

Application for Succession of Tenancy



Address of current property

Contact telephone number

Type of accommodation

Number of bedrooms

Names of current tenant(s)

Title	First Name	Surname	National Insurance No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Names of current deceased tenant

Title	First Name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

To be completed by the potential successor

Are you a joint tenant Yes No

Full Name(s)	Date of Birth	National Insurance No.
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

What is your relationship to the late tenant?

How long have you lived at the property?

Please attach evidence such as bank or utility statements which show how long you have lived at the property and list these below:

Type of Evidence (i.e. Phone Bill)

Dated

Type of Evidence (i.e. Phone Bill)	Dated

Do you own another property elsewhere or are you included on a Tenancy Agreement with a Housing Association or other Landlord?

Yes

No

If Yes please give details:

Declaration

I declare that the information given by me on this form is true, and I agree to notify you of any changes that may take place affecting the information that I have supplied.

Checklist

I have read the attached notes

The form has been signed by potential successor

Proofs of residence are attached

Please return this form and any proofs to Aspire Housing, Kingsley, The Brampton, Newcastle-under-Lyme, Staffordshire ST5 0QW

Signature of potential successor

Date:

Notes on Succession

Succession Rules:

A person is qualified to succeed the tenant if he/she occupied the dwelling house as his or her only principal home at the time of the death of the tenant and either:

- he or she is the tenant's spouse or the couple have signed the Civil Partnership register, or
- he or she is another member of the tenant's family and has resided with him or her for 12 months immediately prior to the tenant's death, or
- he or she is the tenants' partner and has lived together with the deceased tenant as life partners for at least 12 months immediately prior to the tenant's death.

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Previous Succession	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Date	<input type="checkbox"/>
Rent Arrears	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Amount	<input type="checkbox"/>
					Reason	<input type="checkbox"/>
Sub-Account Arrears	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Amount	<input type="checkbox"/>
Current Notice	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Details	<input type="checkbox"/>
Current Court Order	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Details	<input type="checkbox"/>
Does period of residence qualify?	<input type="checkbox"/>		<input type="checkbox"/>		Details	<input type="checkbox"/>
Would they qualify for succession?	<input type="checkbox"/>		<input type="checkbox"/>		Details	<input type="checkbox"/>

Notes: Approved Rejected

Letter sent: Date

Signature of Neighbourhood Officer Date:

Signature of Deputy Neighbourhood Manager Date:

Signature of the Residential Property Law Co-ordinator Governance Date: