

**Form 4**
**Vacate Notice**
**FROM:** Agency: ..... Worker: .....

**TENANT DETAILS**

 First Name: ..... Last Name: .....  
 Address: .....

**VACATE DETAILS**

 Has tenant vacated? Yes  No  If yes, what date? ..... / ..... / .....

If no, what is anticipated date that tenant will vacate? ..... / ..... / .....

Evidence of Vacate: .....

Forwarding Address: .....

**KEY RETURN DETAILS**
**Please note – Keys must be returned to HomeGround Tenancy and Property.**

Rent will continue to be charged and vacant inspection cannot occur until the keys are received.

Keys returned to HomeGround TP on ..... / ..... / ..... by .....

**HOUSING AFTER TRANSITIONAL**
**Type:**

- |  |  |
|--|--|
| <input type="checkbox"/> House or Flat                           | <input type="checkbox"/> Psychiatric Facility                    |
| <input type="checkbox"/> Hostel / Hotel / Motel                  | <input type="checkbox"/> Other Institutional Setting             |
| <input type="checkbox"/> Boarding / Rooming House                | <input type="checkbox"/> Improvised dwelling / car/ tent / squat |
| <input type="checkbox"/> Caravan                                 | <input type="checkbox"/> Tenant left without providing details   |
| <input type="checkbox"/> Hospital                                | <input type="checkbox"/> Unknown                                 |
| <input type="checkbox"/> Other (no tenure) Please specify: ..... |  |

**Reason for Vacate:**

- |   |   |
|---|---|
| <input type="checkbox"/> Moved into other Accommodation           | <input type="checkbox"/> Deceased                                 |
| <input type="checkbox"/> Evicted because of arrears               | <input type="checkbox"/> Don't know/accommodation found abandoned |
| <input type="checkbox"/> Evicted due to other breach of agreement | <input type="checkbox"/> Other – please specify: .....            |
| <input type="checkbox"/> Detained in correctional institution     |   |

**Tenure:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Public Housing Rental                       | <input type="checkbox"/> Rent Free Accommodation            | <input type="checkbox"/> Improvised Dwelling/<br>Sleeping Rough |
| <input type="checkbox"/> Other Community Housing Rental<br>(non THM) | <input type="checkbox"/> Crisis Accommodation<br>(SAAP/THM) | <input type="checkbox"/> Purchasing / Purchased<br>Own Home     |
| <input type="checkbox"/> Private Rental                              | <input type="checkbox"/> Transitional Housing               | <input type="checkbox"/> Don't Know                             |
| <input type="checkbox"/> Boarding                                    | <input type="checkbox"/> HEF Funded Accommodation           |   |
| <input type="checkbox"/> Institutional Setting                       |   |   |
| <input type="checkbox"/> Other (no Tenure) Please specify: .....     |   |   |

**CONFIRMATION**

Worker Signature: ..... Date: ..... / ..... / .....