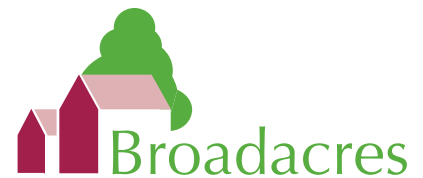


Notice to end a tenancy

Broadacres Housing Association Limited is an exempt charity.



Name of the tenant (or tenants): _____

Address: _____

Date you want to end your tenancy agreement. Sunday _____ 20 _____
(The date you put here should be four weeks from the Sunday after the date we receive this notice. If the tenant has died, see 'Date you want to end your tenancy agreement' in the booklet.)

Date you expect to leave the property (if earlier): _____ 20 _____

New address: _____

Reason for ending the tenancy: _____

We may inspect the property before you leave. Please give us a contact phone number or tell us when we can make our inspection.

Phone number: _____

Dates when you are available: _____

I understand and agree to the following.

I must return the keys by 10am on the day after the tenancy ends. If I do not return the keys at this time, I will have to pay rent until I do return the keys. If I do not return the keys I will also have to pay for changing the locks.

I must remove all my belongings from the property. Broadacres accepts no responsibility for anything I have left at the property and they may get rid of any items as they consider appropriate and charge me any costs.

I must leave the property in a good, clean condition and state of repair. If any repairs, decorations or cleaning are needed, other than through fair wear and tear, Broadacres will charge me for the cost of this work.

If I owe any money, Broadacres can pass on and get information about me from other agencies so that they can take action to recover the money. I understand if I am claiming Housing Benefit, Broadacres may pass details of my new address to the Housing Benefit Department.

Signed: _____ Date: _____

Signed: _____ Date: _____

If you are ending this tenancy on behalf of a tenant who has died, please fill in the following.

Your name: _____

Your address: _____

Date of the tenant's death: _____

Please fill in the details over the page.

Please help us to relet your home by giving us the following information.

Name of your gas supplier: _____

Name of your electricity supplier: _____

Please circle

| | |
|----------------------------------------------|-----------------------------------------|
| Gas key or card meter | Yes / No |
| Electric key or card meter | Yes / No |
| Heating type | Gas / LPG / Oil / Electric / Solid fuel |
| Cooker point | Gas / Electric / Both |
| Water meter | Yes / No |
| Phone point | Yes / No |
| Automatic washer point | Yes / No |
| Bath or shower | Bath / Shower / Both |
| A hardstanding for car parking in the garden | Yes / No |
| A garden shed | Yes / No |
| Wheelchair access to the front door | Yes / No |

Have you carried out any alterations to your home? Yes / No

If 'Yes', please list what you have done.

Are there any outstanding repairs needed at your home? Yes / No

If 'Yes', have these been reported? Yes / No

If they have not been reported, please list them here.

Would you be prepared to allow someone who is offered your home to look round:

■ if they came by themselves? Yes / No

■ if they came with our staff? Yes / No

If 'Yes' to either of these, how can we contact you to arrange this?
