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| **CSM Case No.:** |  | **TM02A** |

**FALKIRK COUNCIL Issue 3**

**Transformation, Communities & Corporate Services 13/11/23**

**APPLICATION FOR CHANGE OF 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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| --- | --- | --- | --- | --- |
| **IS THE PRESENT TENANT ON THE GARDEN AID SCHEME?** | **YES:** |  | **NO:** |  |

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| --- |
| APPLICANT DETAILS |

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

|  |
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| HOW LONG HAS THE APPLICANT LIVED WITH THE PRESENT TENANT? |
|  |
| **RELATIONSHIP TO PRESENT TENANT?** |
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| --- |
| DETAILS OF PEOPLE WHO WILL BE RESIDING IN PROPERTY |

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

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |
|  |
| **PRESENT TENANTS FORWARDING ADDRESS (if applicable)** |
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| --- | --- | --- | --- |
| **DATE OF PROPOSED MOVE:** |  | **TELEPHONE:** |  |

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| GUIDANCE NOTES |
| 1. Where an applicant does not qualify for a change of tenancy under the Housing (Scotland) Act 2001 as amended by the Housing (Scotland) Act 2014, Falkirk Council may consider changing the tenancy depending on individual circumstances. 2. An application will, however, normally only be considered under the following circumstances:    * The applicant must have resided in the property for a minimum of 12 months.    * 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 Falkirk Council. |

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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** |