

## Application for a joint tenancy

If you meet the following criteria and you want to share your tenancy with another person, please fill in this form.

Joint tenants share the tenancy of the home with another person. If you are a tenant, you can apply to add a joint tenant. This person must have lived in your house as their main home for 12 months prior to the application. The 12 month period will only start when you have told us that the person is living in your home.

Your details				
Tenant name				
Address				
Postcode				
Phone number				
Mobile number				
Email address				
Date your tenancy started				
Who lives with you?				
Name	Date of birth	Relationship	Are they staying in the house during the joint tenancy?	
			Yes No	
Do you have a husband / wife / civil partner?			Yes No	
If yes, has your husband / wife / civil partner given their permission for the joint tenancy?			Yes No	
Are you already a joint tenant?			Yes No	
All joint tenants must agree and sign the application form				

What date do you want the joint tenancy to start?				
Details of the proposed joint tenant(s)				
Name				
Relationship to you				
Address				
Postcode				
Phone number				
Mobile number				
Email address				
How long have they lived with you?				
When did you tell us that they had moved into your home?				
Name				
Relationship to you				
Address				
Postcode				
Phone number				
Mobile number				
Email address				
How long have they lived with you?				
When did you tell us that they had moved into your home?				

Please tell us their address history for the past five years				
Address	Postcode	Dates they lived there		
Has the proposed joint tenant been evicted for antisocial behaviour?		Yes No		
Does the proposed joint tenant have outstanding housing related debt	roposed joint tenant have outstanding housing related debt?			
Does the proposed joint tenant have a clinical condition or disability that may require the property to be adapted?		Yes No		
If yes, please give details				
Declaration and authority to seek information				
I / we confirm that all the details I / we have given are to the best of	ny knowledge tr	ue and that I / we want to take on a		
joint tenant at the address above with the person detailed on page 2.	-			
I / we agree that you can make any necessary enquiries in line with the				
Protection Regulations (GDPR). This may include sharing information with other council departments and partners.  I / we authorise you to make any referrals necessary in connection with my / our application.				
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Tenant's signature		Date		
Joint tenant's signature		Date		
Some tenant s signature				
Spouse / civil partner's signature		Date		
I confirm that all the details I have given are to the best of my knowled	dge true and tha	at I want to become the joint tenant of		
the address above.  I agree that you can make any necessary enquiries in line with the Da	ta Protection Act	t 2018 and the General Data Protection		
Regulations (GDPR). This may include sharing information with other				
I authorise you to make any referrals necessary in connection with m	//our application	ı.		
Proposed joint tenant's signature		Date		
Proposed joint tenant's signature		Date		

Please return this form to:

**Housing & Property Moray Council PO BOX 6760** Elgin IV30 9BX



If returning by post please make sure a large letter stamp is used.

**Buckie Access Point** 13 Cluny Square Buckie **AB56 1AJ** 

Forres Access Point Auchernack **High Street** Forres IV36 1DX

Elgin Access Point **Council Office** 10 High Street Elgin IV30 1BY

**Keith Access Point** The Resource Centre 26 Mid Street Keith **AB55 5AH** 

0300 123 4566

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