Assignation Application Form

An assignation of tenancy occurs when a tenant who intends to leave the property passes all rights and obligations from the tenancy agreement to another person. Please note you must have had at least 6 months tenancy before making this application.

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| **Tenancy Details** |
| Tenant’s Name (including title): |
| Date of Birth: |
| Current Address: |
| Home No: | Work No: | Mobile No: |
| Email Address: |

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| **Tenant’s Household Members** |
| Name | Relationship to Tenant | Date of Birth | Sex |
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| **Tenant’s Property Details** |
| Type of House: |
| Size of House: |
| Adaptations: |

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| **Reason for Assignation** |
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| **Proposed Assignee: Personal Details** |
| Name: | Relationship to you: |
| Length of time they have been living in your house as their only or main home: |
| From: | To: |

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| **Proposed Assignee: Household Details** |
| Name | Relationship with Proposed Assignee | Date of Birth | Sex |
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| **Proposed Assignee: Addresses in Past Three Years** |
| Address | Name of Landlord | From | To | Reason for Leaving |
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| **Proposed Assignee: Further Details** |
| Has action ever been taken against anyone in the household for antisocial behaviour?  Yes / No |
| If yes, please provide details: |
| Are there any legal measures restricting access or behaviour? Yes / No |
| If yes, please provide details: |
| Do you have any other relevant information you wish to add? Yes / No |
| If yes, please provide details: |
| Do you agree to be responsible for paying any outstanding rent arrears due at the date of assignation? Yes / No |

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| **Declaration** |
| I hereby declare that to the best of my knowledge the information I have given on this form is correct. I hereby authorise Cairn Housing Association to make any enquiries that are deemed necessary in connection with any information given by me, including any personal data protected by the Data Protection Act 1988. |
| **Signature(s) of Tenant (those giving up tenancy):** | **Date:** |
|  | **Date:** |
| **Signature(s) of Assignee(s) (person taking over tenancy):** | **Date:** |
|  | **Date:** |

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| For Office Use Only |
| Date Received |  |
| Approved / Declined |  |
| HO Signature |  |
| SM Signature (if applicable) |  |

Cairn Housing Association

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