

Hillingdon Housing Service

Tenants notice to quit

This notice ends your council tenancy. It is only for use by a tenant who is ending his or her own tenancy. Please return the completed form to the Housing Office. If you need advice on anything to do with this form, please ask us.

***Please cross out whichever does not apply**

Tenant's full name(s):

1
2

Tenancy address:

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I/we*will end my/our*tenancy on Monday.....20.....or on the day which a complete period of the tenancy next expires not earlier than 4 weeks after the date of the service of this notice.

I/we* will return the keys on or before the termination date above, please indicate.

My/our * home phone number

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My/our* work phone number

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My/our* new address is

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Declaration

I agree the Council can dispose of anything left at the property after the tenancy ends and that I may be charged for this. I understand that where only one joint tenant signs this form they are ending the tenancy on behalf of all joint tenants.

Signed by: 1..... **Date:**

2..... **Date:**
.....

Important Information

Section 1

Please tick the box which tells us why your tenancy is ending and says whether you are moving within the Council's area or you are leaving it- if you need help, please ask

Please tick one of these

- | | | | |
|------------------------------------|--------------------------|---|--------------------------|
| Transfer to council tenancy | <input type="checkbox"/> | Moving to housing association tenancy | <input type="checkbox"/> |
| Moving to privately rented housing | <input type="checkbox"/> | Moving to tied accommodation | <input type="checkbox"/> |
| Moving into residential care | <input type="checkbox"/> | Council eviction or abandoned (Court Order) | <input type="checkbox"/> |
| Buying own home | <input type="checkbox"/> | Moving into someone else's home | <input type="checkbox"/> |
| Abandoned (other) | <input type="checkbox"/> | | |

Section 2

Are you the tenant of a garage? Yes No

Address:

Do you want to end the tenancy of this garage? Yes No

Section 3

Please give details of any adaptations done to your home or any equipment supplied

Please give details of any equipment used in your home for health reasons, e.g. oxygen cylinder, needle sticks.

Section 4

The name of the company supplying gas to the property

The name of the company supplying electricity to the property

Section 5

Can we visit your property before you hand in the keys to

- a. Check the electrics? Yes No
- b. Inspect the property for a future tenant? Yes No
- c. To allow a future new tenant to view the property Yes No

Signed by: 1..... **Date:**

2..... **Date:**
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