

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.

1. Personal Details

Title Mr/Mrs/Miss/Ms	First Name	Surname	National Insurance No	Date of Birth DD/MM/YY	Sex M/F

If allocated accommodation you will be expected to become a legal tenant, either by yourself (a single tenancy) or with others in your household (a joint tenancy). Which type do you wish to have?

Single Joint

Marital Status

Single Married Divorced Cohabiting Widowed Separated

Current Address

Current Address		Correspondence Address(If Different)	
Postcode		Postcode	
Telephone Number (Home)			
Telephone Number(Mobile)			
E-Mail Address			

Previous addresses in last 5 years

Address	Landlord Name	From	To

Have you or any member of the Household moving with you any dependants?

Yes No

Who will be moving with you? Please give details of everyone apart from the applicant(s) who will be living with you when you move.

Title Mr/Mrs/ Miss/Ms	First Name	Surname	National Insurance No	Date of Birth DD/MM/YY	Sex M/F	Relationship to you	Living with you now? Yes or No

If you have listed anyone who will live with you when you move but who lives elsewhere at present, give their name(s) and address(es) below:

Will the DSS be paying part of your rent? Yes No

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. Eligibility

Has anyone ever made complaints against you, or a member of your household, in relation to anti-social behaviour committed in, or in the locality of, any home occupied by you at that time?

Yes No

Have you or any member of your household 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

Please give the details of two people from who references may be obtained, these must be unrelated, employed and in good standing, eg employer, current or ex-landlord etc:

Name		Name	
Occupation		Occupation	
Address		Address	
Telephone Number		Telephone Number	
Length of time known		Length of time known	

3. Requirements

Please indicate the type of property you require:

Detached Semi Terrace House Bungalow Flat/Apartment

With Garage? With Garden?

How many bedrooms do you require:

How long do you need the property for? Months or Long-term

Do you intend to keep pets? Please give details:

Please list the housing areas you would like:

1	4
2	5
3	6

Please sign below to confirm that all the information you have supplied in this application is to the best of your knowledge complete and accurate. We require you to supply us with one item of photographic identification and one form of address verification in support of your application.

If any information submitted on this form is later found to be false or misleading, it may invalidate your application, or your tenancy, if one has been taken up.

Signed

Date

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