

CSM Case No: _____

TM02A



FALKIRK COUNCIL
Corporate & Neighbourhood Services
APPLICATION FOR CHANGE OF TENANCY

DETAILS OF PRESENT TENANT

FULL NAME (S) OF PRESENT TENANT	ADDRESS OF PROPERTY
HOUSE SIZE AND TYPE	DAYTIME TEL NO
	DETAILS OF SPECIAL ADAPPTIONS TO PROPERTY

IS THE PRESENT TENANT ON THE GARDEN AID SCHEME? YES / NO

APPLICANT DETAILS

FULL NAMES (S) _____ _____	ADDRESS
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HOW LONG HAS THE APPLICANT LIVED WITH THE PRESENT TENANT?

RELATIONSHIP TO PRESENT TENANT?

DETAILS OF PEOPLE WHO WILL BE RESIDING IN PROPERTY

NAME	DATE OF BIRTH	SEX	RELATIONSHIP TO APPLICANT
1			<i>APPLICANT</i>
2			
3			
4			
5			
6			

DETAILS OF APPLICANTS PREVIOUS ADDRESSES

ADDRESS	FROM	TO	REASON FOR LEAVING

DETAILS OF APPLICANTS PETS	IS THE APPLICANT ON THE COUNCILS HOUSING LIST YES/NO APPLICATION NO:
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REASON FOR WISHING A CHANGE OF TENANCY

PRESENT TENANTS FORWARDING ADDRESS (if applicable)

TELEPHONE _____

DATE OF PROPOSED MOVE _____

GUIDANCE NOTES

1. WHERE AN APPLICANT DOES NOT QUALIFY FOR A CHANGE OF TENANCY UNDER THE HOUSING (SCOTLAND) ACT 2001, CORPORATE & NEIGHBOURHOOD SERVICES MAY CONSIDER CHANGING THE TENANCY DEPENDING ON INDIVIDUAL CIRCUMSTANCES.
2. AN APPLICATION WILL, HOWEVER, NORMALLY ONLY BE CONSIDERED UNDER THE FOLLOWING CIRCUMSTANCES:
 - THE APPLICANT HAS BEEN RESIDING IN THE PROPERTY AS THEIR ONLY AND PRINCIPLE HOME
 - THEY ARE OVER 16 YEARS OF AGE
 - THEY WOULD QUALIFY FOR THE PROPERTY UNDER FALKIRK COUNCIL'S ALLOCATION POLICY
3. ALL CASES WILL BE CONSIDERED INDIVIDUALLY BY CORPORATE & NEIGHBOURHOOD SERVICES.

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.

Signature of present tenant(s) _____	Date _____
_____	Date _____
Signature of applicant(s) _____	Date _____
_____	Date _____

FOR OFFICE USE ONLY

RENT ACCOUNT BALANCE	NEIGHBOURHOOD OFFICER COMMENTS
SUNDRY ACCOUNTS CHECK	
PREVIOUS TENANCY CHECK FOR APPLICANT	
DOCUMENTS CHECKED	LENGTH OF TENANCY
HOME VISIT	NOTIFICATION TO TENANT

APPROVED / REFUSED

SIGNATURE OF NEIGHBOURHOOD MANAGER _____
DATE _____