



St. Leger Homes of Doncaster

### JOINT TENANCY TERMINATION

Note this form is only to be completed when one tenant wishes to remove their name from a joint tenancy by terminating the whole tenancy.

Current tenancy address:

I/We as a tenant/tenants of the above dwelling give you notice that I/we wish to terminate the joint tenancy. The four week period of notice will start on \_\_\_\_\_ and expire on \_\_\_\_\_. (The notice date must start from a Monday, so the tenancy expires on a Sunday).

Number of bedrooms  Does the property have any adaptations Yes  No

If yes, please name the tenant/occupant who relies on the adaptations

\_\_\_\_\_

Please list details of tenant and occupant/s who have moved out/ will be moving out of the property

Line No.	Last name	First name	Relationship to applicant	National Insurance no	Sex M/F	DOB
1					M <input type="checkbox"/> F <input type="checkbox"/>	/ /
2					M <input type="checkbox"/> F <input type="checkbox"/>	/ /
3					M <input type="checkbox"/> F <input type="checkbox"/>	/ /
4					M <input type="checkbox"/> F <input type="checkbox"/>	/ /
5					M <input type="checkbox"/> F <input type="checkbox"/>	/ /

Forwarding Address of tenant moving out of the property

\_\_\_\_\_

Date left/leaving the property

\_\_\_\_\_

Details of tenant & occupant/s wishing to remain in the property

Line No.	Last name	First name	Relationship to applicant	National Insurance no	Sex M or F	Date of birth
1					M <input type="checkbox"/> F <input type="checkbox"/>	/ /
2					M <input type="checkbox"/> F <input type="checkbox"/>	/ /
3					M <input type="checkbox"/> F <input type="checkbox"/>	/ /
4					M <input type="checkbox"/> F <input type="checkbox"/>	/ /
5					M <input type="checkbox"/> F <input type="checkbox"/>	/ /



Are you aware of any legal action preventing you from terminating this tenancy (For example an injunction) Yes/No

If yes, please give details and attach copies of all relevant paperwork.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Contact Telephone number: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Contact Telephone number: \_\_\_\_\_

(The form can be accepted with one or both tenant/s signatures)

**FOR OFFICE USE ONLY**

Please terminate the joint tenancy from \_\_\_\_\_ and set up a Use and Occupation account for \_\_\_\_\_ from \_\_\_\_\_