



## Ending a tenancy

This form needs to be signed by you, the Tenant(s). If you've given someone the Power of Attorney to sign on your behalf then they'll need to send in proof of that document with this form.

	Mr, Mrs, Miss, Ms	First Name	Surname
Name of Tenant 1:			
Name of Tenant 2:			
Current Address:			

I / We understand that my / our tenancy will end on a Sunday, 4 weeks from the day you receive this completed form.

I / We know that I'll / we'll still have to pay all rent and other charges relating to the property up to the end of the notice period. I / We agree to return the keys and any pre-payment cards back to you before 10am on the Monday after the tenancy ends. I/we give permission for VIVID to enter the property before the end of this notice if I return the keys early.

My / our new address will be:

\_\_\_\_\_

Are you being given a new tenancy at the above address by another Housing Association or Council?  
**Yes/No**

If yes, please provide their name and address: \_\_\_\_\_

\_\_\_\_\_

To arrange an inspection of my current property before I / we move, you can contact me / us on:

Daytime:		Evening:	
----------	--	----------	--

I / we understand that I / we need to tell my / our electricity and water companies my / our new address. The suppliers of gas and electricity to my / our current home are:

Gas:		Electricity:	
------	--	--------------	--

I / we accept that I'll / we'll be charged if I / we don't return my / our keys to you, leave the home in an unacceptable state or leave any bills unpaid on the property.

Please tell us why you are moving.

- |   |   |
|---|---|
| <input type="checkbox"/> Current home too small.        | <input type="checkbox"/> Buying own home.                               |
| <input type="checkbox"/> Current home too large.        | <input type="checkbox"/> Issues with neighbours.                        |
| <input type="checkbox"/> To be nearer to work / family. | <input type="checkbox"/> Move to sheltered / residential accommodation. |
| <input type="checkbox"/> No longer required.            | <input type="checkbox"/> Other (Please specify): _____                  |
| <input type="checkbox"/> Medical / Health reasons.      | _____   |

Does the property have any disabled adaptation(s)?

- |   |  |
|---|--|
| <input type="checkbox"/> Ramps.               | <input type="checkbox"/> Wider doors.                  |
| <input type="checkbox"/> Stair lift.          | <input type="checkbox"/> Hoists.                       |
| <input type="checkbox"/> Through floor lift.  | <input type="checkbox"/> Other (Please specify): _____ |
| <input type="checkbox"/> Level access shower. | _____  |

Does your property have a downstairs toilet?

**Yes/No**

While living at this property, did you receive a gardening service from our contractors, Lotus Landscapes?  
**Yes/No**

### Viewings

**We'll need to arrange viewings with new customers in your notice period. We'll contact you to arrange this.**

Please sign below. If you have a joint tenancy then you'll both need to sign.

	Name	Signature	Date
Tenant 1:			
Tenant 2:			

Return to: VIVID, 56 Kingsclere Road, Basingstoke, Hampshire, RG21 6XG