

For Office Use		
Tenant/Private	Date	Area

If you would like help or advice filling in this form, please ask a Housing Officer or go to your local Citizens' Advice Bureau

Soha application form for a garage	
Your name:	
Your address and postcode:	
Daytime phone number:	Evening phone number:
What area would you like to rent one of our garages?	
Are you a housing association tenant or a leaseholder of the above address? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you the owner of the above address? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you currently hold the tenancy of one of our garages? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If 'Yes', please answer the following question.	
1. Is this application for a transfer to another garage? Yes <input type="checkbox"/> No <input type="checkbox"/> 2. Is this application for an extra garage ? Yes <input type="checkbox"/> No <input type="checkbox"/> 3. Give the addresses of the garages that you currently hold the tenancy for.	
Your signature: Date:/...../.....	