

## 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 be	edrooms):		
Has a tenant died (please circle	e the answer)?	Yes	No
If no, what are the circumstan	ces?		
Name of person requesting to	succeed tenancy:		
Relationship to tenant:			

Your telephone number:				
What date did you move in to	o the propert	:y?		
Please return this form with do	ocuments tha	at show you have	e lived in the prop	erty for 12
months. These should be form	nal document	s in your name (	e.g. bank stateme	ents, rent
statements or bills) which cove	er at least 12 r	months.		
Details of all other people liv	ing in the pro	operty:		
Full name	Relations	hip to applicant	Date o	of birth
	<u>, l</u>			
la varus hama taa hia fas varu	w culturent nece	da? Fax ayamalı	thava ava mava	hadraama
Is your home too big for you than your require for the hou		Yes	e, there are more No	: Dearooms
than your require for the not	iserioid.	163	NO	
If yes, would you consider ac	cepting a cas	sh incentive to n	nove into a prop	erty of a more
suitable size?		Yes	No	
If you would not consider mo	oving into a n	nore suitable pr	operty, please ex	plain 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 successio	n or			
assignment?				
Application approved by Neighbourh	nood			
Officer?				
If No, give details				
Application authorised by Neighbou	rhood			
Team leader?				
If No, give details				
ii ivo, give details				
Equal opportunities form				
1. What is your gender?		2. How old are	you?	
Male		16-24	40-54	55-64
Female		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	
			ricici not to say	
Gay	Lesbian	1 1		

5. Do you have the same gender id	entity that you w	vere assigned at birth?		
Yes				
No				
Prefer not to say				
6. Ethnicity – to which of these gro	ups do you cons	ider you belong?		
White: British		Asian/British: Bangl	adeshi	
White: Irish		Asian/British: Other		
White: Other		Black/ British: Carib	bean	
Mixed: White & Black Caribbean		Black/ British: Africa	an	
Mixed: White & Black African	Bla	ack/ British: Other		
Mixed: White & Asian		Chinese		
Mixed: Other		Gypsy, Romany or I	rish Traveller	
Asian/British: Indian		Other		
Asian/British: Pakistani				
If you ticked other, please give details:				
7. What is your religion?				
None Jewish	Н	indu	Buddhist	
Christian Other Chris	tian Isl	am/Muslim	Sikh	
Other				
If you ticked Other, please give details:				
8. Do you consider that you or a moderate and Act 2010? (i.e. a physical or mental	-	•		-
ability to carry out normal day-to-	-	ias a substalltial dilu	iong term enect on	Jui
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