

Great Yarmouth Borough Council Application for Sole Tenancy

Address:

Names of ALL Tenants Telephone no:

Full name of person(s) requesting sole tenancy:

Reason for application:

Type of property

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

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

Address	From	To	Owner	Tenant	Lodger

I wish to be granted the tenancy of the Council dwelling at

And if this application is approved, I 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