### Subletting/contact address update form

# Please complete in full all relevant sections of this form to confirm the sublet status of your property or reasons for an alternative correspondence address.

This form should be completed by the named leaseholder(s) ONLY

Section 1: Your Details												
Property Add	ress:											
Number of be	edrooms											
within the pro	operty:											
	L											
Leaseholder N	Name(s):											
Corresponder	nce											
Address:	F											
	-		Po	st Code								
			FU	st coue								
Home Phone												
Mobile Phone												
Email Address	-											
		er named Leaseholder(s	s) require a di	fferent corres	pondence add	dress please						
provide name	e and address	details below										
Section 2: Confirmation of sublet												
		Section 2: Con	firmation of	sublet								
Are you curre	ently sublettir		firmation of	sublet								
-		ng your property? YES	5 🗌 NO [									
If YES, are yo	ou letting this	g your property? YES	5 🗌 NO [ e in Multiple C		MO) – minimu	um of 3 or						
If YES, are yo	ou letting this	ng your property? YES	5 🗌 NO [		MO) – minimu	um of 3 or						
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Tenant 4		Start Date		End Date		
Tenant 5		Start Date		End Date		
Tenant 6		Start Date		End Date		
Section 4: Important information regarding your tenant(s)						
To ensure we are better positioned to provide services to the building in the case of an emergency,						
please state	below if any of your tenants have a o	disability such	as being visua	lly impaired	or have	
hearing impa	irment, or mobility challenges (e.g o	on a wheelchai	r).			
Name(s) of t						
disability						
State any other vulnerability we should be aware of:						

### Section 5: Managing agent's details

If your property is being managed by a managing agent, please confirm their details below. Otherwise, leave black

Please note that you are still responsible for informing The Council for every tenancy that is in place and pay  $\pounds$ 28 Admin Fee for each tenancy. We will not be contacting your managing agent for details of the current occupying tenants.

Name of Managing Agent	
Managing Agent Address	
	Post Code
Name of Any Advisors	
Phone Number	
Email Address	

Section 6: Declaration					
I/we the named leaseholder(s) on this form confirm that the details given are correct. I/we also					
understand that we remain fully responsible for adhering to the terms of the lease. I/we also					
understand that the property cannot be used as a short term or holiday let (e.g. Airbnb).					
(At least one leaseholder is required to sign the declaration)					
Leaseholder 1					
Signature		Date			
Leaseholder 2					
Signature		Date			
Leaseholder 3					
Signature		Date			
Leaseholder 4					
Signature Date					

The property has a gas supply, and I have enclosed a copy of the Gas Safety certificate

## If you have more than on tenant and tenancies, you will be required to pay £28 for each tenancy agreement you have in place, please state how you are making the payment.

I would like a ca	II back to pay my	fees with a De	ebit/Credit Card by	/ telephone
i would like a ca	in buck to puy my	icco mich a De	big cicale cara b	

Your contact Number.....

#### **Data Protection Statement**

Tower Hamlets Council collects and processes personal information about our residents to provide social housing and services related to housing. We process your data in accordance with the General Data Protection Regulation (GDPR) and UK privacy legislation. Further information can be found in our Privacy Notice on our website at: www.towerhamletshomes.org.uk/Aboutthesite/GDPR.aspx

If you require help or further information about this form please contact us:

#### Tel: 020 7364 5015 Email: subletting@thh.org.uk Leasehold Services, London Borough of Tower Hamlets, Tower Hamlets Town Hall, 160 Whitechapel Road, London, E1 1BJ