

Application for succession of tenancy form

In order to verify your succession of tenancy request, please complete, sign and date this form and return it to Watford Community Housing. Please ask your Neighbourhood Officer if you need any help completing this form.

Name of current tenant(s): _____

Address of property: _____

Size of property (number of bedrooms): _____

Has a tenant died (please circle the answer)? Yes No

If no, what are the circumstances? _____

Name of person requesting to succeed tenancy: _____

Relationship to tenant: _____

Your telephone number: _____

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.

Details of all other people living in the property:

Full name	Relationship to applicant	Date of birth

Is your home too big for your current needs? For example, there are more bedrooms than your require for the household. Yes No

If yes, would you consider accepting a cash incentive to move into a property of a more suitable size? Yes No

If you would not consider moving into a more suitable property, please explain why:

Please sign this form overleaf.

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: _____

Please now continue to the equal opportunities form overleaf.

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.

Neighbourhood Officer comments – for Watford Community Housing only

	Neighbourhood Officer Comments
Date application posted	
Date application received	
Is the supporting evidence sufficient?	
Size of property?	

Has there been a previous succession or assignment?	
Application approved by Neighbourhood Officer? If No, give details	
Application authorised by Neighbourhood Team leader? If No, give details	

Equal opportunities form

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