

**NOTICE OF TENANCY TERMINATION**

To be completed in the occurrence of a Power of Attorney taking over a tenant’s

responsibilities

 I / We …………………………………………………...…...... (Name of Power of Attorney giving notice).

Own address details: …………..…………………………………………………………...............................

Own telephone number: ………………………………………Email Address..………………………………

Acting on behalf of ………………………............................... Relationship: .............................................

hereby give four weeks notice to vacate the dwelling:-

………………………………………….........................................................................................................

Have any disabled adaptations been carried out to this property? Yes / No. Please tick box

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Stair Lift  |  | Vertical Lift  |  | Level Access Shower Up |  | Level Access Shower Down |  |
| Shower Room Extension |  | Widen Doorways |  | Low Level Kitchen |  | Ground Floor Bedroom Extension |  |

|  |  |  |  |
| --- | --- | --- | --- |
| How many bedrooms within this property? |  | Does the property have two separate living rooms on the ground floor (excluding kitchen)? | Yes / No |

Utilities supplier/s Gas: ...................................... Electric: .......................................

Notice to expire at 12 noon on Monday (insert date)………………………………………………………… This date must be the first Monday after the end of 28 days from the date that the notice is received by Wolverhampton Homes

**PLEASE SUPPLY A COPY OF POWER OF ATTORNEY PAPERWORK**

If there is any difficulty which you would like to discuss, please do not hesitate to contact Homes Direct at homes.direct@wolverhamptonhomes.org.uk

I / We understand that all keys must be handed in to a Wolverhampton Homes One Stop Shop by 12 noon on the day the tenancy expires.

I / We understand that I/we must give vacant possession of the property and leave the property in a satisfactory condition; free from furniture and rubbish otherwise there may be recharges made for remedial / removal work.

All correspondence should be forwarded to: (if different from above address)

…………………………………………………………………………………………………………….

Signed: ………………………… Signed: ………………………… Date: …………………………

Print Name: ………………………… Print Name: ………………………… Date: …………………………

(Both Powers of Attorney must sign the form, where applicable)

**Wolverhampton Homes operate Choice Based Lettings and upon receipt of this notice, Wolverhampton Homes, on behalf of Wolverhampton City Council, may advertise the property**

**on Homes in the City.**

Checked by ............................................... (Estate Manager) Date:........................................