



## Application for Permission to Reside

The issue of this form does not mean that permission to reside will be granted

**Tenant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

### Current Household Details

Enter details of everyone who normally lives at your address, starting with yourself. Please include any unborn children.

| Name | Date of Birth | Relationship to Tenant |
|------|---------------|------------------------|
|      | / /           | Tenant                 |
|      | / /           |                        |
|      | / /           |                        |
|      | / /           |                        |
|      | / /           |                        |
|      | / /           |                        |

### Proposed Additions to Household

Enter details of everyone who you are requesting permission to reside for.

Please include any unborn children.

| Name | Date of Birth | Relationship to Tenant |
|------|---------------|------------------------|
|      | / /           |                        |
|      | / /           |                        |
|      | / /           |                        |
|      | / /           |                        |

### Previous Addresses

Enter details of previous addresses covering the last 5 years, for those seeking permission to reside.

| Address | Landlord | From | To |
|---------|----------|------|----|
|         |          |      |    |
|         |          |      |    |
|         |          |      |    |
|         |          |      |    |

**Offences** (to be completed by person seeking permission to reside)

Have you ever been convicted of any criminal offence which cannot be regarded as spent as defined within the Rehabilitation of Offenders Act 1974? (N.B. This will not affect your application)

**Yes/No/Don't Know**

Are you required to register with the Police under the Sexual Offences Act 2003?

**Yes/No/Don't Know**

**Additional Information**

Reason for requesting permission to reside \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are applying for permission to reside on medical grounds, please provide supporting documentation, e.g. Social Work/Doctor/Health Visitor report.

I have read the Association's Tenancy Changes Policy and hereby declare that the above information is a true record of my/our present circumstances.

Signed: \_\_\_\_\_  
(BHA Tenant)

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Proposed Household Member)

Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

**Granting of Permission**

|   |           |    |
|---|-----------|----|
| Size of Property  | apartment |    |
| Overcrowding if Granted   | Yes       | No |
| If Spouse/Partner/Medical Support, is overcrowding unreasonable | Yes       | No |
| Approved  | Yes       | No |
| Reason for Decision   |           |    |
| If Approved, SDM Diary Updated with Review Date YES NO          |           |    |

Signed: \_\_\_\_\_  
(Housing Officer)

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Senior Housing Officer)

Date: \_\_\_\_\_

**Notes**

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