

## **APPLICATION TO TRANSFER TENANCY**

1a) DETAILS OF PERSON(S) WISHING TO ACQUIRE SOLE/JOINT TENANCY			
Your Name:			
Tenancy Reference:			
Address:			
Tel no: Home	Mobile	/	
Work	E-mail		

1b)	PERSONS REMAINING AT ABOVE ADDRESS			
	Name	Date of Birth	Relationship	If Child, do you have Legal Custody?

(	1c)	OTHER DETAILS	
	Were you born in Guernsey?	YES/NO	(*Delete as appropriate)
	Do you have a valid Right to W	/ork Document? *YES/NO	
	If YES state S D Number		
	How many years have you res	ided in Guernsey?	
	Are you *Married/Divorced/Le	egally Separated/Widowed/	Single?

2a) DETAILS OF PERSON TERMINATING TENANCY		
Your Name:		
New Address:		
Tel Number: Home	Mobile	
Work	E-mail	

2b) PERSONS LEAVING STATES HOUSE TO RESIDE AT NEW ADDRESS			
Name	Date of Birth	Relationship	If Child, do you have Legal Custody?

3)	BOTH PARTIES TO SIGN
Name:	
Signature:	
Date:	

Should you require advice on completion of this form or have any queries in relation to it, please contact the Tenancy Section on Tel: 717210

For Office Use Only:		
Decision:		
	Signed:	Date:
	Hims Updated:	Signed:



## "How we collect and use information

Housing processes personal information in order to carry out the functions of the Committee for Employment and Social Security that relate to the provision of accommodation. Information collected will depend on your business with us, but will be no more than is required for that purpose. We may get information about you from others for any of our purposes if the law allows us to do so. We will share information with the Guernsey Housing Association to the extent necessary to discharge our responsibilities as co-provider of social rented, sheltered and extra care housing. Any personal information you give to us will be processed in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2001. If you wish to know more about the information we have about you, or about the way we use it, you can ask at the Office *for* Employment & Social Security."