

FERGUSLIE PARK HOUSING ASSOCIATION

APPLICATION TO SUCCEED TENANCY

Full Name of Tenant \_\_\_\_\_

Joint Tenant (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Tel No. \_\_\_\_\_

Date of succession: \_\_\_\_\_

(please provide copy of death certificate)

Name of person wishing to succeed tenancy: \_\_\_\_\_

Give details of all persons currently living at the above address

Full Name	Relationship to Tenant	Date of Birth	Date of moving in
	Self		

## RELATIONSHIP TO STAFF OR COMMITTEE MEMBERS

By law the Association is required to keep a register of any offers of accommodation which are made to employees, Committee members or their relatives. Is the proposed new tenant or any members of their household related to a member of staff or Committee of Ferguslie Park Housing Association?

Yes

No

If yes, please give details

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## DECLARATION

I DECLARE THAT THE PARTICULARS GIVEN BY ME ON THIS FORM ARE TRUE IN ALL RESPECTS AND I HEREBY AUTHORISE FERGUSLIE PARK HOUSING ASSOCIATION TO MAKE ENQUIRIES IN CONNECTION WITH MY APPLICATION

Signature of Tenant

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Date

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Signature of Joint Tenant

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Date

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