



Application to Assign Tenancy

Please complete this application if you wish your tenancy to assigned (transferred) to a household member over the age of 16.

Please answer the following questions:

Yes No

- | | | |
|--|--------------------------|--------------------------|
| 1. Has the household member been living in the property for 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did you advise the Association when they moved in? | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered no to any of these questions, then you cannot progress with the assignation at this time. Please contact your Housing Officer to discuss. If yes to both questions, please complete the rest of this form.

Detail of current tenancy

Current Tenants name (s)	Click or tap here to enter text.		
Property Address	Click or tap here to enter text.		
Phone Number:	Click or tap here to enter text.	Email Address:	Click or tap here to enter text.

Detail of person(s) applying to assign to the tenancy

Choose an item.	Full name:	Click or tap here to enter text.	Date of birth:	Click or tap here to enter text.
Phone Number:		Click or tap here to enter text.	Email address:	Click or tap here to enter text.
Choose an item.	Full Name:	Click or tap here to enter text.	Date of Birth:	Click or tap here to enter text.
Phone Number:		Click or tap here to enter text.	Email address:	Click or tap here to enter text.

Please read and sign declarations:

Current Tenant:	
I understand that to qualify the applicant(s) must have lived in the home for at least 12 months and I informed the Association when the applicant moved in. The 12-month period only commences when the Association has been advised.	
Sign name:	
Date signed:	

Applicant:	
I declare that the answers I have given to the questions on this form are true and accurate. I understand that any false information provided by me may render this application liable for disqualification or may constitute grounds for recovery of possession of any tenancy granted on the basis of such false information. Furthermore, I authorise Castlehill Housing Association to check the information I have given in this form, to obtain further relevant details in relation to my housing circumstances and to make such enquiries as may be required for the purposes of this application, in accordance with the Data Protection Act 2018. I confirm that I wish to apply to assign to this tenancy.	
Sign name:	
Date signed:	