# **Succession to a Scottish Secure Tenancy**

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| --- | --- |
| Tenancy address: |  |
|  |  |
| Post code: |  |
|  |
| Name of deceased tenant: |  |
| Date of death: |  |

## 1. Current Tenancy Details

(*Please provide a verified copy of the Death Certificate*

*Certificate)*

**2. Applicant Details:**

|  |  |
| --- | --- |
| Your name:  |  |
| Date of birth: |  |
| Telephone number: |  |
|  |
| Relationship to the previous tenant: (please tick ✓) | [ ]  Spouse or Civil Partnership |
| [ ]  Joint Tenant |
| [ ]  **\*Partner/\*Same Sex Partner/\*Co-habitee** |
| [ ]  **\*Carer** |
| [ ]  **\*Family member**  **(please state relationship below)** |
|  |
| 2a. CarersIf you are a Carer, did you give up your principal home to provide care?  |
| If Yes, please provide written evidence to confirm this. | Yes |  | No |  |  |
|  |
|

|  |  |  |
| --- | --- | --- |
|  **Years** |  |  **Months** |

 **3. How long have you lived at** **the tenancy address as your** **only or principal home?** ***\*Please Note****: East Lothian Council must have received a completed* ***Household Form*** *from the previous tenant that confirms person(s) denoted with an asterisk above has been resident at the tenancy address for a minimum of twelve months before any application to succeed will be accepted****.*** |

**Please provide details of all other persons currently resident in the property**.

Name Relationship to previous tenant Date of Birth

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## 4. Specialist / Adapted Properties

If the property detailed overleaf has been adapted or designed for tenants with special/particular needs i.e. wet floor shower or ramped access - do you have similar assessed needs that require this type of property?

 **YES** [ ]  **NO** [ ]

If yes, please give details:

|  |
| --- |
|  |

## 5. DECLARATION

I confirm that I have provided true information. I am aware that deliberately withholding information or giving false information may lead to this application being cancelled.

I confirm that I wish to **\*apply for / \*decline** succession to the foregoing property.

(\*Please delete as appropriate)

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

Signature Date

|  |
| --- |
|  **6**. **For Office Use Only** |
|  Household Form Checked & Approved  **YES [ ]  NO [ ]**  |
|

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

 CHO Signature Date

|  |
| --- |
| Additional Information |

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