



Please tick box and provide proof as requested

APPLICATION FOR TRANSFER OF TENANCY

For Completion by Applicant

Address: _____

Name of Applicant: _____

Telephone No: _____

Details of family for whom accommodation required

- Death**
Please Provide Copy of Death Certificate
- Marriage**
Please provide copy of Marriage Certificate
- Sole To Joint**
Please provide proof of 12 months residency (re) registration of Council Tax, DSS Letter etc.,
- Change of Name**
Please provide copy of Deed Poll Certificate
- Joint to Sole**
Please provide copy of Court order / Decree nisi (if applicable)

| SURNAME | FIRST NAME | REPLATIONSHIP TO TENANT | DATE OF BIRTH |
|---------|------------|-------------------------|---------------|
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How long has applicant lived there?

Is applicant willing to move to smaller accommodation Yes / NO

Signature of applicant: _____ Date: _____

For official use only

Name of Former Tenant:

Tenancy Commenced:

Type of property: House/Maisonette/Flat/Bungalow/Floor

No of bedrooms: No. of living rooms:

State of rent account:

Garage address (if applicable)

Death / Marriage Certificate No:

New Tenancy to Commence:

| |
|---|
| <p>Estate Manager To: Recommended / Not Recommended</p> <p>Signed: _____</p> <p>Date: _____</p> |
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