

## **Tenancy Application**

- Please write clearly in black ink.
- Failure to complete this application form correctly and in full may lead to your application not being processed further.

		<b>Detai</b>	ls										
										1			
Title		First Name		Surname		National		Date of Birth		Sex			
Mr/Mrs/Miss/	/Ms					Insurance	e No	DD,	/MM/YY		M/F		
If allocated a			النبيييي	l be everete	٠ ـ ـ	 	~~l +~~	-nt a:	than bu van	aalf	(a single		
If allocated a													
tenancy) or with others in your household (a joint tenancy). Which type do you wish to have?  Single  Joint													
Sirigi	.с	٥,											
Marital Sta	Marital Status												
_	Single Married Divorced Cohabiting Widowed Separated												
_						_							
Current Ad		S											
Current Addr	ress					Correspondence Address(If Different)							
Postcode		<b>41.1</b>	, 1			Postcode							
Telephone N													
Telephone N		er(Mobi	ie)										
E-Mail Addre	ess												
Drovious as	ddra	ssos in	lact E vos										
Previous addresses in last 5 years						ndlord Name From To							
Address					Landiord Name 110m			110111		U			
Have you o	r an	v mem	ber of the	Household	l mo	ving with	vou ar	ıv der	endants?	I			
Yes 🗌	N	- —				, , , , , , , , , , , , , , , , , , ,	,	-, <sub>F</sub>					
Who will be	movi	ng with	you? Plea	se give detai	ils of	everyone a	part fro	m the	applicant(s	s) who	o will be		
living with yo	ou wl	hen you	move.										
Title	First	Name	Surname	National		Date of Birth	Sex	Rela	tionship to	Livi	ng with you		
Mr/Mrs/ Miss/Ms				Insurance N	0	DD/MM/YY	M/F		you	,	now? Yes or No		
14133/1413											res or No		
If you have I					whe	n you move	but wh	no lives	elsewhere	at pr	esent, give		
their name(s	s) and	d addre	ss(es) belov	w:		1							
Will the DS	S be	payin	g part of y	our rent?Y	es [	No	o 🗌						

**Director:** J Simpson **Registered No:** NI612873 **Address:** 11 Irish Green Street, Limavady BT49 9AA

Tel: 02877767070 E-mail: enquiries@jswap.co.uk Web: www.jswap.co.uk

2. Eligibil	ity											
		gainst you, or a member of your household, in relation to anti-so	cial									
behaviour committed in, or in the locality of, any home occupied by you at that time?												
Yes 🔛	No 🗌											
Have you or an	v member of vour ho	usehold ever been convicted of a serious offence in, or in the										
	locality of, any home occupied by you at that time?											
Yes No												
If you have answered yes to any of the above, please give details												
Why do you wish to be considered for JSWAP housing? Please give details												
Diopeo givo th	o dotalla of two m	and from who references may be obtained these must be										
		ople from who references may be obtained, these must b I standing, eg employer, current or ex-landlord etc:	JE									
Name	pioyea ana in goo	Name										
Occupation		Occupation										
Address		Address										
71441 655		71001000										
Telephone Num	ber	Telephone Number										
Length of time		Length of time known										
		1 = 0.19 0. 1 0										
3. Require	ements											
	ements the type of property	you require:										
Please indicate	the type of property	<u>_</u>										
Please indicate		you require:  House  Bungalow Flat/Apartment										
Please indicate  Detached S	the type of property	<u>_</u>										
Please indicate  Detached S  With Garage?	the type of property emi Terrace  With Garden?	House Bungalow Flat/Apartment										
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