

**VOID NOTIFICATION**

**Property Details:**

**Housing Provider:** Click here to enter text.

**Address (of void property):** Please enter full address including postcode.

**Client Group:** Choose an item.

**Support Provider:** Click here to enter text.

**Property Type:** Choose an item. **If other, please give details:** Click here to enter text.

**Total Number of Bedrooms in Property**: Choose an item.

**Wheelchair Access:** Choose an item.

**Sleep/Awake Nights:** Choose an item.

**Communal bathroom facilities (e.g. wet room, standard bath, shower, hoists, etc.):** Click here to enter text.

**Parking facilities:** Click here to enter text. **Garden:** Click here to enter text.

**Are pets allowed?:** Choose an item.

**Current Resident Mix (M/F/Ages):** Click here to enter text.

**Any compatibility issues? (state):** Click here to enter text.

**Void Flat/Room Details**

**Void Room or Flat No:** Click here to enter text.

**Location:** Choose an item. **Date Void From:** Click here to enter text.

**Date Available to Let:** Click here to enter text.

**Ensuite bathroom facilities (e.g. wet room, standard bath, shower, hoists, etc.):**

Click here to enter text.

**Any other information:** Click here to enter text.

**Do you know if Adult Social Care has been advised to terminate services:** Choose an item.

**Reason for moving:** Choose an item. **Other please state:** Click here to enter text.

**Reported by:**

**Name:** Click here to enter text.

**Telephone number:** Click here to enter text.

**Email:** Click here to enter text.

**Date:** Click here to enter text.