

Date Received: _____



Tenancy Termination Form

Leaving Your Home

Please read the following notes carefully and then complete the form below

To have this form translated, in large print, audio format or Braille, please call us on 0800 733 233

- You should still pay your rent, water and service charges up until your termination date.
- We require a minimum of 4 weeks notice, as stated in your tenancy agreement. If your notice is received on a Monday, the 4 weeks notice will be taken from the same day. If the notice is received on any other day of the week, the notice will be taken from the following Monday.
- Please note that, if all your keys and fobs are not returned by the date your tenancy finishes you may incur a further week's rent charge. You may return your keys at any point before the 4 weeks notice period is up, however, please be aware that your tenancy end date will remain the same and rent will be charged up to this date.
- If you are completing the termination as the next of kin for deceased tenants you will not be required to give four weeks notice. The tenancy will finish the following Sunday after Equity Housing Group has received all keys to the property and a copy of the death certificate, or the Sunday prior if all keys returned by 12 noon on the Monday. Rent remains due for as long as the keys are outstanding, and any outstanding balance will normally be charged

TERMINATING YOUR TENANCY To be completed in full and signed on page 3

Address: _____

Contact telephone number: _____

Name of tenant(s): _____

D.O.B: _____

I will be terminating the tenancy of:

Address of property: _____

My notice period (four weeks) will start on: Monday _____

(Your notice MUST commence on a Monday)

My tenancy will finish on Sunday: _____

The proposed date I will hand my keys in is: _____

Your forwarding address:

What is your new address and telephone number?

Address of property: _____

Telephone number: _____

TENANT REPRESENTATIVES DETAILS

If you are the next of kin or acting on behalf of a tenant who had moved to residential care or who has died, please complete this section. Please note that this form can only be signed by the tenant or a person with the Power of Attorney. You will need to supply a copy of the Power of Attorney to Equity Housing Group.

Next of Kin's address: _____

Contact telephone number: _____

What to do if someone has died

Please state the date of death: _____

Please attach a copy of the death certificate to this form

Attached		To Follow	
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Name: _____

Relationship to deceased: _____

Address: _____

Signed: _____ Date: _____

Useful information about your home

Who is your electricity supplier: _____

Electricity meter reading: _____

Who is your gas supplier: _____

Gas meter reading: _____

What type of meter do you have?: (Prepay, quarterly etc.) _____

Do you know what your Council Tax band is?

A		B		C		D	
E		F		G		H	

What day do your bins get emptied?

Monday		Tuesday		Wednesday		Thursday		Friday	
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Has your home been adapted in anyway? i.e. ramps, level access, shower

Do you have an Equity burglar alarm? _____

If yes, what is the alarm code? _____

IMPORTANT INFORMATION—RECHARGES

Please ensure that you remove all items from the property including furniture, carpets and cookers etc. even if they are in good condition. This includes all items from external areas including structures and contents of sheds or greenhouses and out-houses.

I accept that I will be charged for the full cost of removing any items left in the property, and any rechargeable repairs.

Scottish and Southern Energy (SSE) is the supplier of gas and electricity to Equity Housing Group's empty homes. We will now start the transfer of the gas and electricity supply to SSE. You will stay with your current supplier until the end of your tenancy. If you withdraw your notice it may be too late to stop the transfer process and the gas and electricity supply will be transferred to SSE. However, you will not have to stay with SSE. You can change supplier by giving 28 days notice to SSE if you wish. Please be advised that your name and address will be passed to SSE in order for the transfer of supplies to take place.

Name of tenant(s): _____
Signed: _____ Date: _____
Name of tenant(s): _____
Signed: _____ Date: _____

Please help us improve our service by completing the following information – Thank You

Why are you leaving your home? Please tick all that apply

Moving into residential care		Condition of property—including repairs	
Death of tenant		Could not afford to live in property	
Transferring to another		Moving in with partner/marriage	
Equity property		Moving nearer to family/friends/schools/support network	
Moving into private rented accommodation		Moving closer to work	
Buying your own home		Decant due to development or repairs	
Anti-social behaviour		Domestic Violence	
Property too large		Relationship breakdown	
Property too small		Racial harassment	
Medical reason			

Where are you going to?

Transfer to another equity property		Moving abroad	
Mutual exchange		Sheltered housing	
Move to another housing association		Residential care	
Moving to local council housing		Supported housing	
Private rented		Homeswapper Mutual exchange	
Living with family/friends		Buying a home	
Hostel		Shared ownership	

Is there anything Equity could have done differently, which would have made you want to stay in your home?

SATISFACTION WITH EQUITY

How satisfied have you been with the overall service you have received from Equity Housing as your landlord?

Very Satisfied		Satisfied		Neither Satisfied nor Dissatisfied		Dissatisfied		Very Dissatisfied	
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How satisfied are you with the area as a place to live in?

Very Satisfied		Satisfied		Neither Satisfied nor Dissatisfied		Dissatisfied		Very Dissatisfied	
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How Satisfied were you with the opportunities to get involved with Equity?

Very Satisfied		Satisfied		Neither Satisfied nor Dissatisfied		Dissatisfied		Very Dissatisfied	
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If you answered dissatisfied or very dissatisfied to any of the questions above, please could you tell us why?

YOUR DETAILS

Do you, or any member of your household, consider yourselves to have a disability?

Yes		No	
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If yes, please indicate below:

Blind		Partially sighted	
Deaf		Partially sighted	
Wheelchair user		Mental health issues	
Mobility issues		Hidden disabilities e.g dyslexia	
Other (give details)			

What sex do you identify yourself as?

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
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Is your gender the same that was assigned to you at birth?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Are you currently pregnant or on maternity leave?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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What ethnicity do you identify with?

White	English / Welsh / Scottish / Northern Irish / British	<input type="checkbox"/>	Mixed / Multiple Ethnic Groups	White and Black Caribbean	<input type="checkbox"/>
	Irish	<input type="checkbox"/>		White and Black African	<input type="checkbox"/>
	Gypsy or Irish Traveller	<input type="checkbox"/>		White and Asian	<input type="checkbox"/>
	Other	<input type="checkbox"/>		Any other Mixed / Multiple Ethnic Background	<input type="checkbox"/>
Asian/Asian British	Indian	<input type="checkbox"/>	Black / African / Caribbean / Black British	Other	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>		Caribbean	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>		African	<input type="checkbox"/>
	Chinese	<input type="checkbox"/>		Black / African / Caribbean background	<input type="checkbox"/>
	Any other Asian background	<input type="checkbox"/>		Arab	<input type="checkbox"/>
Prefer not to say			Other Ethnic Group	<input type="checkbox"/>	

What is your religion or belief?

None		Buddhist	
Christian (Church of England, Catholic, Protestant and all other Christian denominations)		Hindu	
Muslim		Jewish	
Sikh		Prefer not to say	
Other (give details)			

What is your sexual orientation?

Heterosexual		Gay Man	
Gay Woman		Bisexual	
Other		Prefer not to say	

What is your economic status?

Working full time		Student	
Working part time		Looking after home or family	
Retired (whether receiving a pension or not)		Long-term sick or disabled	
Other			

THANK YOU

Please return this form to:

Equity Housing Group Ltd | Armitt House | Monmouth Road | Cheadle Hulme |
Cheadle | Cheshire | SK8 7EF

Contact Centre: 0800 733 233