



**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
_____	_____
_____	_____
_____	_____

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: _____