

## Request to Add a Tenant

## This form is NOT an application for housing assistance

Use this form to seek approval for a current member of your household to be added as a tenant on your existing tenancy agreement.

Name of Current Tenant	Reason for request to be added as a tenant (attach supporting evidence to this form)
Tenancy Ref No.	
Date of Birth	
D D M M Y Y Y Y	
Tenancy Address	
·	
Phone Number 1	
Phone Number 2	
Date current tenant started living at the property	
D D M M Y Y Y	
Household Member Details	
(Household member to be added as a tenant)	
Surname	
First Name	
Date of Birth	
D D M M Y Y Y Y	
Relationship to tenant	
Phone Number 1	Household Income and Asset
	Please complete a Rent Assessmer
Phone Number 2	return it with this request form.
	Under Housing Authority policy, the and assets of all tenants, co-tenants
Email	their partners are considered in dete
	ongoing eligibility for public housing
	household member as a tenant will
Date household member started living at the property	eligibility assessment being underta

**Details** nt form and income s and ermining . Adding a result in an ken and

may affect ongoing eligibility for public housing.

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affect eligibility for Housing Autho Tenant signature	•	Household member signature
£		<b>∠</b> D
Date D D M M Y Y Y Y		Date D D M M Y Y Y Y
Any information provided will be under the Authority Privacy, Confidentiality and the Author	,	ted purposes and will only be released in accordance with the Housing
•	,	
Authority Privacy, Confidentiality	,	Date received stamp
Authority Privacy, Confidentiality a	and Duty of Care Policy.	
Authority Privacy, Confidentiality a  Office use only  Documents Included	and Duty of Care Policy.  Person Ref	

Objective Ref

Declaration

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Office use only (HSO/HPSO to complete)	
Requesting household member:  Is eligible for public housing assistance Yes No Seligible for property type and size Yes No Seligible for public housing assistance Yes No Seligible for public housing assistance Yes No Seligible for property type and size Yes No Seligible for property ty	* Date first declared as a household member  ** Total of current debts  **  Provide details of any other relevant factors/circumstances.
HSO/HPSO Recommendation  Approve request  Decline request  Note the reasons for recommendation in line with Housing Authority Policy.	Manager Housing Services/Area Manager decision  Approve request  Decline request  Note the reasons for recommendation in line with Housing Authority Policy.
Name	Name
Position Signature	Position Signature
<b>∠</b> □  Date	Date
D D M M Y Y Y Y	D D M M Y Y Y

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