



**TERMINATION/TRANSFER OF TENANCY**

Address: \_\_\_\_\_

Name of Tenant: \_\_\_\_\_

Transfer/Termination Date: \_\_\_\_\_ Gas & Electric Supplier: \_\_\_\_\_

Reason: \_\_\_\_\_

New Address: \_\_\_\_\_

Date of House Inspection: \_\_\_\_\_

Signature of Tenant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Joint Tenant: \_\_\_\_\_ Date: \_\_\_\_\_

**Matrimonial Homes(Family Protection) (Scotland) Act 1981**

**Declaration by Spouse of Tenant**

1. \_\_\_\_\_ (Name)  
\_\_\_\_\_ (Occupation)  
\_\_\_\_\_ (Address)  
\_\_\_\_\_

Spouse of \_\_\_\_\_ (Name)  
\_\_\_\_\_ (Occupation)  
\_\_\_\_\_ (Address)  
\_\_\_\_\_

Hereby consent for the purposes of the Matrimonial Homes(Family Protection) (Scotland) Act 1981 to the undernoted dealing by the said \_\_\_\_\_(tenant's name) in relation to )\_\_\_\_\_ (address of property) Date:\_\_\_\_\_

Dealing referred to:

Termination/Transfer of Tenancy

Signed \_\_\_\_\_ (Name)  
\_\_\_\_\_ (Occupation)  
\_\_\_\_\_ (Address)  
\_\_\_\_\_

Date \_\_\_\_\_

**Witness 1**

Signed \_\_\_\_\_ (Name)  
\_\_\_\_\_ (Occupation)  
\_\_\_\_\_ (Address)  
\_\_\_\_\_

Date \_\_\_\_\_

**Witness 2**

Signed \_\_\_\_\_ (Name)  
\_\_\_\_\_ (Occupation)  
\_\_\_\_\_ (Address)  
\_\_\_\_\_

Date \_\_\_\_\_

**NOTE: THE SPOUSE OF THE TENANT MUST SIGN THIS DECLARATION IN THE PRESENCE OF THE TWO WITNESSES. WITNESSES SHOULD BE OVER 16 YEARS OF AGE AND SHOULD NOT BE RELATED TO THE TENANT OR SPOUSE.**

Please complete and return to:

**Cadder Housing Association  
66 Skirsa Street  
Cadder  
Glasgow, G23 5BA**