

**Neighbourhood Services
 Assignment Application Form**

**This is an application only. Formal consent to move must be obtained from the council.
 Please complete all sections**

Address and Postcode:

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Tenant Details:

Occupant	First Name	Surname	Sex	DOB	NI Number	Ethnicity
Tenant 1						
Joint Tenant 2						

Contact Details:

	Tenant 1	Tenant 2
Home Telephone		
Mobile		
Work		
Email		

Tenancy Details:

1. Date original tenancy started
2. Are you the assignee and assignor joint tenants? Yes No If yes continue to question 5
3. Did you (Assignor) succeed to this tenancy? (please circle) Yes No Don't Know Date
4. Has the tenancy been assigned to you (Assignor) previously? (please circle) Yes No Don't Know Date
5. Are you (Assignor) still living at the tenancy address? If not what is your new address? Yes No Don't Know Date moved out New address:

Please turn over.....

Neighbourhood Services



Neighbourhood Services Assignment Application continued

Details of person you wish to assign your tenancy to (Assignee)

Relationship	First Name	Surname	Sex	DOB	NI Number	Ethnicity

PROOF OF RELATIONSHIP AND IDENTIFICATION REQUIRED

Assignees Details:

Home Telephone	
Mobile	
Work	
Email	

Has the person resided with you for the last 12 months? (please circle)

YES

NO

If you have stated YES, you must provide proof of your residency for at least 12 months using items from the list below

1 Primary Residency Evidence (minimum 2 docs from list one)	
Passport	
Benefit documentation	
HMRC tax office documents	
Salary Payslips	
Medical documentation	
Electoral register	
Council tax bills	
Disclosure Barring Service (formerly Criminal Record Checks CRB)	
2 We may also consider (and 1 from list two)	
Utility bills	
Bank statements	
Insurance letters	
Financial statements pension etc	
Photo driving licence	

Please turn over...

Neighbourhood Services Assignment Application continued

Assignee's Previous Addresses:

Please provide details of where the person has lived for the past 5 years:

Address 1 _____

Address 2 _____

Address 3 _____

Address 4 _____

Address 5 _____

Please give details of any other occupants remaining or that will live at the address

Relationship	First Name	Surname	Sex	DOB	NI Number	Ethnicity

Personal information statement

I understand and agree that Slough Borough Council will store my information on its systems to deliver services to me, and Slough Borough Council can disclose my information to other organisations to verify my legitimacy of assignment and to use my information in future where necessary to deliver the services I may need or want, or where required to disclose by law, or with our partners. I/We consent to a credit check to prevent fraud as part of my application. Any person knowingly making a false statement or misrepresentation in the assignment application, may be investigated and prosecuted under any and all relevant legislation.

Signed Assignor (current tenant):

Print:

Date:

Signed Assignee (proposed tenant):

Print:

Date:

Neighbourhood Housing Officer Assessment

To assess this form the officer managing the application must verify all responses in the above application marking the official use column with a date and initial where the response or evidence is sufficient, and cross reference the Tenancy Management Policy and Assignment Procedure

Neighbourhood Housing Officer Recommendation

(please circle recommendation)

A Assignment Approved (Name of Assignor)

B No right to Assignment (state reason)

Neighbourhood Housing Officer Name _____

Signature _____

Date _____

Tenancy Team Leader Approval of Neighbourhood Housing Officer Recommendation

(please circle)

AGREED

NOT AGREED (reasons if not agreed and advised course of action)

Tenancy Team Leader Name

Signature

Date