

Solihull Metropolitan Borough Council

Application for an Accommodation Certificate

Name

Address.....

.....

Telephone.....

The particulars of the property to which the individual/s will be moving

Details of owner

1. Name

2. Address

3. Telephone

4. Email address

Current occupants at the address

1. Name

2. Relationship

3. Date of Birth

1. Name

2. Relationship

3. Date of Birth

1. Name

2. Relationship

3. Date of Birth

Details of individual/s who are applying for entry into this country

1. Name

2. Relationship

3. Date of Birth

- 1. Name _____
- 2. Relationship _____
- 3. Date of Birth _____

- 1. Name _____
- 2. Relationship _____
- 3. Date of Birth _____

I hereby certify that to the best of my knowledge and belief, the above particulars are correct.

Signature

Dated

Name in block capitals

When completed, this form together with the licence fee should be returned to Environmental Health, Council House, Solihull B91 3QT