

APPLICATION TO SUCCEED TO A TENANCY

This form needs to be completed even if you are currently a joint tenant

Address of Property and Telephone Number

Tel:

How many bedrooms does the property have?

Do you have a garage? Yes/No

If yes, what is the address of your garage?

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Names of All Current Tenants:

Mr, Mrs, Miss, Ms	First Name	Surname	Date of Birth	National Insurance No:

Name of Deceased Tenant:

Mr, Mrs, Miss, Ms	First Name	Surname	National Insurance No:

Names of All Proposed Tenants:

Mr, Mrs, Miss, Ms	First Name	Surname	Date of Birth	National Insurance No:

What was their relationship to you?	
How long have you lived at the property?	

Do you own another property elsewhere or are you included on a Tenancy Agreement with a Housing Association or other landlord? YES/NO

If yes, please give details

Who else lives in the property?

Name	Date of Birth	Relationship to me	Do they agree to the succession?	Will they continue to live in the property after succession?

Ethnic Origin of household as defined by applicant			✓ one only	
White	British	Irish		Other
Mixed	White and Black Caribbean		White and Black African	
Asian or Asian British	Indian	Pakistani	Bangladeshi	Other
Black or Black British	Caribbean	African		Other
Chinese or other ethnic Group	Chinese		Other	
Other	Gypsy	Irish Traveller		Other
Refused				

Declaration

I declare that all the information given by me on this form is true, and I undertake to notify you of any change that may take place affecting the particulars now supplied by me. I am prepared, if so required, to make a Statutory Declaration as to the truth of the information now given, and to any amendment subsequently notified to Sentinel Housing Association Limited.

Signature of proposed successor(s)

Name	Signature

OFFICE USE ONLY

Garage Tenancy	Yes/No	If yes, pass details to Garage Co-ordinator
Joint tenancy	Yes/No	
Previous succession	Yes/No	Date:
Rent arrears	Yes/No	Amount: Reason:
Sub-Account Arrears	Yes/No	Amount:
Current Notices	Yes/No	Details:
Current Court Order	Yes/No	Details:
Tolerated Trespassers	Yes/No	Details:
Under-occupying	Yes/No	No of rooms:
Marital Home	Yes/No	
Period of residence qualify (if appropriate)	Yes/No	Documentation attached:
Notes: Approved/Rejected		

Signature of Neighbourhood Co-ordinator:

Date:

Signature of Neighbourhood Manager:

Date:

Administrator – system changed:

Date: