|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DETAILS OF THE PROPERTY BEING VACATED (Complete all fields)** | | | |  |
| Tenant’s name | |  | |  |
| Address | |  | |  |
| Address | |  | |  |
| Postcode | |  | |  |
| UPRN | |  | |  |
|  | | | | |
| Number of sets of keys received today | |  | |  | |
| Date and time keys received | | DD/MM/YYYY XX:XX AM/PM | |  | |
| Date of vacant possession | | DD/MM/YYYY | |  | |
| Actual termination date *(must be a Sunday)* | | DD/MM/YYYY | |  | |
| Rent balance as at today *(subject to change)* | |  | |  | |
| Balance of all other accounts *(including FTA)* | |  | |  | |
|  |  |  |  |  | |
| Gas provider & meter reading | |  | |  | |
| Electricity provider & meter reading | |  | |  | |
| Water meter reading *(if applicable)* | |  | |  | |
| Phone provider *(if fixed line)* | |  | |  | |
|  |  |  |  |  | |
| **FORWARDING ADDRESS / CONTACT DETAILS OF TENANT (OR NEXT OF KIN IF TENANT DECEASED)** | | | |  | |
| Address | |  | |  | |
| Address | |  | |  | |
| Postcode | |  | |  | |
| Mobile number/s | |  | |  | |
| Email address | |  | |  | |
|  |  |  |  |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **TENANT DECLARATION (must be completed by the tenant/s or their representative)** | | | | | | | |
|  | I will pay the rent (and all other charges) in full and up to the date the tenancy ends. | | | | | | |
|  | I accept that if I have returned the keys after 12 noon on the last day; that I will be charged an additional week’s rent. | | | | | | |
|  | I have not allowed anyone to remain in the property (with or without my consent). | | | | | | |
|  | I have left the Council’s fixtures and fittings in the same condition as they were at the beginning of the tenancy except for:   * Fair wear and tear * Any alterations and improvements made by Council * Any alterations or improvements where I have had written permission from Council to make them and leave them. | | | | | | |
|  | I have put right any damage I have caused. | | | | | | |
|  | I have replaced any fixtures or fittings that I have removed.  *I understand that if:*   * *The property is damaged;* * *I have carried out unauthorised alterations or improvements; or* * *The council’s fixtures and fittings are missing or damaged;*   *I will pay the Council’s reasonable costs of repair or replacement.* | | | | | | |
|  | I have removed all my furniture and belongings from the property (including from any garden, balconies, lofts, garages, sheds etc).  *I understand that if I have left any belongings in the property, Council will treat them as abandoned and will dispose of them. I understand that I will pay Council’s reasonable costs of disposal.* | | | | | | |
|  | I have left the property (including outside areas) clean and tidy.  *I understand that if I have not left the property (and any outside areas including gardens)clean and tidy, I will pay the Council’s reasonable costs of cleaning it.* | | | | | | |
|  | I have returned all keys and/or fobs to the property including those for any store shed, controlled entry system, garage, window keys, meter cupboards etc.  *I understand that if I have not returned all the keys and/or fobs I will pay the council’s reasonable charges of changing the locks and getting new keys.* | | | | | | |
|  | I agree that our information will be released to third parties in accordance with and for the purposes outlined in the Homes for Haringey Information Statement | | | | | | |
| **Where tenant gave 4 weeks advance notice in writing prior to terminating the tenancy today** | | | | | | | |
|  | I hereby give notice that I have vacated the above property and give vacant possession today. | | | | | | |
|  | | | | | | | |
| **Where tenant has failed to give 4 weeks advance notice in writing prior to terminating the tenancy today** | | | | | | | |
|  | I confirm that I have vacated the above property today | | | | | | |
|  | I understand that I was required to provide Haringey Council with 4 weeks notice in writing of my intention to vacate | | | | | | |
|  | I accept that as I have failed to provide advance notice Haringey Council may resume possession immediately and apply notice retrospectively, extending the tenancy and liability to pay rent for the property by a period of their choosing up to a maximum of four weeks. | | | | | | |
|  | | | | | | | |
| **4 Weeks Vacant Possession Scheme**  (Only for eligible transferring tenants / death of tenant /move to residential care ) | | | | | | | |
|  | If eligible Haringey Council and/or its agents may accept retrospective notice in lieu of advance notice. | | | | | | |
|  | I request Haringey Council forego its right to four weeks advance notice in writing and resume possession immediately. | | | | | | |
|  | I accept that as I failed to provide advance notice Haringey Council may resume possession immediately and apply notice retrospectively, extending the tenancy and liability to pay rent for the property by a period of their choosing up to a maximum of 4 weeks. | | | | | | |
|  | I understand and accept that if I comply with all of the tenancy termination conditions and never return to the property I will be eligible for an incentive payment equivalent to the rent for each week the tenancy is extended by. Any incentive payment will be placed on the rent account and any monies owed to Haringey Council deducted. If there is a credit on the account after all monies are paid I can request a refund. | | | | | | |
|  | | | | | | | |
| **TENANT DECLARATION (MUST BE SIGNED BY THE PERSONS RETURNING THE KEYS)** | | | | | | | |
| To the best of my/our knowledge the information I/we have provided above is accurate. I/we understand that by signing here we accept liability for any recharges of additional costs incurred by Haringey Council and or its agents should we have failed to abide by the terms of our tenancy. | | | | | | | |
| **Signed by tenant or the person returning the keys on behalf of the tenant:** | | | | | | | |
| Name (printed) | | First name | | | Family name | | |
| Signed: | |  | | |  | | |
| Date | |  | | |  |  | |
| **If you are not the tenant please tell us who you are and your relationship to the tenant ( see next page)** | | | | | | | |
| Person returning keys | | | | |  | | |
| Relationship to the tenant | | | | |  | | |
| **OFFICE USE ONLY**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **TERMINATION REASON (Officer to complete by ticking one option)** | | | | | | | | 🞏 | Nominated to housing association | 🞏 | Re-housed into permanent | 🞏 | Accepted qualifying offer | | | 🞏 | Moving to private sector | 🞏 | Management transfer | 🞏 | Casework investigation | | | 🞏 | Transfer to another council home | 🞏 | Placed into PSL | 🞏 | Tenancy abandoned | | | 🞏 | Nominated to private landlord | 🞏 | PSL Hand back | 🞏 | Refused permanent offer | | | 🞏 | Transfer to housing association | 🞏 | No homeless duty | 🞏 | Discharged duty into private | | | 🞏 | Transfer to residential care | 🞏 | Tenant has been evicted | 🞏 | Unknown | | | 🞏 | Surrendered tenancy before eviction | 🞏 | The tenant has died (death certificate required) | | | | | | | | | | |
| **OFFICERS DECLARATION Completed and signed by receiving officer confirming that:** | | | | | | | |
| * I have accepted the keys from the tenant on behalf of the Mayor and Burgess of the London Borough of Haringey; and * Advised the tenant that if they failed to provide advance notice and/or returned the keys after midday on the Monday they will be liable to pay an additional week’s rent. * Outlined the termination conditions outlined in the form specifically in regard to recharges, rent liabilities and eligibility for the *4 Weeks Vacant Possession Scheme.* | | | | | | | |
| Name (printed) | | First name | | | Family name | | |
| Signed: | |  | | |  |  | |
| Date: | |  | | |  |  | |
| **AUTHORISED BY MANAGER:** | | | | | | | |
| Name | | First name | | | Family name | | |
| Signed: | |  | | |  |  | |
| Date: | |  | | |  |  | |
|  | | |  |  | | |  |
| **OFFICE USE ONLY** | | |  |  | | |  |
| Please scan the completed form and e-mail it to the *Homes for Haringey Tenancy Terminations Outlook* distribution group | | | | | | |  |
| Please send the original of this form once completed to: Rent Accounts, Level 2, 48 Station Road Wood Green N22 | | | | | | |  |
|  | | | | | | |  |
| **LOCATION OF KEYS** ( which office) | | |  |  | | |  |
|  | | |  |  | | |  |
| **VOID DETAILS** (To be completed by the officer entering the void on OHMS) | | | | | | |  |
| OHMS Termination code | | |  |  | | |  |
| Property status on OHMS *(must be ‘VAV’)* | | | |  | | |  |
| Void type | | | |  | | |  |
|  | | | | 20160808 | | |  |