blairtummock housing association
at the heart of our community

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:_____ Date:_____
(BHA Tenant)

Signed:_____ Date:_____
(Proposed Household Member)

Proof of residency is required, this could be an original letter confirming receipt of benefit, driving license, utility bill, bank statement or council tax bill. At least 2 items should be provided. The application cannot be considered until the above information is provided.

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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:_____ Date:_____
(Housing Officer)

Signed:_____ Date:_____
(Senior Housing Officer)

Notes

_____

_____

_____

_____

_____