

APPLICATION TO AMEND TENANCY AGREEMENT DETAILS

INFORMATION FOR ANY TENANT SEEKING AN
AMENDMENT TO AN TENANCY AGREEMENT



DEVELOPING HOMES AND CREATING OPPORTUNITIES
FOR PEOPLE WITHIN WEST NORFOLK

Freebridge
COMMUNITY HOUSING



POINTS OF NOTE FOR ANY TENANT SEEKING AN AMENDMENT TO TENANCY AGREEMENT DETAILS:

- Your Tenancy Agreement with Freebridge Community Housing is a legal Contract, and as such there are strict legal rules which govern when and in what way it can be amended.
- For example, as Clause 2.2 of the Tenancy Agreement states, “Except for changes in rent or service charges this Tenancy Agreement may only be altered with the written consent of both you (as the tenant/s) and us (Freebridge Community Housing)”
- In many circumstances, it is not possible to amend the details of the existing Tenancy Agreement, and instead it will necessary to issue a new Tenancy Agreement in the new details – for example if this relates to a sole tenant who wishes to add another person to the Agreement and create a joint tenancy
- This Application is the first stage in requesting an amendment to be carried out. Our Housing Staff will then check the legal position in regards to the amendment which is being requested, and advise you as to whether Freebridge Community Housing consents to the amendment taking place and whether/if this is possible – and if so how.

APPLICATION DETAILS

Tenant:

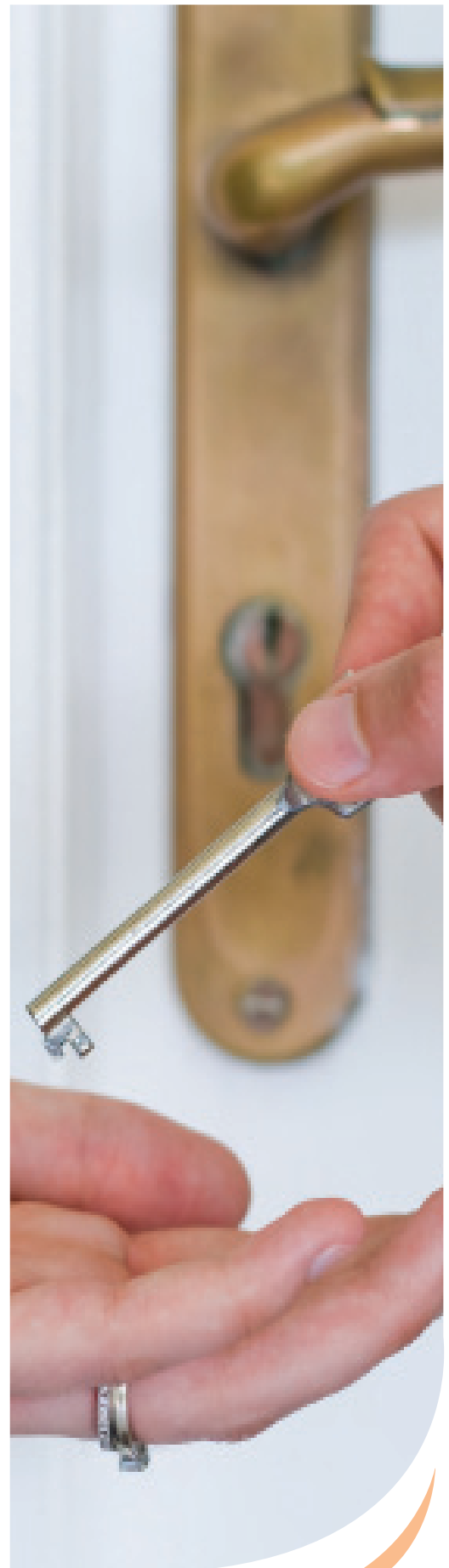
NI number:

Tenant:

NI number:

Address:

Telephone
(Home and/or
Mobile):



REASON FOR WISHING TO AMEND YOUR TENANCY

Please tick the appropriate Amendment box:

1. SEPARATION

Both joint tenants should sign this form to confirm their agreement to the removal of one name, and the consequent assignment of the tenancy to the remaining tenant.

Please note that you will be required to attend a meeting with the Housing Officer if your application is successful.

2. CHANGE OF NAME

Please tick which official documents you are including that confirm your change of name.

Marriage Certificate Other

3. BEREAVEMENT / SUCCESSION

The person wishing to succeed e.g. become the sole tenant of the property following the death of a joint tenant, or to newly assume the position of a tenant, should complete and sign this form and include a copy of the death certificate of the late tenant. If you are

requesting to newly assume the position of a tenant, please also provide supporting evidence e.g. utility bills, DSS papers etc to confirm you have been resident in the property for at least the last 12 months.

4. ADD NAME

Please provide original copies of documents to show that the person wishing to be added to the tenancy has been resident for at least 6 months e.g. utility bills, DSS papers etc.

After this signed application has been received you will be required to attend a meeting with the Housing Officer: if your application is successful you will be offered a new joint Assured Tenancy.

Please state here how long the person wishing to be added to the tenancy has been resident at the property:

Years Months

Please tick which official documents you are including that confirm the length of occupation

Utility Bill DSS papers Other

5. OTHER

Please enter one of the following options for the Ethnic Origin of each member of your household:

White	Mixed	Gypsy or traveller
White – British	White & Black Caribbean	Roma
White – Irish	White & Black African	Irish
White – Bulgarian	White & Asian	Travelling show people
White – Cypriot	Mixed other	New traveller
White – Czech		Other
White – Estonian	Asian or Asian British	
White – Hungarian		Chinese or other ethnic
White – Italian	Indian	
White – Latvian	Pakistani	Chinese
White – Lithuanian	Bangladeshi	Other
White – Maltese	Asian Other	
White – Polish		
White – Portuguese	Black or Black British	
White – Romanian		
White – Slovakian	Caribbean	
White – other	African	
	Black other	

**SIGNATURE OF APPLICANT(S) WHO HAVE TICKED AMENDMENT BOXES 2 – 5
i.e. change of name; bereavement/succession; add name; other**

Signature of joint tenant (1) who wishes to remain in the property as sole tenant.
I authorise you to make the necessary amendments to the tenancy should this application be successful.

Signature(s);

Print name(s):

Date:

SIGNATURES REQUIRED RE AMENDMENT 1 ONLY (SEPARATION)

Signature of joint tenant (1) who wishes to remain in the property as sole tenant.
I authorise you to make the necessary amendments to the tenancy should this application be successful.

Signature;

Print name:

Date:

Signature of joint tenant (2) – giving up his/her joint tenancy: this signature will confirm your agreement to the removal of your name from the tenancy.
I authorise you to make the necessary amendments to the tenancy should this application be successful

Signature;

Print name:

Date:

Forwarding address:

Thank you for taking time to complete this Application Form. We will now consider your request to amend the details of your Tenancy Agreement and will advise you of our decision as soon as possible.

It might be that we need to come back to you for further clarification and information in regard to your request – so please ensure you have provided contact telephone numbers and completed the form as fully as possible.

DATA PROTECTION - PRIVACY NOTICE/FAIR PROCESSING NOTICE

Freebridge Community Housing (Freebridge) is a Registered Provider of Social Housing. Freebridge needs to collect certain information about its tenants and leaseholders in order to be able to act as a responsible landlord, and to fulfil its statutory duties. The information gathered in this form will be used by Freebridge and its third party partners in meeting its obligations, and in order to inform its service users from time to time about the services it can offer. If you have any queries regarding the collection and use of this information, please contact your Housing Officer.

IF ENGLISH IS NOT YOUR FIRST LANGUAGE PLEASE TELL US – WE WILL BE HAPPY TO HELP YOU.
PLEASE CONTACT US IF YOU REQUIRE THIS LEAFLET IN LARGER PRINT OR ON TAPE.

Freebridge Community Housing
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Austin Street
King's Lynn
Norfolk PE30 1DZ

Email: enquiries@freebridge.org.uk
Main Switchboard Telephone: 03332 404 444

Office Opening Hours:
8:45am - 5.15pm (Mon-Thurs)
8:45am - 4.45pm (Fri)
Bank Holidays, Saturday and Sunday Closed

Out of Office Hours:
The main telephone number (03332 404 444)
will divert to 24 hour emergency service.