



St. Leger Homes of Doncaster

APPLICATION FOR TRANSFER OF TENANCY

Tenant's Full Name _____

Address _____

Type: Bungalow/House/G.F. Flat/Upstairs Flat/Bed sitter/Maisonette* No. of Bedrooms _____
(*Delete as appropriate)

You are advised that this transfer of tenancy could adversely affect the tenant's rights under the Housing Act 1985 to buy the property. Should you wish to make enquiries regarding this subject before proceeding with this application you should contact your local St. Leger office.

Full name of applicant _____

Present address _____

Relationship to present tenant _____

Give details of all persons who would occupy the dwelling with you (including yourself):

Last Name	Mr/Mrs/Miss	First Name	Date of Birth	Relationship

Reason for request _____

In case of death, please give the date _____
(Please provide a copy of the death certificate.)

Applicants are also advised that when seeking to claim a succession of tenancy following bereavement, any monies received from persons left in occupation of a Council dwelling will only be accepted for use and occupation until such time as the right to succeed is decided by St. Leger Homes.

Please note, in cases of marital dispute, no transfer of tenancy may take place without either the written consent of the tenant, or a court order granting the tenancy to the applicant. This application shall be considered further only upon receipt of notice from the tenant that he/she is prepared to surrender his/her tenancy in your favour. You will be notified of St. Leger Homes decision and you do not become tenant by virtue of completing this form.

Applicants who may be eligible for Housing Benefit are advised to apply once the transfer application is approved or if the existing tenant leaves the property before approval is obtained. A Housing Benefit application form is enclosed.

I agree to accept this tenancy and accept responsibility for the payment of rent from _____

Signed _____ Date _____



FOR OFFICE USE:

Remarks and Recommendations of Rent Officer

Rent _____

Add Charges _____

Heating _____

Signed _____

Date _____

Remarks and Recommendations of Estates Officer

Signed _____

Date _____

Transfer of Tenancy Authorised

Team Leader _____

Date _____

Service Delivery Manager _____

Date _____

