

# Great Yarmouth Borough Council Application for Tenancy Upon Death of the Previous Tenant

Address: .....

Tenant(s) name(s) ..... Telephone no: .....

Full name of person(s) requesting tenancy: .....

Relationship to tenant: ..... Type of property .....

Reason for applying: .....

Is a legal interest in any residential property held by the proposed tenant(s)? YES / NO (If yes, please give details overleaf)

Full names of all persons residing at the property	Date of Birth	Male/Female	Occupation and Employer

Will applicant transfer to other accommodation if necessary? YES / NO  
 Are you registered on the Transfer Waiting List? YES / NO  
 If 'YES', do you wish to remain on the List? YES / NO  
 Are there any adaptations for the disabled in your present dwelling? YES / NO  
 If so, please provide details .....

Previous addresses for the last five years (please tick box as applicable)

Address	From	To	Owner	Tenant	Lodger

I / We wish to be granted the tenancy of the Council dwelling at .....

And if this application is approved, I / We agree to comply with the Conditions of Tenancy.

Signed: ..... Date: .....

Witness: ..... Address: .....

(A witness must not be a member of the tenant's family) .....

**FOR OFFICE USE ONLY**

Transfer of tenancy approved / disapproved ..... Init. ....

Tenancy transferred w.e.f. .... Applicant advised .....

Recorded in Weekly Notification .....