

## Application for a Joint Tenancy

### SECTION 1. Your current tenancy details

Name of current tenant/s:

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|--|
|  |
|  |

Property Address:

|  |
|--|
|  |
|  |

Post Code:

|  |
|--|
|  |
|--|

Telephone Number:

|  |
|--|
|  |
|--|

### SECTION 2. Details of all other persons currently resident in the Council property:

| Name | Relationship to tenant | Date of birth |
|------|------------------------|---------------|
|      |                        |               |
|      |                        |               |
|      |                        |               |
|      |                        |               |

### SECTION 3. Reasons for joint tenancy - to be completed by the current tenant(s).

|  |
|--|
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|  |
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## SECTION 4. Details of Proposed Joint Tenant

**Please Note:** Any proposed joint tenant must have been resident in the property as their main or principle home. Before the Council can fully process this application, the proposed joint tenant must also submit **proof of their identity** (an example of this is a driving licence, current passport or birth certificate) if they have not already done so.

|                  |  |                     |  |
|------------------|--|---------------------|--|
| Surname          |  | Date of Birth       |  |
| First Name       |  | National Ins. No.   |  |
| Telephone Number |  | Relationship to you |  |

Please provide details of the proposed Joint Tenants housing history for the last 5 years - use a separate sheet if required.

|           |  |
|-----------|--|
| Address   |  |
|           |  |
|           |  |
| From / To |  |
| Landlord  |  |

|           |  |
|-----------|--|
| Address   |  |
|           |  |
|           |  |
| From / To |  |
| Landlord  |  |

Please provide additional information separately where appropriate.

|   |                             |                              |  |
|---|-----------------------------|------------------------------|--|
| Has the proposed Joint Tenant been involved in anti-social behaviour or is/has been the subject of an ASBO? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> Information provided separately |
| Does the proposed Joint Tenant have any outstanding housing related debts?                                  | No <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> Information provided separately |
| Is your home, or will your home, be the main or principal residence of the Joint Tenant?                    | No <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> Information provided separately |
| Does the proposed Joint Tenant have a medical condition that will require adaptations to your home?         | No <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> Information provided separately |

**SECTION 5. Details of the proposed Joint Tenant**

Will other people be moving with the proposed Joint Tenant - please provide details

|                              |  |                              |  |
|------------------------------|--|------------------------------|--|
| First Name                   |  | First Name                   |  |
| Surname                      |  | Surname                      |  |
| Date of Birth                |  | Date of Birth                |  |
| Relationship to joint tenant |  | Relationship to joint tenant |  |

**SECTION 6. DECLARATION (To be signed by the current tenant(s))**

- I/we confirm that I/we have provided true information. I/we am/are aware that deliberately withholding information or giving false information may lead to this request being cancelled.
- I/we give permission for East Lothian Council to carry out all tenancy checks in relation to this application.

| Signature | Print name | Date |
|-----------|------------|------|
|           |            |      |
|           |            |      |
|           |            |      |

**SECTION 7. DECLARATION (To be signed by the proposed Joint Tenant(s))**

- I/we confirm that I/we have provided true information. I/we am/are aware that deliberately withholding information or giving false information may lead to this request being cancelled.
- I/we give permission for East Lothian Council to carry out all tenancy checks in relation to this application and to seek references where appropriate.

| Signature | Print name | Date |
|-----------|------------|------|
|           |            |      |
|           |            |      |
|           |            |      |

## For Office Use Only

|                            |  |
|----------------------------|--|
| Date application received: |  |
|----------------------------|--|

### Property Details

|  |  |  |
|--|--|--|
| Apartment Size:  |  | Tenancy Type: SST <input type="checkbox"/> SSST <input type="checkbox"/> |
| Is there a valid Notice of Residency for the proposed joint tenant?              | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| Would the creation of a joint tenancy lead to overcrowding?                      | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| Has the Spouse/Civil Partner/person with occupancy rights agreed to the request? | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |

### Tenancy checks

### Tenant

### Joint Applicant

| Tenancy checks                               | Tenant   | Joint Applicant  |
|--|--|--|
| Is there a Notice of Proceedings in force?   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Is an Order for Recovery in force?           | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Rent account checks                          | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| House file checks                            | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Orchard/Anti-social Behaviour checks         | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Proof of Identification received & verified? | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |

### Decision

|   |                              |                             |       |  |
|---|------------------------------|-----------------------------|-------|--|
| Request Approved:   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Date: |  |
| Community Housing Officer:  |                              |                             |       |  |
| Sign Up Arranged  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Date: |  |
| Advise tenant(s) to contact Housing Benefit and Council Tax (if appropriate). |                              |                             |       |  |
| Email Change of Circs to Housing Benefit/Council Tax                          |                              |                             |       |  |