



**Housing Services**  
**Joint Tenancy Request Form**

Would you please consider placing the tenancy of:

Address of property \_\_\_\_\_

\_\_\_\_\_

In our joint names/ or following our marriage on:

\_\_\_\_\_

**Copy of marriage certificate enclosed**

Print full names: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**This section only applied to incoming tenant:**

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

How long have you lived with the tenant at the above address? \_\_\_\_\_

\_\_\_\_\_

Where were you living previously? \_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please send completed form to:

Allocations, Homelessness and Special Needs  
Housing Services  
Tendring District Council  
Town Hall  
Station Road  
Clacton on Sea  
Essex CO15 1SE