



Application Form for Approval of Residential Accommodation
For HEPSS Individuals

1. Name of Estate Agent: _____

2. Property Address: _____

3. Offer Price: £ _____

4. Monthly Rent: £ _____

5. Name of Prospective Buyer/Tenant: _____

6. Number of Occupants: _____

If more than one occupant, please provide details of their relationship to the prospective buyer/tenant (e.g., spouse, child, etc.):

Name	Relationship to Buyer/Tenant
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_____	_____
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_____	_____
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_____	_____
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NB: The property must be for the exclusive use of the HEPSS Individual

7. Property Size - Internal Area: _____ m². **External Area:** _____ m².

8. Number of Bedrooms (*As per original plan*): _____

9. Number of Bathrooms (*As per original plan*): _____

Declaration

I confirm that the information provided in this form is true, accurate and complete.

Signature: _____

Name: _____

Email: _____

Contact No.: _____

Date: _____