

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 for Tenants 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.](#)

Has Adult Social Care been advised to terminate services: Choose an item.

OFFICIAL-SENSITIVE

If there is Core in the scheme the Care Provider will need to complete a realignment spreadsheet. Please see this link:-

<https://www.essexproviderhub.org/adults-with-disabilities-hub/supported-living/process-for-re-aligning-core-shared-support>

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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.