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| **CSM Case No.:** |  | **TM03A** |

**FALKIRK COUNCIL Issue 2**

**Transformation, Communities & Corporate Services 14/11/23**

**APPLICATION FOR JOINT TENANCY**

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| --- |
| DETAILS OF PRESENT TENANT |

|  |  |
| --- | --- |
| FULL NAME (S) OF PRESENT TENANT | ADDRESS OF PROPERTY |
|  |  |
| **DAYTIME TEL. No.** | **POST CODE** |
|  |  |
| **HOUSE SIZE AND TYPE** | **DETAILS OF SPECIAL ADAPTIONS TO PROPERTY** |
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| PROPOSED JOINT TENANT DETAILS |

|  |  |
| --- | --- |
| FULL NAME (S) | ADDRESS |
|  |  |

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| HOW LONG HAS THE APPLICANT LIVED WITH THE PRESENT TENANT? |
|  |
| **RELATIONSHIP TO PRESENT TENANT?** |
|  |
| **DOES THE APPLICANT HAVE ANY SPECIAL NEEDS?** |
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| DETAILS OF APPLICANTS FAMILY |

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Date of Birth | Sex | Relationship to Applicant |
|  |  |  | **(Applicant)** |
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| DETAILS OF APPLICANTS PREVIOUS ADDRESSES (FOR LAST FIVE YEARS) |

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| --- | --- | --- | --- |
| Address | From | To | Reason for Leaving |
|  |  |  |  |
|  |  |  |  |
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| DETAILS OF APPLICANTS PETS |
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| **IS THE APPLICANT ON THE COUNCILS HOUSING LIST** |

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| --- | --- | --- | --- | --- | --- |
| **YES:** |  | **NO:** |  | **APPLICATION No.:** |  |

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| REASON FOR WISHING A CHANGE OF TENANCY |
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| GUIDANCE NOTES |
| 1. A Scottish Secure Tenant is entitled to make an application to become a joint tenant with one or more individuals. 2. The landlord’s written approval is required. 3. The person becoming the joint tenant must have lived there for 12 months; and the landlord must have been notified that they are living in the property. The 12-month residency requirement includes spouses, civil partners, and cohabitees. 4. All cases will be considered on their own merits and permission will not be withheld unreasonably. |

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| DECLARATION |
| **I / We** have read the guidance notes above and declare that the information given on this form is correct.  **I / We** also understand that to give false information at any time may result in the change of tenancy being cancelled and/or legal proceedings being initiated to terminate the tenancy.  **I / We** authorise Falkirk Council to make relevant enquiries within the Council and external agencies to confirm the details I have given or to request information regarding my application for a change of tenancy. |

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| --- | --- | --- | --- |
| **Signature of present tenant(s):** |  | **Date:** |  |
| **Signature of present tenant(s):** |  | **Date:** |  |
| **Signature of applicant(s):** |  | **Date:** |  |
| **Signature of applicant(s):** |  | **Date:** |  |

|  |
| --- |
| PLEASE RETURN FORM TO: |

|  |  |
| --- | --- |
| Via Email: | [housingservices@falkirk.gov.uk](mailto:housingservices@falkirk.gov.uk) |
| Or Post: | Income & Customer Relations Team,  Suite 5, The Forum, Callendar Business Park, Callendar Road, Falkirk, FK1 1XR. |

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| FOR OFFICE USE ONLY |
| **HOUSING OFFICER COMMENTS/RECOMMENDATIONS** |
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|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Housing Officer:** |  | **Date:** |  |
| **Signature of Area Housing Officer:** |  | **Date:** |  |

|  |  |  |
| --- | --- | --- |
| **APPROVED** | **/** | **REFUSED** |