

WISHAW AND DISTRICT HOUSING ASSOCIATION LIMITED

Assignment Application Form

**NOTE : Page 1 to be completed by the Assignor
Page 2 to be completed by the Assignee(s)**

I/We, _____, (The Assignor[s]) do hereby declare that I/we am/are leaving _____ permanently, and wish to convey all my/our rights and obligations under the Tenancy Agreement to _____, who has been residing in the house since _____ as my/our _____ (eg. spouse, co-habitee, son, daughter)

I/we will be leaving/have left the house on _____ and my/our forwarding/contact address is _____.

The following person/people will be remaining in the house:-

NAME	RELATIONSHIP	DATE OF BIRTH

House Size: Type:

I/We hereby declare that the information I/we have given in this application is correct and complete and I/we understand that any false or misleading information, or information deliberately withheld will invalidate this application.

Signature[s]: Date:

Signature[s]: Date:

I/We, _____, (The Assignee[s]) do hereby declare that I/we am/are willing to accept the assignation of the tenancy at _____, and will be bound by the terms embodied in the Association's Tenancy Agreement.

Signature[s]: Date:

Signature[s]: Date:

TO BE COMPLETED BY ASSIGNEE ONLY

The law requires the Association to clearly show that this Assignation to current or former members of staff OR Board of Directors OR their close relatives are made in line with the Association's policy. This is to ensure that no-one can unfairly benefit from being connected to the Association. To help the Association to follow the law, please declare any personal connection you may have with anyone connected with Wishaw and District Housing Association.

Are you or have you ever been a member of the Board of Directors or staff of the Association? Yes No

If YES, what job title or position of the Board of Directors did you hold? _____

Are you or any member of your household to be re-housed with you, related to a member of the Association's Board of Directors or staff? Yes No

Are you or any member of your household in any other way connected to a member of the Association's Board of Directors or staff? Yes No

If YES, to the above, please give the name(s) of the staff or Board of Directors member(s) and the nature of the relationship.

Name: Relationship to Applicant:

Name: Relationship to Applicant:

Assignee[s] Signature[s]: Date:

Assignee[s] Signature[s]: Date: