## Application for Succession to a Scottish Secure Tenancy

Name
Address
Postcode
Home Tel.
Mobile No
Email Address
In the event of the tenants death, in order to succeed to a

In the event of the tenants death, in order to succeed to a tenancy the person must have been living in your property as their only principal home for the 12 months before making this application. The Association must also have been informed that they were a member of the household.

## PLEASE ANSWER ALL QUESTIONS IN FULL USING BLOCK LETTERS

Do you require any of t	he following options to aid you with	your application?
Large Print Text 🛘	Language Interpreting Service	Braille Text 🛘



Tenancy Reference No.
Date Returned:

1. Your Details						
Full Name		Date	of Birth	Relationship to deceased tenant		
Is this your main hon	ne?				Yes □	No □
Property type:	☐ House		□ Bungalow	□ Flat		
Property sub type:	□ Semi-Det □ Ground Fl □ Maisonet	oor		☐ Secon		
Number of bedrooms	:□1 □4		□ 2 □ 5	□3		
Was the house purpo or have any adaptat			ne with a disability	y	Yes □	No □
If yes, do you or a me	ember of you	family	have a disability	? Please p	rovide deta	ıils:
2. Deceased Tena	nt					
Name						
Date of Death						
Copy of Death Certif (This is required befo		can be	approved)		Yes □	No □
3. Details of Solic	itor or Exec	utor c	of Will			
Solicitor or Executor's	Name:					
Address						
Postcode						
Telephone Number_						

4. If you were a carer					
Please provide the details of your l tenant (or a member of their famil		ss before	e you moved	to care for the	e deceased
Address					
D. 4					
Postcode					
5. Please provide details of c	all other	person	s currently	living in the	e household
Full Name		Relatio	nship to dec	eased tenant	Date of Birth
6. Please provide details of a tenancy	anyone jo	oining y	our house	ehold if you s	ucceed to
Full Name	Relations	ship to	Date of Birth	Previous Add	lress

anti-social behaviour within the last 3 years?	Yes ⊔	No LI
If Yes, please provide details:		
Name of Person Evicted		
Evicting Landlord		
Has any person covered by this application been the subject Anti-Social Behaviour Order (ASBO) under Section 19 of the Crime and Disorder Act 1998, on or after 30th September 200		No □
If YES please provide details:		
Name of person subject to ASBO		
Are you, or any person noted on this application form required to register with police under the Sex Offenders Act 1997	d Yes □	No □
DECLARATION		
Please read through the following statements and sign at the k show you understand and agree with them	pottom to acknowle	dge and
<ul> <li>I declare that to the best of my knowledge, the answers given are true and accurate. I/We understand that any false inform my/our application to run a business from home being cancell</li> </ul>	nation provided may	
• I/We authorise the Association to make any necessary enquiring the information provided.	es to verify the accu	iracy of
• I/We understand that illegal activity as a result of this arrange being taken against my tenancy.	ement will result in o	action
• I confirm that I will notify Angus Housing Association immedia circumstances as related in this application.	tely of any changes	in my
• I understand that the issue of this form does not guarantee per tenancy from Angus Housing Association Limited	ermission to success	ion to a
Name (Block Capitals)		
Signature of Tenant	Date	
Name Joint Tenant (Block Capitals)		
Signature of Joint Tenant	Date	

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# Once completed please send your form to: Arbroath Office: Angus Housing Association Ltd 93 High Street Arbroath Ormiston Crescent Whitfield, Dundee DD11 1DP OFFICIAL USE ONLY - To be completed by Housing Management staff

OFFICIAL USE ONLY - To be completed by Housing Management staff						
Date of receipt of ap	Date of receipt of application: Reply required by:					
Date of response:		Tenancy Refere	nce numbe	r:		
·		,				
Is the applicant a que	alifying person?			Yes □	No □	
Priority:						
First priority:	☐ Joint tenant ☐ (	Cohabiter	□ Tenant's	spouse/civi	l partner	
	/she lived in the propert months prior to the dea	,	:?	Yes □	No □	
Are there any other p	ersons eligible to succee	ed?		Yes □	No □	
Second priority:	☐ Spouse or Cohabiter		☐ Grandpo	arent		
	□ Parent		□ Children and Grandchildren			
	☐ Stepchildren and Fo	ster Children	☐ Sister and Brother			
	□ Aunt and Uncle			☐ Niece and Nephew		
Are there any other p	ersons eligible to succee	ed?		Yes □	No □	
Third priority:						
Are there any other persons eligible to succeed?				Yes □	No □	
Has the applicant given up their principal home to care?				Yes □	No □	
If yes, obtain written evidence (e.g. confirmation from previous landlord of Tenancy termination).						
	sbmitted evidence to co				al home?	

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<ul> <li>Chbrutherford</li> </ul>
Designed and Produced by
A-SSST3 - 04/2025

If the property has been purpose built for sor adaptations has been made, does the perso special needs, or are they a spouse, cohabite	n who is eligible to	succeed ha	ve	No □
If no, alternative accommodation must be pr	ovided.			
If application is refused, has applicant been	advised of appeal	rights?	Yes □	No □
Has the application been approved?			Yes □	No □
If no, please specify why:				
Signature	(Housing Officer)	Date		
Signature (H	ousing Manager)	Date		

## YOUR PERSONAL INFORMATION (TENANT)

We, Angus HA, are the controller of the personal information that we hold about you. This means that we are legally responsible for how we hold and use personal information about you. It also means that we are required to comply with data protection laws when holding and using your personal information. This includes providing you with the details of how we hold and use your personal information, who we may share it with and your rights in relation to your personal information. Full Statement available on our website

We have appointed a Data Protection Officer (DPO), Daradjeet Jagpal, who ensures we comply with data protection laws. If you have any questions about this statement or how we hold or use your personal information, please contact the DPO by: e-mail at angusdpo@infolawsolutions.co.uk or writing to: The Data Protection Officer, Angus Housing Association Limited, 93 High Street, Arbroath, DD11 1DP.

You can contact us by: e-mail at admin@aha.org.uk; telephone on 0345 177 22 44; or writing to: Angus Housing Association Limited, 93 High Street, Arbroath, DD11 1DP

### **Angus Housing Association Limited**

93 High Street, Arbroath Angus DD11 1DP The Square, Ormiston Crescent Dundee DD4 OUD

Tel 0345 177 2244 Email admin@aha.org.uk www.angusha.org.uk

Scottish Charity No. SC020981