



## Termination of Tenancy

This is a formal legal document, the execution of which may have legal consequences. If you are in any doubt as to the content of this document, it is advised that you take independent legal advice. If you are joint tenants, both signatures are required.

### Part 1 of 2 (Part 2 must be completed when keys returned)

Full name of Tenant(s): \_\_\_\_\_

\_\_\_\_\_

Address of Property: \_\_\_\_\_

\_\_\_\_\_

Telephone No: \_\_\_\_\_

I/we wish to terminate the tenancy of the above property with effect from: \_\_\_\_\_

I/we will be moving to: \_\_\_\_\_

\_\_\_\_\_

**I understand that 28 days notice is required in accordance with the Tenancy Agreement.**

**Exceptions: 28 days notice will not be required from tenants who are transferring from one Clackmannanshire Council property to another, for example Mutual Exchanges, Nominations, Death of a Tenant.**

Tenant(s) are responsible for the removal of all possessions from the property and returning the keys/fobs to Clackmannanshire Council when or prior to notice expiring.

If tenant(s) fail to comply, the locks will be changed and all possessions will be disposed of, this action will incur a charge where tenant(s) will be fully liable for the charge.

### Tenant

Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_

### Joint Tenant

Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_

If you are married, a civil partner/spouse or presently live with someone and they are not a joint tenant please ask them to sign below giving consent to this termination. We require this to meet the provisions of the Family Law (Scotland) Act 2006.

Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_

**Termination of Tenancy Received (staff member)**

Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_

Date: \_\_\_\_\_

Date keys due in: \_\_\_\_\_

**Reason for Termination of Tenancy**

Please tick one of the boxes below as the main reason for terminating your tenancy:

<input type="checkbox"/>	Rehoused in our stock	<input type="checkbox"/>	Deceased
<input type="checkbox"/>	Housing Association	<input type="checkbox"/>	Anti-social Behaviour
<input type="checkbox"/>	Private rented property	<input type="checkbox"/>	Employment
<input type="checkbox"/>	Nominated to HA	<input type="checkbox"/>	Condition of close
<input type="checkbox"/>	Permanent care/hospital	<input type="checkbox"/>	Financial hardship
<input type="checkbox"/>	Prison	<input type="checkbox"/>	Better location
<input type="checkbox"/>	Housed by other LA	<input type="checkbox"/>	Better home
<input type="checkbox"/>	Moved out of area	<input type="checkbox"/>	Separation/divorce
<input type="checkbox"/>	Moved in with partner	<input type="checkbox"/>	Property in poor condition
<input type="checkbox"/>	Moved in with family	<input type="checkbox"/>	Property too large/small
<input type="checkbox"/>	Bought own property	<input type="checkbox"/>	Property does not suit medical needs
<input type="checkbox"/>	Other (please specify below)		

**Pre Termination Inspection Required?:**

Yes  No

If yes, date of inspection: \_\_\_\_\_

**Deceased Tenant**

Death Certificate:      Yes       No       Awaiting Certificate

Date of death: \_\_\_\_\_

**Next of Kin/Executor**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel No: \_\_\_\_\_

Estimated date for returning keys: \_\_\_\_\_

In recognition that this is a difficult time we will allow family to keep the keys to the house for 2 weeks to allow the property to be cleared of furnishings and belongings. The rent has to be paid until the property has been emptied and the keys returned.

If the tenant had any housing benefit entitlement, it will end on the Sunday after the tenant has passed away and the full rent will be charged for the remainder of the 2 weeks.

**Tenancy details:**

House type, eg flat, cottage: \_\_\_\_\_

No of bedrooms: \_\_\_\_\_

Floor level: \_\_\_\_\_

**Adaptations**

Does the property have any adaptations?      Yes       No

If yes, please state the adaptation, for example walk in shower:

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**Services supplier**

Gas: \_\_\_\_\_

Electricity: \_\_\_\_\_

**Type of Meter**

Gas meter      Dry       Card       Key

Electricity meter      Dry       Card       Key

**Lock-Up/Garage Site Address**

**Part 2 of 2 – to be completed when keys returned**

**Keys/Fobs Received**

**Tenant/Nominated Person**

Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_

**Joint Tenant**

Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_

**Number and type of keys received, for example Yale, mortice:**

\_\_\_\_\_  
**Number of fobs received:**

**Received by staff member**

Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_

# Tenant Satisfaction questionnaire

**1 Please tell us what you thought of the following (please tick):**

**Your neighbourhood/community**

Very good       Good       Average       Poor

**Property location**

Very good       Good       Average       Poor

**Your Housing team and the service you received**

Very good       Good       Average       Poor

**The initial condition of property**

Very good       Good       Average       Poor

**Your Repairs Service**

Very good       Good       Average       Poor

**2 Do you think the amount of rent you paid was good value for money?**

Yes       No

**3 Is there anything we could have done better which would have encouraged you to stay?**

**4 We are always trying to do things better and we learn from feedback. Please write any other comments you have in the space below**