

## **TENANCY CHANGE REQUEST**

## **CURRENT TENANCY DETAILS**

Current tenant(s):						
Landline: Mobile:		Email:			_	
a) Address of Property: _						
b) Property Type / Size:						
TYPE OF NAME CHANGE	REQUIRED (tick appro	priate box	)			
Remove a name from th			Complete sections	1 and 5		
<ul> <li>Add a name to the tenar</li> </ul>		Complete sections 2 and 5				
Change an existing tens		Complete sections 3 and 5				
Succession following ex			Complete sections 4 and 5			
1) REMOVE A NAME FROI						
c) Name of person to be	removed:					
·	heir name:					
-	person who is leaving/h					
f) Who will be accepting	responsibility for payme	nt of any re	ent arrear	rs?		
e) People remaining at th	e property:					
Forename	Surname		Date of Birth Re		elationship to Tenant	
2) ADD A NAME TO THE T	ENANCY					
a) Name of person to be added: Date of Birth:						
b) Their relationship to yo	ou (eg husband):					
c) Reason for adding the	ir name:					
d) Where have they lived	over the last 5 years? _					
Address		Date From	es To	Tenure (rented/owned)	Reason for leaving	
Addres	<u> </u>					
Addres	<b>5</b>			,		
Addres	.5					
Addres	<b>.</b>					

g)	Have they	ever been	known by	any other	name(s)?
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•	If the proposed new tenant is your partner, proof that they have lived at your property for the last 12 months is required. (eg bank statement, utility bill from 12 months ago).
3)	CHANGE AN EXISTING TENANT'S NAME
	a) Your old name: b) Your new name:
	c) Reason for name change (eg marriage):
•	Proof of the name change is required (eg copy of marriage cert/divorce papers/deed poll documents).
4)	SUCCESSION FOLLOWING EXISTING TENANT'S DEATH  a) Name of deceased tenant:
	b) Name of person wanting to succeed:
	c) Your relationship to the deceased (eg son):
c)	How long have you lived at the property? years months
•	A copy of the death certificate is required If you are not the deceased tenant's spouse, proof that you lived at the property for the last 12 months is required.
5)	SIGNATURES This section must be signed and dated by existing tenants and any proposed new tenants.  Print Name:
6)	OFFICE USE ONLY (To be completed by the Housing Officer)  A) Type of tenancy change: Variation Succession  B) Authorisation  This name change request should be: Authorised Refused  Reason for refusal:
_	Signed by: Date:

If the proposed new tenant is your husband or wife, a copy of your marriage certificate is required.

If Yes, state previous name(s) \_