



Application to assign a tenancy

If you meet the following criteria and you want to pass on your tenancy, please fill in this form.

Assigning your tenancy is where you pass on your tenancy, including all of your rights and responsibilities, to another person (known as an assignee). To assign your tenancy to another person, the following criteria must be met:

About you	About the assignee
You must have been the tenant of the property for 12 months immediately before applying to assign the tenancy.	The assignee must have lived at the property as their main or only home for 12 months before 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 after the assignment?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a husband / wife / civil partner?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, has your husband / wife / civil partner given their permission for the assignment?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a joint tenant?			<input type="checkbox"/> Yes <input type="checkbox"/> No

All joint tenants must agree and sign the application form

Please tell us why you want to assign your tenancy

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What date do you want to assign your home from?	
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Do you intend to continue living in the house after the assignation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If no, please tell us what your forwarding address will be	
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Address	
Postcode	

Will you charge the assignee a fee to take over your tenancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, please tell us how much and why you are asking for a fee?	Fee – £

Details of the person who you want to take over your tenancy (assignee)

Name	
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

Details of other people who will be moving in with the assignee		
Name	Date of birth	Relationship to assignee
Does the assignee have a current housing application with Moray Council?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, the assignee will have to fill in a housing application form		
Does the assignee or any person moving in with the assignee have a clinical condition or disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, the assignee will have to fill in a housing functional assessment form.		

Declaration and authority to seek information	
<p>I / we confirm that all the details I / we have given are to the best of my knowledge true and that I / we want to assign my tenancy at the address above with the person detailed on page 2.</p> <p>I / we agree that you can make any necessary enquiries in line with the Data Protection Act 2018 and the General Data Protection Regulations (GDPR). This may include sharing information with other council departments and partners.</p> <p>I / we authorise you to make any referrals necessary in connection with my / our application.</p>	
Tenant's signature	Date
Joint tenant's signature	Date

<p>I confirm that the above information, to the best of my knowledge, is true.</p> <p>I understand that if the assignation is granted to the person detailed on page 2, I will have no rights or obligations to the above tenancy.</p>	
Spouse / civil partner's signature	Date

<p>I confirm that all the details I have given are to the best of my knowledge true and that I want to become the tenant of the address above. I confirm that this address has been my previous home for 12 months prior to this request.</p> <p>I agree that you can make any necessary enquiries in line with the Data Protection Act 2018 and the General Data Protection Regulations (GDPR). This may include sharing information with other council departments and partners.</p> <p>I authorise you to make any referrals necessary in connection with my/our application.</p>	
Assignee'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

housing@moray.gov.uk

