****

Medway Council Housing Services

Garage Termination Form

| Tenant Name |  |
| --- | --- |
| Home address |  |
| Garage address |  |
| If next of Kin or other please state name/relationship |  |
| Contact number |  |
| Email address |  |

Notice period required – please tick appropriate

| **Normal termination ( 1 week’s notice)** |  |
| --- | --- |
| **Medway Council Garage Transfer (No notice)** |  |

To end your garage tenancy, you must give at least 1 full weeks’ notice ending on a Sunday (with the exception of where no notice period is required as listed above). The notice period will not start until Medway Council receive written notification of your termination. If we receive the notice on a Monday, it will begin that day. If notice received on a Tuesday onwards it will begin from the following Monday. Tenancies will not end until the notice has been received and the keys returned. Failure to return the keys by noon on the Monday following the notice expiration will result in the weekly rent continuing to be charged until the keys are received.

|  |  |
| --- | --- |
| I/We hereby give notice to terminate the tenancy of the above garage and will be ending my/our tenancy on SUNDAY: | Enter Termination Date: |

**Keys must be returned by 12 noon on the Monday following the tenancy end date to:**

Medway Council offices at Gun Wharf, Dock Road, Chatham, Kent ME4 4TR

**Why are you ending your tenancy? (Tick as appropriate)**

|  |  |  |  |
| --- | --- | --- | --- |
| No longer have use for the garage |  | Can no longer afford the garage rent |  |
| Moved away from area |  | Garage Transfer |  |
| Repair Issues |  | Tenant Into Care / deceased please complete sections 1 and 2 |  |

# Section 1 – Tenant moving into care/deceased

(To be completed by tenant/next of kin/power of attorney)

I apply for a refund of rent credit in respect of:

|  |  |
| --- | --- |
| Name of tenant |  |
| Address |  |
| I confirm I am entitled to claim this refund - signed |  |

A refund of rent credit will only be available after:

* The tenancy has been cancelled;
* All sub account debt has been cleared
* Any rechargeable repairs have been repaid

# Section 2 – Payment

Please tick box (a) or (b) and complete required details.

|  |  |
| --- | --- |
| 1. Please send my refund direct to my bank account using the bank details below (via bacs electronic transfer
 |  |
| Bank account number |  |
| Bank sort code |  |
| Name(s) of bank account holder(s) |  |
| Email address (for payment confirmation) |  |

|  |  |
| --- | --- |
| 1. Please send my refund by cheque
 |  |
| Cheque payable to |  |
| Address cheque to be sent to |  |

# Receipt of keys

I can confirm I will return the keys by the Monday my tenancy should end. I understand if the keys should be returned later, I will be charged rent until I do.

| Signed |  |
| --- | --- |
| Date |  |

# Important information for ending your garage tenancy

* You must give Medway Council vacant possession and return all keys for the garage. If all keys are not returned you will be charged for their replacement.
* Rent is due for the one week’s notice period.
* You are expected to leave the garage clear from rubbish/storage. If you leave anything behind, we will assume it’s rubbish. The Council will remove and destroy anything you leave behind and may charge you for doing so.

**I/We confirm that I/We have read and understood the contents of this form and wish to terminate the above tenancy. I/We authorise Medway Council to enter the above garage on or after the expiry of this Notice to Quit, to dispose of any articles left there and I/We agree to indemnify the Council against any claim whatsoever arising from the loss or damage to those articles.**

|  |  |
| --- | --- |
| **Tenant 1 Signature:** | **Tenant 2 Signature** |
| **Print Name:** | **Print Name:** |
| **Date:** |  |

If you have any queries about ending your garage tenancy or returning the keys, please call HRA Tenancy Services on 01634 333344.