



Change of Tenancy Application Form

APPLICANTS' PERSONAL DETAILS

1.0 If we contact or visit you, do we need an interpreter or someone to help with communication?

YES

NO

If **YES**, what language or other help do you require?

1.0 Please give details of the person (s) whom is the tenant / joint tenant.

	APPLICANT	JOINT APPLICANT
Title		
First Name(s)		
Last Name		
Maiden name or Previous name(s)		
Date of Birth		
National Insurance Number		
Current address		
	Postcode:	Postcode:
Telephone number (including dialling code)		
Mobile number		

E-mail address		
Relationship to applicant		

3.0 Under the Housing (Scotland) Act 2014, the Asylum and Immigration Act 2004, and the Immigration (EEA) Regulations 2015, local authorities are required to establish whether a person qualifies for public assistance. Please complete the following sections, providing **written confirmation** where applicable:

	APPLICANT	JOINT APPLICANT
Is a UK resident	YES / NO	YES / NO
If NO, do you have indefinite leave to remain in the UK?	YES / NO	YES / NO
Do you have limited leave to remain in the UK?	YES / NO	YES / NO
Do you have refugee status in the UK?	YES / NO	YES / NO
Do you have humanitarian or discretionary leave to remain?	YES / NO	YES / NO
Do you have any restrictions on your recourse to public funds?	YES / NO	YES / NO
Are you a national of one of the EEA countries and a qualified person? ie. a worker, self employed, job seeker, student?	YES / NO	YES / NO
Are you the spouse or civil partner of a qualified person from one of the above listed EEA countries?	YES / NO	YES / NO
Staying in the UK on any kind of VISA?	YES / NO	YES / NO

4.0 Are you or anyone on this application required to be **REGISTERED** with the **POLICE** under the **SEXUAL OFFENCES ACT 2003**?

YES

NO

If **YES**, please give the full name of the person(s).

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5.0 Please tell us if any of the following apply to you, or anyone on this application.

	APPLICANT	JOINT APPLICANT
Employed by ARK in the past 12 months	YES / NO	YES / NO
Is related to or friends with a member of staff working with ARK.	YES / NO	YES / NO
Is related to or friends with a Board member	YES / NO	YES / NO

If **YES**, please provide details below.

ARK Staff/ Board Member name	Relationship to you

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6.0 Type of change: (see notes on page 11)

	Tick one box
1. From single to joint	<input type="checkbox"/>
2. From joint to single	<input type="checkbox"/>
3. Assignment (passing the tenancy to someone else)	<input type="checkbox"/>
4. Succeeding to the tenancy following the tenant's death	<input type="checkbox"/>

7.0 Please provide details of the person applying for a change of tenancy.

Title		
First Name(s)		
Last Name		
Maiden name or Previous name(s)		
Date of Birth		
National Insurance Number		
Telephone number (including dialling code)		
Mobile number		
E-mail address		
Relationship to applicant		
Date moved to this address		
Current address		

	Postcode:	Postcode:
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8.0 For those completing Section 7 above if you have lived at your current address for less than **THREE** years please tell us where else you have lived. We need **THREE** years address history.

Dates	From:	To:
Address		
	Postcode:	
Name of person(s) on the tenancy		
Landlord's Name		
Landlord's Address		
Reason for tenancy ending		

Dates	From:	To:
Address		
	Postcode:	
Name of person(s) on the tenancy		
Landlord's Name		
Landlord's Address		
Reason for tenancy ending		

Dates	From:	To:
Address	Postcode:	
Name of person(s) on the tenancy		
Landlord's Name		
Landlord's Address		
Reason for tenancy ending		

Please continue on an extra sheet if necessary.

9.0 Please give details of all the people who will live with you. Please include any children whom you have access arrangements for.

Name	Relationship to you	Date of birth	Sex	Does this person live with you now Yes / No	Child access Yes / No

10.0 Please tell us why you are applying for this change of tenancy. Please give us as much information as possible.

11.0 Under the Housing (Scotland) Act 2014, the Asylum and Immigration Act 2004, and the Immigration (EEA) Regulations 2015, local authorities are required to establish whether a person qualifies for public assistance. Please complete the following sections, providing **written confirmation** where applicable:

	APPLICANT	JOINT APPLICANT
Is a UK resident	YES / NO	YES / NO
If NO, do you have indefinite leave to remain in the UK?	YES / NO	YES / NO
Do you have limited leave to remain in the UK?	YES / NO	YES / NO
Do you have refugee status in the UK?	YES / NO	YES / NO
Do you have humanitarian or discretionary leave to remain?	YES / NO	YES / NO
Do you have any restrictions on your recourse to public funds?	YES / NO	YES / NO
Are you a national of one of the EEA countries and a qualified person? ie. a worker, self employed, job seeker, student?	YES / NO	YES / NO
Are you the spouse or civil partner of a qualified person from one of the above listed EEA countries?	YES / NO	YES / NO
Staying in the UK on any kind of VISA?	YES / NO	YES / NO

12.0 Are you or anyone on this application required to be **REGISTERED** with the **POLICE** under the **SEXUAL OFFENCES ACT 2003**?

YES

NO

If **YES**, please give the full name of the person(s).

13.0 Please tell us if any of the following apply to you, or anyone on this application.

	APPLICANT	JOINT APPLICANT
Employed by ARK in the past 12 months	YES / NO	YES / NO
Is related to or friends with a member of staff working with ARK.	YES / NO	YES / NO
Is related to or friends with a Board member	YES / NO	YES / NO

If **YES**, please provide details below.

ARK Staff/ Board Member name	Relationship to you

14.0 Please read through the following statements and sign at the bottom to show you understand and agree with them.

- I/We are eligible to apply for housing with ARK HA Ltd.
- I/We have read and understood the Fair Processing Notice and shared this with all relevant parties on my/our application.
- I/We understand that the completion and return of this form does not guarantee an offer of housing by ARK HA Ltd.
- I/ We will inform ARK HA Ltd of any changes in my/our circumstances.
- My/Our current or former landlord(s) can be contacted for a reference.
- I/We acknowledge that ARK HA Ltd may contact other parties, such as the Police/Local Authorities to seek additional information to support my application.
- All information given by me/us to ARK is true. If I/We supply false information or keep back any information my/our application may be cancelled.
- If I/We are given a tenancy because I/We have given false information or I/We have kept back information, I/We understand that I/We could lose the tenancy.

Signature of applicant	
Date	
Signature of joint applicant	
Date	

NOTES

1. Tick box 1 if you wish to stay as the tenant and add another member of your household to your tenancy agreement to form a joint tenancy.
2. Tick box 2 if one of the joint tenants wishes to end their interest in the tenancy and the other tenant wishes to remain as a sole tenant.
3. Tick box 3 if you want to end your tenancy and pass this onto a member of your household (who is not already a joint tenant).
4. Tick box 4 if the current tenant has died and you are a 'qualifying' person as defined in the Housing Scotland (2001) Act and you wish to become the new tenant (succeed to the tenancy). *(Please provide a copy of the tenant's death certificate).*
5. Please also make sure that you have read any other information we have given you about assigning your tenancy or succeeding to a tenancy.

FOR OFFICE USE ONLY

Notes of discussions etc. with applicant(s)

Received by	Name:	Date:
Checked by	Name:	Date:
Passed to Head of Housing Services on:		<i>(Date)</i>
Change of tenancy	Approved/Not Approved*	<i>(*delete whichever does not apply)</i>
Comments		
Signed	Head of Housing Services	Date:
Capita system updated on:		<i>(Date)</i>

