

**Neighbourhood Services
 Succession Application**

Tenant completes all this section	Official Use Only
Address of tenancy	
Date of original tenancy commencement	
Current Tenants name	
Date of death (please provide a true copy of the death certificate)	
Did the tenant succeed to this tenancy? (please circle) Yes No Don't Know Date	
Full name of person wishing to take on the tenancy (please circle) YOU MUST INCLUDE PROOF OF IDENTITY Mr / Mrs / Miss / Ms / Dr (please circle)	
Date of Birth of person wishing to take on tenancy	
National Insurance Number of person wishing to take on tenancy	
Contact details of person wishing to take on tenancy Mobile: Phone: Email:	
Relationship to the current tenant (please circle) PROOF OF RELATIONSHIP REQUIRED Spouse / Partner Other family member (specify relationship) Other (specify relationship)	

Neighbourhood Services



Neighbourhood Services Succession Application continued

Tenant completes all this section	Official Use Only																																
<p>Have you resided with the current tenant for the last 12 months? (please circle)</p> <p style="text-align: center;">YES NO</p> <p>If you have stated YES, you must provide proof of your residency for at least 12 months from the date of death (and 1 from list 2)</p>																																	
<p>Please detail where you have lived for the past 5 years</p> <p>Address 1</p> <p>Address 2</p> <p>Address 3</p> <p>Address 4</p> <p>Address 5</p>																																	
1 Primary ID Evidence (minimum 2 docs from list one)																																	
Benefit documentation																																	
HMRC tax office documents																																	
Salary Payslips																																	
Medical documentation																																	
Electoral register																																	
Council tax bills																																	
Disclosure Barring Service (formerly Criminal Record Checks CRB)																																	
2 We may also consider (and 1 from list two)																																	
Utility bills																																	
Bank statements																																	
Insurance letters																																	
Financial statements pension etc																																	
Photo driving licence																																	
Please give details of any other occupants																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%; padding: 5px;">Name & relationship</th> <th style="width: 20%; padding: 5px;">Date moved in</th> <th style="width: 15%; padding: 5px;">Date of Birth</th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name & relationship	Date moved in	Date of Birth																														
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Personal information statement

I understand and agree that Slough Borough Council will store my information on its systems to deliver services to me, and Slough Borough Council can disclose my information to other organisations to verify my legitimacy of claim for succession and to use my information in future where necessary to deliver the services I may need or want, or where required to disclose by law, or with our partners. I/We consent to a credit check to prevent fraud as part of my application. Any person knowingly making a false statement or misrepresentation in the succession application, may be investigated and prosecuted under any and all relevant legislation.

Signed:**Print:****Date:****Neighbourhood Housing Officer Assessment**

To assess this form the officer managing the application must verify all responses in the above application marking the official use column with a date and initial where the response or evidence is sufficient, and cross reference the Succession Policy

Neighbourhood Officer Recommendation

(please circle recommendation)

- A Succession Approved (Name of successor)
- B Succession Approved but needs to downsize as property is too large
- C No right to succession (state reason)
- D No right to succession but exception triggered due to safeguarding concern and case to be referred for Management Decision

Neighbourhood Housing Officer Name

Signature

Date

Neighbourhood Tenancy Team Leader Approval of Neighbourhood Housing Officer Recommendation

(please circle)

AGREED

NOT AGREED (reasons if not agreed and advised course of action)

Team Leader Name

Signature

Date

Administration Actions

- | | | |
|--|--------------------------|------|
| Letter sent to the customer advising outcome | <input type="checkbox"/> | Date |
| Tenant details updated in Capita | <input type="checkbox"/> | Date |
| Lettings notified where downsizing | <input type="checkbox"/> | Date |
| Documents scanned to DIP | <input type="checkbox"/> | Date |