

CSM Case No: _____

TM06A



FALKIRK COUNCIL
Corporate & Neighbourhood Services
APPLICATION FOR SUCCESSION TO TENANCY

CURRENT TENANT DETAILS

FULL NAME(S)	ADDRESS
DAYTIME TELEPHONE NUMBER	HOUSE SIZE AND TYPE
DATE OF DEATH	
IS THE PRESENT TENANT ON THE GARDEN AID SCHEME? <p align="center">YES/NO</p>	

APPLICANTS DETAILS

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

DETAILS OF PERSONS WHO WILL BE RESIDING IN THE PROPERTY

NAME	DATE OF BIRTH	SEX	RELATIONSHIP TO APPLICANT
1			APPLICANT
2			
3			
4			
5			

DETAILS OF PREVIOUS ADDRESSES

ADDRESS	FROM	TO

DETAILS OF APPLICANT'S PETS	IS THE APPLICANT ON THE COUNCIL WAITING LIST? IF YES, REF. NO.
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WHAT IS THE APPLICANT'S RELATIONSHIP TO THE PRESENT TENANT?

DOES ANYONE ELSE LIVE IN THE HOUSE? **YES/NO**
 (If YES please give details)

GUIDANCE NOTES

1. **THE HOUSING (SCOTLAND) ACT 1987 LAYS DOWN THE CONDITIONS WHICH HAVE TO BE MET BEFORE SOMEONE CAN SUCCEED TO A TENANCY.**
2. **A SUCCESSION OF TENANCY CAN ONLY BE GRANTED FOLLOWING THE DEATH OF A TENANT AND WHERE THE FOLLOWING CONDITIONS ARE MET:**
 - A. **THE PERSON MUST BE ELIGIBLE TO SUCCEED TO THE TENANCY. AN ELIGIBLE PERSON WOULD BE; THE TENANT'S PARTNER; IN JOINT TENANCIES THE SURVIVING TENANT; OR MEMBERS OF THE TENANT'S FAMILY OVER THE AGE OF 16.**
 - B. **THE ELIGIBLE PERSON MUST HAVE LIVED IN THE HOUSE AS THEIR ONLY OR PRINCIPAL HOME, AND INTENDS TO LIVE IN IT AS THEIR ONLY OR PRINCIPAL HOME.**
3. **WHERE NECESSARY APPLICANTS MAY BE REQUIRED TO PROVIDE CONFIRMATION OF RESIDENCY.**
4. **WHERE AN APPLICANT DOES NOT QUALIFY FOR A SUCCESSION TO TENANCY THEY MAY STILL BE CONSIDERED FOR A TRANSFER OF TENANCY. EACH CASE WILL BE CONSIDERED ON ITS MERITS AT THE DISCRETION OF THE NEIGHBOURHOOD MANAGER.**

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 succession of tenancy being cancelled and/or legal proceedings being initiated to terminate the tenancy.

I/We authorise Falkirk Council's Neighbourhood Services to make relevant enquiries with other Falkirk Council Services and external agencies to confirm the details I have given on this form or to request information to support my application for Succession to Tenancy.

Signature of Applicant(s) _____ Date _____

FOR OFFICE USE ONLY

LENGTH OF RESIDENCY	NEIGHBOURHOOD OFFICER COMMENTS
DEATH CERTIFICATE CHECKED	
BY _____	
DATE _____	
RENT ACCOUNT BALANCE	HOME VISIT
NEW SUPPLY SOCIAL HOUSING	APPROVED / REFUSED
YES <input type="checkbox"/> NO <input type="checkbox"/>	SIGNATURE OF SENIOR NEIGHBOURHOOD CO-ORDINATOR
IF YES, ENSURE THAT THE 7-DAY NOTICE IS SERVED ON NEW TENANT	_____ DATE _____