

Permanent*

Alderney Housing Association

.....nights per week/month* (*Delete as appropriate).

5 Martyn House Queen Elizabeth II Street Alderney GY9 3TB 01481 824870 www.aha.org.gg

APPLICATION TO ACCOMMODATE ADDITIONAL PERSON

What is the frequency of occupation requested?

| 1) TENANT DETAILS | | | | |
|--|--------------|---------------|--------------------|--|
| Your Name: Date of Birth: | | | | |
| Partner's Name: | D | ate of Birth: | | |
| Address: | | | | |
| Telephone Number: Home: Mobile: | | | | |
| E-mail: Fax: | | | | |
| Tenant's Employer(s) or benefit(s) received: | | | | |
| Income before deductions £ | | | | |
| Partner's Employer(s) or benefit(s) received: | | | | |
| Income before deductions £ | | | | |
| | | | | |
| 2) DETAILS OF OTHER PERSONS RESIDING AT ABOVE ADDRESS (even if only temporarily) | | | | |
| Name | Relationship | Date of Birth | Employed YES/NO | |
| | | | | |
| | | | | |
| | | | | |

IF YOU WISH TO ACCOMMODATE MORE THAN ONE PERSON,
PLEASE FILL IN A SEPARATE APPLICATION FOR EACH PERSON.

3) DETAILS OF PERSON TO BE ACCOMMODATED

To be completed by the person who permission to accommodate is being sought or their legal

| guardian. | | | |
|---|--|--|--|
| Name: | Date of Birth: | | |
| Present address: | | | |
| Tel Relationship to tenant: | | | |
| · · · · · · · · · · · · · · · · · · · | in Alderney for the last five years or have lived in Alderney away from the island for education or service in the armed | | |
| Detail all wages, salaries and any form of income from employment in respect of the person to be accommodated. | | | |
| Name Employer/Benefits: | Name Employer/Benefits: | | |
| Earnings* £ | .Earnings* £ | | |
| Savings £ | | | |
| Other source(s) of income: | Weekly Amount £ | | |
| For verification purposes please provide the following information: Weekly paid = 4 wage slips. Fortnightly paid = 2 wage slips. Monthly paid = 2 wage slips Self employed = tax assessment for the previous year and most recent audited accounts. | | | |
| Have either of you previously been an AHA | Tenant *YES/NO (*Delete as appropriate) | | |
| If YES please state address and approximate date that last tenancy ended | | | |
| Are you a current or former property owner interest in a company owning property locally | ? This includes partial/shared ownership or y or worldwide. *YES/NO (*Delete as appropriate). | | |
| | properties currently or formerly owned, including if sold, please state date of sale and sale price. | | |
| • | e that the above details are correct. I also o obtain confirmation of my income(s) from my | | |
| Signature: | Date: | | |
| Tenants Signature: | Date: | | |