**Application to add an occupant to a tenancy agreement**

\*Before completing this form please read the attached terms & conditions carefully\*

IF EITHER PARTY KNOWINGLY GIVES FALSE INFORMATION, BOTH PARTIES COULD LOSE THEIR TENANCY

To be completed by the existing tenant:

FULL NAME:

DATE OF BIRTH:

ADDRESS:

DATE TENANCY COMMENCED:

I have read and agreed to the condition referred to above and agree to relinquish my exisiting tenancy of: 15 Sallyport, St Mary’s, Isles of Scilly, TR21 0JE

With effect from the tenancy commencement date above this property will be my main residence and only home.

SIGNED………………………………………………… DATED…………………………………

To be completed by the proposed additional occupant:

FULL NAME:

DATE OF BIRTH:

NATIONALITY:

DATE OF MOVING IN TO THE ABOVE ADDRESS:

Relationship to existing tenant:……………………………………………………………………

Have you ever been, or are you a tenant of Isles of Scilly Council or any other Authority?:

YES/NO

If YES please state:

Do you have any legal interest in any other property (tenant/Mortgage etc): Yes/No

If YES please give full details:

Are you subject to immigration control?: YES/NO

If YES please provide relevant documents:

I agree to become and occupant of the above tenancy as of:

And agree to abide by the terms and conditions of the tenancy of Isles of Scilly Council, This property will be my main residence and only home.

**SIGNED………………………………………………………… DATE……………………………..**