Bassetlaw HOMEFINDER

CHANGE OF CIRCUMSTANCES

PLEASE NOTE, IF YOU DO NOT RETURN THIS FORM BY _____ YOUR APPLICATION WILL BE CANCELLED.

Application reference number:		Application date:	

Name of applicant 1	

Name of applicant 2	

Your current address	
Postcode	

Type of change:

- ❑ Contact details – please complete Section 1
- ❑ Address – please complete Section 2 and 3
  (Please provide proof of new address) - See Section 7 for a list of acceptable proofs) - If you are privately renting please provide a copy of your Tenancy Agreement
- ❑ Change of people who live with you – please complete Section 3
- ❑ Adding additional people to your application – please complete Section 3, 4A or 4B and 5
- ❑ Other – please complete Section 6

Please ensure you have signed below as we are unable to process this form without your signature including joint applicant.

Signed: (Applicant 1) …….. Date …….

Signed: (Applicant 2) …….. Date …….

Office use only - Updated by:…….Date……..

CONTACT US

By phone	On-line
Contact Centre - 0800 590542	Visit our website www.bassetlew.gov.uk You can also email us at: customer.services@bassetlaw.gov.uk

SECTION 1

Change of contact details

Change of Name	

Please note for change of name we will need to see your marriage certificate, deed poll documentation etc.

Home telephone number	
Mobile telephone number	
Email address	

Correspondence address	
Postcode	

Is there anybody we can contact on your behalf?

- ❑ No
- ❑ Yes

Name of contact	
Relationship to you	
Address of contact	
Postcode	
Telephone number	

Do they have permission to discuss your housing application on your behalf?

- ❑ No
- ❑ Yes

Have the details of your support worker/social worker changed?

Name of support worker	
Telephone number	
Name of organisation	

SECTION 2

Change of address

Your **NEW** address	
Postcode	
Date when you moved	
Your **PREVIOUS** address	
Postcode	
Date when you moved	
Reason for moving	

What type of property are you living in? (please tick)

House	❑	Flat	❑	Bed and breakfast	❑
Bungalow	❑	Maisonette	❑	Hostel	❑
Caravan	❑	Other: (please state)			

How many bedrooms does the property have?	

If your home is a flat/maisonette please state which floor it is on	

What is the tenure of your current home? (please tick)

Council tenant	❑	Housing Association tenant	❑	Owner Occupier	❑
Private shorthold tenant*	❑	Other private tenant*	❑	Tied to employment	❑
Staying with friends/relatives	❑	Forces accommodation	❑	Lodgings/B&B	❑

Other (Please state)

If you are a tenant (please complete below)
***If you are a private tenant please provide a copy of your Tenancy Agreement**

Name of Landlord	
Address	
Postcode	
Tel No:	

SECTION 2

Change of address Continued

Do you have the following amenities? (please tick)

Amenities			**Are they shared with anyone not moving with you?**	
Hot Water Supply	❑ Yes	❑ No	❑ Yes	❑ No
Inside WC	❑ Yes	❑ No	❑ Yes	❑ No
Cooking facilities	❑ Yes	❑ No	❑ Yes	❑ No

SECTION 3

Change of people who you live with

People on your application who **NO** longer live with you (that you included when you last contacted us):

Name	D.O.B	Relationship to applicant	Reason for no longer living with them

People who you **NOW** live with or wish to add to your application:

Name	D.O.B	Relationship to applicant	Do you currently live with this person?		Does this person require re-housing with you?	
			❑ Yes	❑ No	❑ Yes	❑ No
			❑ Yes	❑ No	❑ Yes	❑ No
			❑ Yes	❑ No	❑ Yes	❑ No

If you are adding a person over the age of 16 who will be re-housed with you, (and you are not receiving child benefit/child tax credit for), please also complete **Section 4A or 4B and 5**.

If you are adding a child we will need the following evidence, birth certificate (if under 3 months old), joint custody or joint residency order (if applicable). If a child is over 3 months old please provide the Child Benefit/Child Tax Credit award notice or a bank statement issued within last 12 months showing Child Benefit/Child Tax Credit being credited (Child Benefit if more than 1 child).

SECTION 4 (A)

Only complete this section if you wish to include any person who is NOT your partner, and is aged 16 years or over (and you are not receiving child benefit/child tax credit for) that you would like to be re-housed with you.

Details of person you want to be rehoused with you

Surname	First Name(s)	Sex M/F	Date of Birth Month & Year MUST BE provided	Do they live with you now?	
				❑ Yes	❑ No

Please note he/she will need to provide proof of current address (see Section 7 for a list of acceptable proofs).

Current address

Full Address

	Post Code	

Date From	

Month & year **MUST BE** provided

What is the tenure of your current home? (please tick)

Council tenant	❑	Housing Association tenant	❑	Owner Occupier	❑
Private shorthold tenant*	❑	Other private tenant*	❑	Tied to employment	❑
Staying with friends/relatives	❑	Forces accommodation	❑	Lodgings/B&B	❑

Other (Please state)

If Council/Housing Association/private rented is this your tenancy?
***If private rented please provide copy of your Tenancy Agreement**

❑ Yes ❑ No If yes please give name and address below

Name of Landlord	
Address	
Postcode	
Tel No:	

SECTION 4 (B)

Only complete this section if you wish to include your partner as moving with, or as a joint tenant.

Details of person you want to be rehoused with you

Surname	First Name(s)	Sex M/F	Date of Birth Month & Year MUST BE provided	Do they live with you now?	
				❑ Yes	❑ No
National Insurance Number					

Do you wish your partner to be a joint tenant with you? YES/NO

If YES please note he/she will need to provide proof of identity (eg., valid passport, UK birth certificate, valid driving licence – THIS MUST BE IN CURRENT NAME), proof of National Insurance Number and proof of current address (see Section 7 for a list of acceptable proofs).
If NO please note he/she will need to provide proof of current address only (see Section 7 for a list of acceptable proofs)

Current address

Full Address

	Post Code	

Date From	

Month & year **MUST BE** provided

What is the tenure of your current home? (please tick)

Council tenant	❑	Housing Association tenant	❑	Owner Occupier	❑
Private shorthold tenant*	❑	Other private tenant*	❑	Tied to employment	❑
Staying with friends/relatives	❑	Forces accommodation	❑	Lodgings/B&B	❑

Other (Please state)

If Council/Housing Association/private rented is this your tenancy?
***If private rented please provide copy of your Tenancy Agreement**

❑ Yes ❑ No If yes please give name and address below

Name of Landlord	
Address	
Postcode	
Tel No:	

Previous addresses in last 5 years

Full Address

	Post Code	

Date From		Date To	
Month & year **MUST BE** provided		Month & year **MUST BE** provided	

Were you (please tick)

Council tenant	❑	Housing Association tenant	❑	Owner Occupier	❑
Private shorthold tenant	❑	Other private tenant	❑	Tied to employment	❑
Staying with friends/relatives	❑	Forces accommodation	❑	Lodgings/B&B	❑

Other (Please state)

If Council/Housing Association/private rented was this your tenancy?

❑ Yes ❑ No If yes please give name and address below

Name of Landlord	
Address	
Postcode	
Tel No:	

Previous addresses in last 5 years

Full Address

	Post Code	

Date From		Date To	
Month & year **MUST BE** provided		Month & year **MUST BE** provided	

Were you (please tick)

Council tenant	❑	Housing Association tenant	❑	Owner Occupier	❑
Private shorthold tenant	❑	Other private tenant	❑	Tied to employment	❑
Staying with friends/relatives	❑	Forces accommodation	❑	Lodgings/B&B	❑

Other (Please state)

If Council/Housing Association/private rented was this your tenancy?

❑ Yes ❑ No If yes please give name and address below

Name of Landlord	
Address	
Postcode	
Tel No:	

Previous addresses in last 5 years

Full Address

	Post Code	

Date From		Date To	
Month & year **MUST BE** provided		Month & year **MUST BE** provided	

Were you (please tick)

Council tenant	❑	Housing Association tenant	❑	Owner Occupier	❑
Private shorthold tenant	❑	Other private tenant	❑	Tied to employment	❑
Staying with friends/relatives	❑	Forces accommodation	❑	Lodgings/B&B	❑

Other (Please state)

If Council/Housing Association/private rented was this your tenancy?

❑ Yes ❑ No If yes please give name and address below

Name of Landlord	
Address	
Postcode	
Tel No:	

Previous addresses in last 5 years

Full Address

	Post Code	

Date From		Date To	
Month & year **MUST BE** provided		Month & year **MUST BE** provided	

Were you (please tick)

Council tenant	❑	Housing Association tenant	❑	Owner Occupier	❑
Private shorthold tenant	❑	Other private tenant	❑	Tied to employment	❑
Staying with friends/relatives	❑	Forces accommodation	❑	Lodgings/B&B	❑

Other (Please state)

If Council/Housing Association/private rented was this your tenancy?

❑ Yes ❑ No If yes please give name and address below

Name of Landlord	
Address	
Postcode	
Tel No:	

SECTION 4 (B) continued (for partner only)

Other Details

Have you ever been evicted from a tenancy?	❑ Yes	❑ No
If Yes please give reason:-	❑ Arrears ❑ ASB ❑ Other – please give details below	

Have you ever held a tenancy with a Housing Association and/or a Local Authority?	❑ Yes	❑ No
If Yes please give details:-		

Do you owe any rent arrears for your current or any previous accommodation	❑ Yes	❑ No
If Yes please give details:-		

Do you have any criminal convictions other than those spent under the Rehabilitation of Offenders Act 1974?	❑ Yes	❑ No
If Yes please give details:-		

Are you facing any criminal charges or Police action?	❑ Yes	❑ No
If Yes please give details:-		

Have you ever had an injunction served against you?	❑ Yes	❑ No
If Yes please give details:-		

Have you been served any notice concerned with Anti-Social Behaviour?	❑ Yes	❑ No

SECTION 5

Declaration and authority to access information
To be signed by Applicant(s) and person wishing to be re-housed with Applicant(s)

I declare that the details given in this form are correct. I understand that if a tenancy is allocated on the basis of a false statement this may result in Bassetlaw District Council regaining possession of the property.

I hereby give my explicit consent to:

• The Police, Social Services, Probation Service, other Local Authorities, Housing Associations and other appropriate agencies or persons who may process that data and provide more detailed personal data about me.

• Bassetlaw District Council disclosing the information on this form to the Police, Social Services, Probation Service, other Local Authorities, Housing Associations and other appropriate agencies or persons who may process that data and provide more detailed personal data about me.

• Bassetlaw District Council's Housing Benefit Unit disclosing information t once I am re-housed with regard to any future Housing Benefit claims I may make.

I understand that this personal data processed, obtained and given may be used so that the application can be properly investigated and assessed.

All details provided are strictly confidential. The Data Protection Act and the Access to Personal Files (Housing Regulations) 1989 give you the right to look at information.

The personal information you have supplied on this form will be used for the application for re-housing and may be shared with other areas of Bassetlaw District Council, the Police and other public bodies for the recovery of debt, prevention or detection of fraud or the detection or prevention of crime as permitted under the Data Protection Act 1998. We advise applicants that the data held by the authority in respect of the housing application will be used for cross-system and cross-authority comparison purposes for the prevention and detection of fraud.

	Applicant(s)	**Person being added to application**
Signed		
Dated		
Print Name		

SECTION 6

Other

Please use the section below to inform us of any other changes to your application. For example, pregnancy, eviction etc.

SECTION 7

Proof of Current Address

One document from the list below must be provided for all members of the household aged 16 years or over not in full time education:

ALL DOCUMENTATION MUST HAVE BEEN ISSUED WITHIN THE LAST 12 MONTHS.

- **Letter from Doctor (GP)**
- **Financial Statement eg., pension, endowment, ISA**
- **Band/Building Society Statement**
- **Utility Bill, electricity, gas water, telephone – including mobile phone contract/bill**
- **TV Licence**
- **Addressed Payslip**
- **Credit Card Statement**
- **Mortgage Statement**
- **Rent Statement**
- **Formal notification of Benefit award letter**
- **Addressed Insurance Policy**
- **Council Tax Statement (UK)**
- **P45 or P60 Statement**
- **Tenancy Agreement**

If you have no fixed address please seek guidance from a Housing Advisor.

For office use only

Date	
Proofs provided	
Initials	
Exclusion List	
Eligibility	
Write Offs	
Rents - Current/FTA	
Sundry Debts/Recharges	
Other Authorities	
Re-banding letter sent	❑ **Yes**
Notes	

NB – For any NFA address please use post code SW1 4DF for recording purposes.