

# NORTH VIEW Housing Association

*North View is a registered Scottish charity – charity registration number SC032963*

## APPLICATION FOR PERMISSION TO RESIDE

**THE ISSUE OF THIS FORM DOES NOT NECESSARILY MEAN THE APPLICANT QUALIFIES FOR OR WILL BE GRANTED PERMISSION TO RESIDE. ANY FALSE OR MISLEADING STATEMENT WILL DISQUALIFY THE APPLICANT.**

Name of tenant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Details of all persons currently residing at above address:

Name	Date of Birth	Relationship to Applicant

Details of person applying for residence:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Status at this address  
(tenant, owner, lodger, living with parents): \_\_\_\_\_

Details of previous addresses	From – To	Were you the tenant?



INVESTOR IN PEOPLE

### NORTH VIEW HOUSING ASSOCIATION

29A Stravanan Road, Castlemilk, GLASGOW G45 9LY

Tel:- 0141 634 0555 Fax:- 0141 631 3231 e-mail:- enquiries@nvha.org.uk



Have you ever owed rent arrears for any address? yes no

If yes, please give details below:

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Have there ever been any complaints about anti-social behaviour at your current or previous addresses? yes no

If yes, please give details below:

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Details of members of applicant's household who would move with the applicant:

Name	Date of Birth	Relationship to Applicant

Reason for wishing to reside:

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### DECLARATION

**I declare that the information given in this application is correct and I consent to North View Housing Association making any necessary enquiries in confirmation.**

**I agree to advise North View Housing Association of any change of circumstances, which may affect this application.**

**I understand that any false information or information deliberately withheld may result in my application for permission to reside being cancelled or, where permission has been granted, may result in permission being withdrawn.**

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of tenant(s): \_\_\_\_\_ Date: \_\_\_\_\_



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