



APPLICATION FOR A JOINT TENANCY

Name and Address of existing sole tenant:

Name	Address	Date of Birth

Full name and address of person wishing to become a joint tenant:

Name	Address	Date of Birth

Is the rent account in arrears?.....

Date the sole tenancy started.....

Previous addresses of applicant for the last three years:

Address	Date moved in	Date moved out

Does the person wishing to become a joint tenant have a Council or housing association tenancy anywhere else?

YES	<input type="checkbox"/>
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NO	<input type="checkbox"/>
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If yes, give details of landlord:

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What is the relationship of the sole tenant and the person wishing to become a joint tenant?

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The names and dates of birth of the current members of household:

Names of current members of household	Date of Birth

The names and dates of birth of any other persons due to move in to the property:

Names of those moving into property	Date of Birth

Is there any information to show identity of applicant? Please provide copies.

TYPE OF INFORMATION	NUMBER	TYPE OF INFORMATION	NUMBER
Driving Licence		Passport	
Birth Certificate		Length of Residence	
Marriage Certificate			
Nat Insurance Number			

Are there any medical/social factors to take into account?

YES		NO	
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If YES, please indicate the name of the person and brief details of the illness or disability:

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Any declaration on this form that is found to be untrue may result in your application being refused.

Signed by Sole Tenant and person wishing to become a joint tenant:

Signature of Sole Tenant	Signature of Applicant	Date

Please complete the Equal Opportunities Monitoring form on the next page.

Housing Services Manager, Waverley Borough Council, Council Offices, The Burys, Godalming, Surrey GU7 1HR

EQUAL OPPORTUNITIES MONITORING

The Council is committed to the principal of equal opportunities. In all its Housing Management processes, and subject to any legislative restrictions, the Council will adopt policies and practices that will seek to ensure that no person is

discriminated against, either directly or indirectly, on grounds of race, ethnic or national origins, gender or disability or any other personal characteristics that have no bearing on their housing application. In order to achieve this, the Council seeks information which will be treated in the strictest confidence and will be used for monitoring purposes in relation to equal opportunities only.

The completion of this form is not compulsory. However, it would be very helpful if you could complete the form as it will provide essential information to help the Council to measure how well it is doing in ensuring equality of opportunity in delivering its housing services.

Thank you for your assistance.

EQUAL OPPORTUNITIES MONITORING

Name:

Address:

In which of the following categories would you place yourself? Please tick the appropriate boxes.

I am:-

white Black Other (please specify)

I would describe my ethnic origin as:-

Asian Indian	<input type="checkbox"/>	Asian Pakistani	<input type="checkbox"/>	Asian Bangladeshi	<input type="checkbox"/>
Other Asian Background	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>	Black African	<input type="checkbox"/>
Other Black Background	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	White Irish	<input type="checkbox"/>
White Other	<input type="checkbox"/>	White British	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>	Other Mixed Background	<input type="checkbox"/>
Other	<input type="checkbox"/>				

I am:

Male Female

I am:

A registered disabled person
I have a visual impairment
I have a hearing impairment