Change of Tenancy Application Form

APPLICANTS' PERSONAL DETAILS

1.0 If we contact or visit you, do we need an interpreter or someone to help with communication?

If YES, what language or other help do you require?

1.0 Please give details of the person (s) whom is the tenant / joint tenant.

	APPLICANT	JOINT APPLICANT
Title		
First Name(s)		
Last Name		
Maiden name or		
Previous name(s)		
Date of Birth		
National Insurance		
Number		
Current address		
	Postcode:	Postcode:
Telephone number		
(including dialling		
code)		
Mobile number		

E-mail address		
Relationship to applicant		

3.0 Under the Housing (Scotland) Act 2014, the Asylum and Immigration Act 2004, and the Immigration (EEA) Regulations 2015, local authorities are required to establish whether a person qualifies for public assistance. Please complete the following sections, providing <u>written confirmation</u> where applicable:

	APPLICANT	JOINT APPLICANT
Is a UK resident	YES / NO	YES / NO
If NO, do you have indefinite leave to remain in the UK?	YES / NO	YES / NO
Do you have limited leave to remain in the UK?	YES / NO	YES / NO
Do you have refugee status in the UK?	YES / NO	YES / NO
Do you have humanitarian or discretionary leave to remain?	YES / NO	YES / NO
Do you have any restrictions on your recourse to public funds?	YES / NO	YES / NO
Are you a national of one of the EEA countries and a qualified person? ie. a worker, self employed, job seeker, student?	YES / NO	YES / NO
Are you the spouse or civil partner of a qualified person from one of the above listed EEA countries?	YES / NO	YES / NO
Staying in the UK on any kind of VISA?	YES / NO	YES / NO

4.0 Are you or anyone on this application required to be **REGISTERED** with the **POLICE** under the **SEXUAL OFFENCES ACT 2003**?

YES	
-	

NO

If **YES**, please give the full name of the person(s).

5.0 Please tell us if any of the following apply to you, or anyone on this application.

	APPLICANT	JOINT APPLICANT
Employed by ARK in the past 12 months	YES / NO	YES / NO
Is related to or friends with a member of staff working with ARK.	YES / NO	YES / NO
Is related to or friends with a Board member	YES / NO	YES / NO

If **YES**, please provide details below.

ARK Staff/ Board Member name	Relationship to you

6.0 Type of change: (see notes on page 11)

	Tick one box
1. From single to joint	
2. From joint to single	
3. Assignation (passing the tenancy to someone else)	
4. Succeeding to the tenancy following the tenant's death	

7.0 Please provide details of the person applying for a change of tenancy.

Title	
First Name(s)	
Last Name	
Maiden name or Previous name(s)	
Date of Birth	
National Insurance Number	
Telephone number (including dialling code)	
Mobile number	
E-mail address	
Relationship to applicant	
Date moved to this address	
Current address	

Postcode:	Postcode:

8.0 For those completing Section 7 above if you have lived at your current address for less than **THREE** years please tell us where else you have lived. We need **THREE** years address history.

Dates	From: To:
Address	
	Postcode:
Name of person(s) on the	
tenancy	
Landlord's Name	
Landlord's Address	
Reason for tenancy ending	

Dates	From:	To:
Address		
	Postcode:	
Name of person(s) on the		
tenancy		
Landlord's Name		
Landlord's Address		
Reason for tenancy ending		

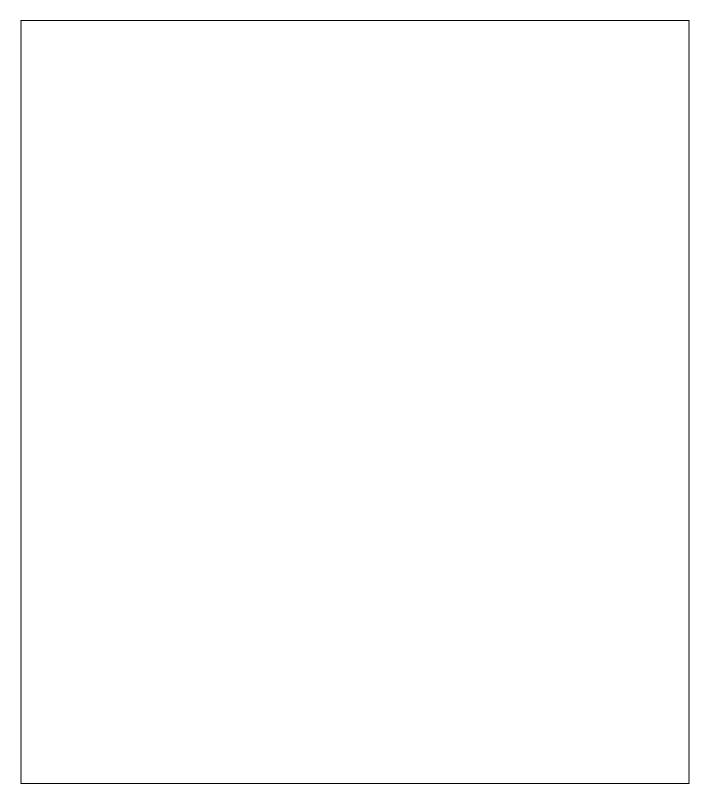
Dates	From:	То:
Address		
	Postcode:	
Name of person(s) on the		
tenancy		
Landlord's Name		
Landlord's Address		
Reason for tenancy ending		

Please continue on an extra sheet if necessary.

9.0 Please give details of all the people who will live with you. Please include any children whom you have access arrangements for.

Name	Relationship to you	Date of birth	Sex	Does this person live with you now	Child access
				Yes / No	Yes / No

10.0 Please tell us why you are applying for this change of tenancy. Please give us as much information as possible.



11.0 Under the Housing (Scotland) Act 2014, the Asylum and Immigration Act 2004, and the Immigration (EEA) Regulations 2015, local authorities are required to establish whether a person qualifies for public assistance. Please complete the following sections, providing <u>written confirmation</u> where applicable:

	APPLICANT	JOINT APPLICANT
Is a UK resident	YES / NO	YES / NO
If NO, do you have indefinite leave to remain in the UK?	YES / NO	YES / NO
Do you have limited leave to remain in the UK?	YES / NO	YES / NO
Do you have refugee status in the UK?	YES / NO	YES / NO
Do you have humanitarian or discretionary leave to remain?	YES / NO	YES / NO
Do you have any restrictions on your recourse to public funds?	YES / NO	YES / NO
Are you a national of one of the EEA countries and a qualified person? ie. a worker, self employed, job seeker, student?	YES / NO	YES / NO
Are you the spouse or civil partner of a qualified person from one of the above listed EEA countries?	YES / NO	YES / NO
Staying in the UK on any kind of VISA?	YES / NO	YES / NO

12.0 Are you or anyone on this application required to be **REGISTERED** with the **POLICE** under the **SEXUAL OFFENCES ACT 2003**?

YES	NO
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If **YES**, please give the full name of the person(s).

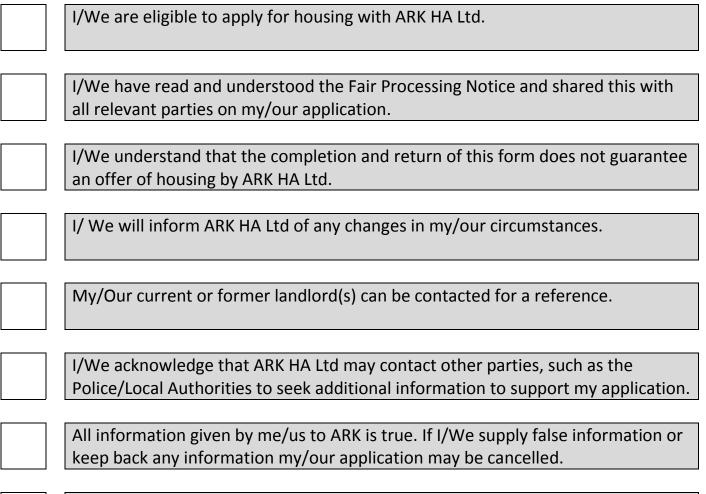
13.0 Please tell us if any of the following apply to you, or anyone on this application.

	APPLICANT	JOINT APPLICANT
Employed by ARK in the past 12	YES / NO	YES / NO
months		
Is related to or friends with a	YES / NO	YES / NO
member of staff working with		
ARK.		
Is related to or friends with a	YES / NO	YES / NO
Board member		

If **YES**, please provide details below.

ARK Staff/ Board Member name	Relationship to you

14.0 Please read through the following statements and sign at the bottom to show you understand and agree with them.



If I/We are given a tenancy because I/We have given false information or I/We have kept back information, I/We understand that I/We could lose the tenancy.

Signature of applicant	
Date	
Signature of joint applicant	
Date	

NOTES

- **1.** Tick box 1 if you wish to stay as the tenant and add another member of your household to your tenancy agreement to form a joint tenancy.
- 2. Tick box 2 if one of the joint tenants wishes to end their interest in the tenancy and the other tenant wishes to remain as a sole tenant.
- **3.** Tick box 3 if you want to end your tenancy and pass this onto a member of your household (who is not already a joint tenant).
- 4. Tick box 4 if the current tenant has died and you are a 'qualifying' person as defined in the Housing Scotland (2001) Act and you wish to become the new tenant (succeed to the tenancy). (*Please provide a copy of the tenant's death certificate*).
- 5. Please also make sure that you have read any other information we have given you about assigning your tenancy or succeeding to a tenancy.

Notes of discussions etc. with application	ant(s)	

Received by	Name:	E	Date:	
Checked by	Name: Date:			
Passed to Head of Housing Services on:		g Services on:	(Date)	
Change of tenancy		Approved/Not Approved*	(*delete whichever does not apply)	
Comments				
Signed		Head of Housing Se	Head of Housing Services Date:	
Capita system updated on:		ו:	(Date)	

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