

GREAT YARMOUTH BOROUGH COUNCIL

APPLICATION FOR TRANSFER OF SINGLE TENANCY TO JOINT TENANCY

Tenants name Telephone:

Address:

Full name of all persons residing at the property	Date of birth	Male/Female	Occupation and Employer

TO BE COMPLETED BY PROPOSED JOINT TENANT

Name: Relationship to Tenant
 (Partner, Spouse, Son, Daughter, Carer etc.)

* How long has proposed new tenant lived at this address?
 * (NB Unless you are married you must have lived at this address for at least 12 months)

Is the proposed new tenant registered on the Housing Waiting list? Yes No

Previous addresses for last five years: (give details overleaf if necessary)	From To		(Please tick as applicable)		
			Owner	Tenant	Lodger

Have you come/returned to live in this Country in the last five years? Yes No

Are you subject to immigration controls? Yes No

Are you an Asylum Seeker or dependent of an Asylum Seeker? Yes No

If you have answered **YES** to any of the last three questions we may need you to provide further information.

TO BE COMPLETED BY TENANT AND PROPOSED TENANT

We do / do not have a legal interest in any residential property give details overleaf if necessary)

**We wish to be granted the Joint Tenancy of the Council dwelling at
 and if this application is approved, we agree to comply with the Conditions of Tenancy.**

Signed: Signed:

Date: Date:

Witness: Address:
 (A witness must not be a member of the tenant's family)

<u>FOR OFFICE USE ONLY</u>	Transfer of Tenancy Approved / Refused	Initials
Tenancy transferred w.e.f.		
Recorded in weekly Notification	Tenants Advised	