



REQUEST FOR EVICTION REPORT FOR THE COURT

You are invited to write to Housing to request a Tenant / Plaintiff Eviction Report for the Court.

Please fill out this form if you are not being represented by an advocate to alert Housing of any eviction proceedings. This request should be made at least 10 days before the Court Hearing.

Further advice can be sought from the Housing Allocations Section.

LANDLORD INFORMATION

Title _____ Surname _____ Forenames _____

Address

_____ Post Code _____ Tel _____

If known, landlords advocate _____

TENANT INFORMATION

Title _____ Surname _____ Forenames _____

DOB _____

Status Declaration number _____

JOINT TENANT

Title _____ Surname _____ Forenames _____

DOB _____

Status Declaration number _____

Address

_____ Post Code _____ Tel _____

MEMBERS OF HOUSEHOLD (Who are facing eviction)

Title_____ Surname _____Forenames _____

DOB _____ Relationship to tenant_____

Title_____ Surname _____Forenames _____

DOB _____ Relationship to tenant_____

Title_____ Surname _____Forenames _____

DOB _____ Relationship to tenant_____

Title_____ Surname _____Forenames _____

DOB _____ Relationship to tenant_____

Title_____ Surname _____Forenames _____

DOB _____ Relationship to tenant_____

Title_____ Surname _____Forenames _____

DOB _____ Relationship to tenant_____

GROUNDS FOR EVICTION:

Please tick if you have rent arrears ☐

If yes, give details. Please be as accurate as you can

Date on Notice to Quit

Date of Royal Court

REGISTRATION DETAILS

If you are registered with **Housing** or the **Guernsey Housing Association**, please complete the following;

Applicant's name

Joint Applicant name

Registration number

CURRENT ACCOMODATION

Does your current accommodation suffer from significant disrepair?

If yes, please give details.

How many bedrooms does the property have?

DECLARATION

I/We declare that the information given in the form is true, complete and accurate.

I/We undertake to notify you within seven days, and in writing, of any change in my/our circumstances that affects the information connected with this form.

I/We agree to the information given in this form being shared with my/our landlord's advocate.

Signed by Applicant _____

Signed by Joint applicant _____

Date _____

Please return form to:

Housing Allocations Section
Sir Charles Frossard House
PO Box 43
La Charroterie
St Peter Port
GY1 1FH

Tel: 01481 717210

Date of Issue: _____