

CSM Case No: | |

TM03A



FALKIRK COUNCIL
Corporate & Neighbourhood Services
APPLICATION FOR JOINT TENANCY

DETAILS OF PRESENT TENANT

FULL NAME (S) OF PRESENT TENANT	ADDRESS OF PROPERTY
	DAYTIME TEL NO
DETAILS OF SPECIAL ADAPTIONS TO PROPERTY	HOUSE SIZE AND TYPE

PROPOSED JOINT TENANT DETAILS

FULL NAMES (S)	ADDRESS
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HOW LONG HAS THE APPLICANT LIVED WITH THE PRESENT TENANT?

RELATIONSHIP TO PRESENT TENANT?

DOES THE APPLICANT HAVE ANY SPECIAL NEEDS?

DETAILS OF APPLICANT'S FAMILY

NAME	DATE OF BIRTH	SEX	RELATIONSHIP TO APPLICANT
1			<i>APPLICANT</i>
2			
3			
4			
5			
6			

DETAILS OF PREVIOUS ADDRESSES (FOR LAST FIVE YEARS)

ADDRESS	FROM	TO	REASON FOR LEAVING

DETAILS OF APPLICANT'S PETS	IS THE APPLICANT ON THE COUNCILS WAITING LIST
	IF SO, APPLICATION NO:

REASON FOR WISHING A CHANGE OF TENANCY

GUIDANCE NOTES

1. **A SCOTTISH SECURE TENANT IS ENTITLED TO MAKE AN APPLICATION TO BECOME A JOINT TENANT WITH ONE OR MORE INDIVIDUALS**
2. **THE LANDLORDS WRITTEN APPROVAL IS REQUIRED**
3. **THE PROPOSED JOINT TENANT MUST LIVE OR INTEND TO LIVE IN THE PROPERTY AS THEIR ONLY OR PRINCIPAL HOME.**
4. **ALL CASES WILL BE CONSIDERED ON THEIR OWN MERITS AND PERMISSION WILL NOT BE WITHHELD UNREASONABLY.**

DECLARATION

I/We have read the guidance notes above and declare that the information given on this form is correct. I/We also understand that to give false information at any time may result in the change of tenancy being cancelled and/or legal proceedings being initiated to terminate the tenancy.

I/We authorise Falkirk Council's Neighbourhood Services to make relevant enquiries with other Falkirk Council Services and external agencies to confirm the details I have given on this form or to request information to support my application for joint tenancy.

Signature of present tenant(s) _____ Date _____

_____ Date _____

Signature of applicant _____ Date _____

Date _____

FOR OFFICE USE ONLY

RENT ACCOUNT BALANCE

TENANCY CHECK

LENGTH OF TENANCY

PREVIOUS TENANCY CHECK OF PROPOSED JOINT TENANT

NEIGHBOURHOOD OFFICER COMMENTS

NEW SUPPLY SOCIAL HOUSING

YES NO

IF YES, ENSURE THAT THE 7-DAY NOTICE IS SERVED ON NEW TENANT

APPROVED / REFUSED

SIGNATURE OF NEIGHBOURHOOD MANAGER

DATE _____