

St Albans City and District Council

Notice of Termination of Tenancy

Name of Tenant:

Name of Joint Tenant:

Address of property:

Address of Garage (if relevant)

I hereby give 4 weeks' notice to Terminate my tenancy of the above dwelling on

Sunday _____

Reason for terminating the tenancy:

Due to the current Covid 19 pandemic, please ensure you remove all personal possessions from the property and any items of furniture that you wish to keep. Please then confirm the following:

All keys, including any meter keys/cards/garage, have been left in the top kitchen drawer. Yes/No

Where front door is not self-locking 1 front door key has been placed in envelope and posted through door, after property has been secured where applicable: Yes/No

You have no intention to return to the property: Yes/No

You give St Albans City and District Council permission to dispose of all items left in the property and garage: Yes/No.

Please return this form via email to: housingcontractadmin@stalbans.gov.uk

Forwarding address:

To be completed where tenant has died or is unable to complete form due to ill health.

Name:

Relationship to tenant

Address:

Contact telephone number:

Please attach a copy of the relevant documents. (Power of attorney/relevant court order/ Death certificate.)

Signature of next of kin

Date:

Please note that if a tenant has passed away housing benefit will stop from the Sunday following the death but rent will continue to be charged until the keys are received. Any outstanding rent will be charged to the tenants estate. Where the tenancy is terminated due to death, we will allow 2 weeks rent credit for the property to be cleared of all personal possessions and keys returned using the above system.

Now that you have informed the Council of your intention to end the tenancy at this address, with no intention to return to the property, and have given consent for the Council to dispose of all remaining items, we will look to select the next tenant for this address. This means that your property may be allocated before the tenancy ends and you return the keys to the Council. Please help us by providing the following information:

Number of bedrooms:

Property Type: House / Maisonette / Bungalow / Flat:

If relevant which floor is the property on:

If the property is a flat – Do you have an external shed or storage cupboard?
(Please give number/location of shed/cupboard)

Are there any adaptations in the property (please give details)

Does the property have a separate dining room? Yes / No

Are there any bathroom facilities located on the ground floor? Yes / No
If yes, is it a WC or a bathroom?

Does the tenant have a Community Alarm? Yes / No

If yes, the tenant or next of kin will be contacted for arrangements to collect this.

Have Social Services provided any additional equipment which will need to be removed?
Yes/No

If yes, please contact Social services and advise they will need to contact the Council to arrange collection.

You are responsible for informing the appropriate suppliers of services such as gas, electric, water, telephone, etc. of the date you intend to move out of the above property and of any relevant meters readings. To assist any future tenants of this property please give the name of suppliers for the following services:

Electric:	
Gas:	

Name _____ Signed _____ Date _____

Name _____ Signed _____ Date _____

If only one joint tenant signing please state reasons:

Please email the completed form to housingcontractadmin@stalbens.gov.uk