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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** |