

Application for assignment of tenancy

In order to verify your assignment of tenancy request, the tenant surrendering their tenancy, and the new assignee of the tenancy will need to complete an application form each. They should then be returned to Watford Community Housing.

The tenant surrendering their tenancy must complete **sections 1, 3 and 4**.

The new assignee to the tenancy must complete **sections 2, 3 and 4**.

Please ask your Neighbourhood Officer if you need any help completing this form.

Part 1: To be filled out by the tenant surrendering their tenancy:

Name of tenant surrendering: _____

Phone number: _____

Email Address: _____

Address of property: _____

Size of property (number of bedrooms): _____

Are you a joint tenant (please circle the answer)? Yes No

Details of all other people living in the property:

Full name	Relationship to tenant	Date of birth

I would like to assign my tenancy to: _____

Signed _____ Dated: _____

Part 2: To be filled out by the person being assigned to the tenancy:

Please provide identification in the form of a copy of either: birth certificate, driving licence or passport or where these are not available **two** photocopied proofs of residence such as a recent utility bill, bank statement, DWP letter or employer's letter.

Name of assignee: _____

Relationship to tenant: _____

Telephone number: _____

Email address: _____

Current address: _____

Are you a joint tenant (please circle the answer)? Yes No

What date did you move in to the property? _____

Please return this form with documents that show you have lived in the property for 12 months. These should be formal documents in your name (e.g. bank statements, rent statements or bills) which cover at least 12 months.

I would like to be assigned to the tenancy currently obtained by _____

Signed _____ Dated: _____

Part 3: To be filled out by both the current tenant and assignee:

Declaration:

To the best of my knowledge and belief the information that has been provided on this form is true, complete and correct. I am aware that to give false or misleading information or to omit information for the purpose of obtaining housing may be regarded as a criminal offence and action could be taken against me, including prosecution.

I am also aware I should declare changes in the information provided on this form and that failure to do so may also be regarded as a criminal offence.

Signed: _____

Print name: _____

Date: _____

Privacy information:

We will use the above information to contact you about your application for tenancy succession. We will hold and process your personal information in accordance with data protection law, including in terms of your right to obtain a copy of all information constituting your personal data. The information you provide as part of your succession application may be shared with the police and other agencies where we suspect it is made fraudulently. For more information about how we handle information and our commitments to protecting your privacy please see the Privacy Policy and Your Privacy Matters information booklet available on our website.

Part 4 - Equal Opportunities Form - to be filled out by current tenant and assignee

1. What is your gender?

Male

Female

2. How old are you?

16-24 40-54 55-64

25-39 65-79 80+

3. Marital status?

Single

Married

Cohabiting

Separated/divorced

Widowed

Civil partnership

4. What is your sexual orientation?

Heterosexual

Bisexual

Prefer not to say

Gay

Lesbian

5. Do you have the same gender identity that you were assigned at birth?

- Yes
- No
- Prefer not to say

6. Ethnicity – to which of these groups do you consider you belong?

- | | | | |
|--------------------------------|--------------------------|----------------------------------|--------------------------|
| White: British | <input type="checkbox"/> | Asian/British: Bangladeshi | <input type="checkbox"/> |
| White: Irish | <input type="checkbox"/> | Asian/British: Other | <input type="checkbox"/> |
| White: Other | <input type="checkbox"/> | Black/ British: Caribbean | <input type="checkbox"/> |
| Mixed: White & Black Caribbean | <input type="checkbox"/> | Black/ British: African | <input type="checkbox"/> |
| Mixed: White & Black African | <input type="checkbox"/> | Black/ British: Other | <input type="checkbox"/> |
| Mixed: White & Asian | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| Mixed: Other | <input type="checkbox"/> | Gypsy, Romany or Irish Traveller | <input type="checkbox"/> |
| Asian/British: Indian | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Asian/British: Pakistani | <input type="checkbox"/> | | |

If you ticked other, please give details: _____

7. What is your religion?

- | | | | | | | | |
|-----------|--------------------------|-----------------|--------------------------|--------------|--------------------------|----------|--------------------------|
| None | <input type="checkbox"/> | Jewish | <input type="checkbox"/> | Hindu | <input type="checkbox"/> | Buddhist | <input type="checkbox"/> |
| Christian | <input type="checkbox"/> | Other Christian | <input type="checkbox"/> | Islam/Muslim | <input type="checkbox"/> | Sikh | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | | | | | | |

If you ticked Other, please give details: _____

8. Do you consider that you or a member of your household has a disability as defined by the Equality Act 2010? (I.e. a physical or mental impairment which has a substantial and long term effect on your ability to carry out normal day-to-day activities?)

- Yes No

If you ticked yes please give details:

The information you provide on this form will be kept in accordance with the General Data Protection Regulation (GDPR) 2016 and Data Protection Act 2018 and will also be used for the purpose of monitoring & improving our services.