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| **CSM Case No.:** |  |  **TM15** |

 **FALKIRK COUNCIL Issue 2**

 **Transformation, Communities & Corporate Services 14/11/23**

**NOTICE OF TERMINATION OF TENANCY**

|  |  |
| --- | --- |
| FULL NAME OF TENANT(S): | ADDRESS OF PROPERTY |
|  |  |

|  |  |
| --- | --- |
| TELEPHONE No.: |  |

|  |  |
| --- | --- |
| **I / WE** wish to terminate the tenancy of the above property with effect from: |  |

**I understand that I am required to give at least 28 days’ notice in accordance with the tenancy agreement. (See list of exceptions at bottom of page)**

|  |
| --- |
| **PLEASE INDICATE THE MAIN REASON FOR YOU TERMINATING YOUR TENANCY:** |

|  |  |  |  |
| --- | --- | --- | --- |
| Moving to a Private Landlord’s Property: |  | Moving to another Falkirk Council Property: |  |
| Buying Own Property: |  | Moving to a Residential/Nursing Home: |  |
| Moving to another Housing Association property: |  | Moving to another Council Property out with the Falkirk area: |  |
| Mutual Exchange: |  | Transferring from a Joint Tenancy to Single Tenancy: |  |
| Moving in with Friends/Relatives: |  | Employment Reasons: |  |
| Relationship Breakdown: |  |  |  |
| Other: (please specify below) |  |  |  |

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| **PLEASE PROVIDE YOUR NEW ADDRESS** |
|  |

* **I / WE** understand that if the house is the matrimonial home of my spouse or civil partner, **he / she** must sign the Declaration overleaf before my/our tenancy can be terminated.
* **I / WE** understand that I am liable for the cost of reinstatement of the fabric of the property found necessary on inspection of the property, before or after I vacate the house, which may have been caused through unauthorised alterations or neglect during my tenancy.
* **I / WE** understand rent is due until the end of the notice period and action will be taken to recover any debts outstanding after this date.
* **I / WE** understand that the property may be offered to someone prior to me leaving and agree to allow access for viewings to be carried out.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of present tenant(s):** |  | **Date:** |  |
| **Signature of present tenant(s):** |  | **Date:** |  |

**Exceptions:** 28 days’ notice will not be required from tenants who are transferring from one Falkirk Council property to another, Mutual Exchanges or terminating Temporary Accommodation.

|  |
| --- |
| PLEASE RETURN FORM TO: |

|  |  |
| --- | --- |
| Via Email: | housingservices@falkirk.gov.uk |
| Or Post: | Income & Customer Relations Team, Suite 5, The Forum, Callendar Business Park, Callendar Road, Falkirk, FK1 1XR. |

**MATRIMONIAL HOMES (Family Protection) (Scotland) Act 1981**

**To be completed by Tenants Spouse or Civil Partner**

A Matrimonial Home is any property, which has been provided or made available by one or both spouses or civil partners as a family home.

If your property is subject to the Matrimonial Homes (Family Protection) (Scotland) Act 1981, please ensure your Spouse or Civil Partner signs this form.

|  |  |  |  |
| --- | --- | --- | --- |
| I, |  | , Spouse/Civil Partner of |  |

herby consent to the termination of the tenancy of the above-mentioned dwelling, by my Spouse/Civil Partner, which is occupied by me as a Matrimonial Home. I understand that by signing this declaration I am surrendering the statutory occupancy rights in my Matrimonial Home given to me by the Matrimonial Homes (Family Protection) (Scotland) Act 1981.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  | **Date:** |  |

|  |
| --- |
| **Name of Spouse or Civil Partner** |
|  |
| **Place of Signing** |
|  |
| **Full Name of Witness** |
|  |
| **Occupation** |
|  |
| **Address** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |