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| **ADDITIONAL OCCUPANT AUTHORISATION FORM** | |
| **To** | Housing Officer, HAIL |
| **Name & Address of Tenant** |  |
| **Date** |  |
| I am seeking authorisation for the following person to move into my property: | |
| **Name:** |  |
| **Address:** |  |
| **Telephone Number:** |  |
| If authorised, I am requesting that he/she will have the following status: | |
| A Joint Tenancy An Authorised Occupant Only  ***Please tick appropriate box*** | |
| I understand that HAIL will interview this person and carry out the usual reference checks before reaching a decision.  I also understand that I should seek independent advice before proceeding. | |
| **Signature – Tenant** | |
|  | |
| **Date:** | |
| **Please return completed form to:**  **HAIL**  **Central Hotel Chambers, Second Floor**  **7-9 Dame Court, Dublin 2**  **Tel: 01- 671 8444 Email: info@hail.ie Web: www.hail.ie** | |