  |  |
| --- | --- | --- | --- |
| **Column A – Where are you moving to?** | **Tick** | **Column B – Why are you moving?** | **Tick** |
| Lodging with family & friends |  | Fear of crime in the neighbourhood |  |
| Moving in with partner |  | Health reasons |  |
| Local Authority accommodation |  | Neighbourhood nuisance problems |  |
| Housing association accommodation |  | Poor condition of the neighbourhood |  |
| Privately rented accommodation |  | Poor condition of the property |  |
| Purchased own property |  | Poor local facilities |  |
| Another Aspire property (transfer) |  | Poor public transport facilities |  |
| A residential home |  | Property is too small |  |
| Other – Please state |  | Affordability problems |  |
|  |  | To be near friends/family |  |



**Section 4 – About your Aspire home**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Number of bedrooms | 1 | 2 | | 3 | | | 4 | Other (please state) | |
| Are any adaptions installed in the property? | Stairlift | Level Access shower | | Ramps | | | Handrails | | Other (please state) |
| Electricity supplier |  | | | | | **Card/token meter fitted\*** Yes/NO | | | |
| Gas supplier |  | | | | | **Card/token meter fitted\*** Yes/NO | | | |
| Do you rent an Aspire “lock-up” garage? Please give address if applicable. | | | NO | | | | | | |
| Do you wish to terminate this garage?  You will need to complete a separate termination form – 1 weeks’ notice is required in writing. | | | | | NO | | | | |

**\*Please ensure that all debits on card/token meters are cleared before vacating the property.**

**Section 5 – IMPORTANT**

I understand and agree that:

* By signing this termination form I am asking Aspire to terminate the tenancy. If I have a joint tenancy I understand that by terminating my interest in the tenancy I am asking Aspire to end the whole of the tenancy. (Please seek independent legal advice if you are unsure)
* All outstanding charges to Aspire must be paid before my tenancy ends
* **I will be charged if Aspire have to remove any items of furniture, personal effects or rubbish left in the property, garden or outbuildings at the time of expiry of this notice.**
* Should I decide to surrender the keys to my tenancy before this notice period ends I understand I am liable for the rent for the full notice period. I give permission for Aspire Housing to enter the property and commence any necessary repairs.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** |  | **Date** |  |

**Section 6**

**This next section only needs to be completed if you are not the tenant of the property but are acting on behalf of the tenant because they have died.**

* If you are the next of kin or executor terminating the tenancy on the death of a tenant then you will need to provide a copy of the death certificate.
* If the deceased received Housing benefit it will be cancelled from the date of their death.

**Please provide the following details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Your Name** |  | | |
| **Your Address** |  | | |
| **Contact Tel Number** |  | | |
| **E-mail Address** |  | | |
| **Relationship to tenant** |  | **Date of death** |  |
| **Name & address of Solicitor dealing with affairs** |  | | |

**Please return this form to** [lettings@aspirehousing.co.uk](mailto:lettings@aspirehousing.co.uk)  **or by post to: Aspire Housing, Kingsley, The Brampton, Newcastle, ST5 0QW**