

APPLICATION TO SUBLET

1. **Tenant's Current Name:** _____

Address: _____

_____ Postcode: _____

If you would like us to contact you by telephone, text or e-mail regarding your application, please give a daytime telephone number or e-mail address:

2. **Name of the person you wish to sublet to:** _____

Date of Birth: _____ National Insurance Number: _____

Current Address: _____

Length of time at this address: _____

Previous Addresses: _____

If permission to sublet is given, how many people will occupy the house? Please give details: _____

3. **Details of the part of your tenancy you wish to sublet:**

4. **If applying to sublet your whole tenancy, give your address and telephone number during the period of sublet:**

Address: _____

Telephone Number: _____

5. **Details of the reason for and duration of the proposed sublet. Please include any conditions you would like to place on the sublet:**

6. Will any payment be made to the tenant as an incentive to sublet their tenancy, or a part of it?

Yes No If yes, give details below.

7. If you are to be living elsewhere during the period of the sublet, what arrangements have you made to ensure that the sublet will be properly managed?

Please give details: _____

I understand that completion of this form does not guarantee that my application has been successful. I acknowledge that I will be informed in writing of the outcome of this application within **twenty eight days**.

I/We declare that the information we have given in this form is true in all respects.

Signature _____
(Tenant)

Signature _____
(Joint Tenant, if applicable)

Date _____

Date _____

8. General Data Protection Regulations 2018 – Your Personal Data:

We authorise the Council to make such enquiries as may be required to any other relevant agencies for the purposes of this application, in accordance with the General Data Protection Regulations 2018. This includes other Councils, Housing Associations, Private Landlords and Social Services if applicable.

We also give permission to contact any relevant agency including my GP, Hospital Consultant or other health care providers with regard to housing on medical grounds to verify any medical details.

We authorise any of the above agencies to release to the Council such information as they may require.

Signature _____
(Tenant)

Signature _____
(Joint Tenant, if applicable)

Date _____

Date _____

Signature _____
(Proposed Sub Tenant)

Date _____

FOR OFFICIAL USE ONLY

REGISTRATION

Give the form the next number in the Change of Tenancy Ledger.

Number _____

Date _____

CURRENT TENANT'S RENT ACCOUNT CHECK

- Rent Account Number _____
- House Type: _____ Number of Bedrooms _____ Location _____
- Is the tenancy a SST or a SSST
- Is this house adapted for special needs? Yes No
- Is this house sheltered? Yes No

SUB-TENANT'S CHECK

Does the proposed sub-tenant have a current tenancy elsewhere? Yes No

If yes, give details. _____

Check for any housing related debt due to the Council by the proposed sub-tenant. **Advise the Corporate Debt Team of any forwarding address(es) not currently held on the system.**

Details debt(s) and reference numbers _____

Is there any evidence that the proposed sub-tenant has had any legal action against them for breaking the terms of a current or former tenancy? Yes No

If yes, give details. _____

ANTI SOCIAL SYSTEM CHECK

Check the names of the tenant(s) or any member(s) of the household in the Anti Social Behaviour System to ascertain if there is any history of anti-social behaviour. **If none write "none".**

Details _____

Check the Anti Social Behaviour System to ascertain if there is any history of anti-social behaviour in respect of the sub-tenant. **If none write "none".**

Details _____

SUITABILITY OF THE ACCOMMODATION

Is the size, type and adaptations in the house (if any) suitable for the needs of the proposed sub-tenant? Yes No

If no, give details. _____

Checklist Completed By (signature) _____ Date _____

This form should now be passed to the Team Leader who will decide on whether or not the tenant will be given permission to sublet their tenancy.

Sublet Approved/Refused/Requires Further Information (Please delete as necessary)

_____ Date: _____
Team Leader's Signature

Reason(s) for Refusal _____

Please note that all refused application forms should be retained in the Change of Tenancy Folder for ease of access in the event of a complaint or appeal.

If further information is requested by letter and it is not received within twenty one days, then a letter of refusal should be sent out stating that there is insufficient information to make a decision in their case.

Approval/refusal/Request for Further Information * letter sent _____ (date)
* delete as appropriate

OR

Date and details of telephone call requesting further information made _____

_____ (date)