

Change of Circumstances To Housing Register Application

THIS FORM IS FOR APPLICANTS WHOSE CIRCUMSTANCES HAVE CHANGED SINCE THEIR ORIGINAL APPLICATION.

IF YOU ARE A LAMBETH TENANT YOU WILL NEED TO CONTACT YOUR HOUSING OFFICE.

NAME	
DATE OF BIRTH	
REFERENCE NUMBER	

NB: IF YOU WISH TO ADD OTHER PEOPLE TO YOUR EXISTING APPLICATION, YOU SHOULD COMPLETE A NEW HOUSING REGISTER FORM. YOU SHOULD WRITE YOUR REFERENCE NUMBER ON THE NEW FORM.

Are you or anyone on your application pregnant? If yes, please tell us who.

Surname	First Names	Expected Date of delivery

1. I WISH TO REMOVE THE FOLLOWING FROM MY HOUSING APPLICATION

Title	Surname	First Names	Sex	Date of Birth	Relationship to Applicant

2. IF YOUR ADDRESS HAS CHANGED, WHAT IS IT NOW? YOU MUST COMPLETE SECTION 4 OF THIS FORM.

Previous Address	New Address

Please state your daytime contact number: _____

Please state date you moved in to your new address: _____

3. PLEASE TICK TYPE OF HOME YOU LIVE IN:

- | | |
|---|--|
| <input type="checkbox"/> Staying with friends/relatives | <input type="checkbox"/> Renting from another tenant |
| <input type="checkbox"/> Staying in hostel | <input type="checkbox"/> Home comes with job |
| <input type="checkbox"/> Staying in bed/breakfast hotel | <input type="checkbox"/> Council |
| <input type="checkbox"/> Assured shorthold tenant | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Assured tenant - Housing Association or Housing Trusts | |

4. YOUR HOUSING CIRCUMSTANCES

Please provide the following information about the property you occupy now. Note that, before your application is authorised, an officer will visit to check that the information you give is correct.

How many bedrooms are used **only** by the people listed on this form? A bedsit/studio counts as a living room with no bedroom. So if you live in a bedsit/studio, please answer 0 (zero) to this question and 1 to the next question.

How many living rooms are used **only** by the people listed on this form?

Do you have any cooking facilities? YES NO

Do you share these cooking facilities with anyone not listed on this form? YES NO

Do you have a hot water supply to your sink? YES NO

Do you have a bath or shower? YES NO

Do you share a bathroom or toilet with anyone not listed on this form? YES NO

Do you have a toilet? YES NO

Do you share your living room with anyone not listed on this form? YES NO

Do you have central heating? YES NO

Does any bedroom lead directly off another bedroom? YES NO

Do you live on the 6th floor or higher? YES NO

Has any council ever found you or a member of your household ineligible for their housing list, or allowed you to register but given you low (or no) priority, on the grounds of unacceptable behaviour serious enough to make you unsuitable to be a council tenant?

YES NO

If so, when were you informed of this?

5. I WISH TO UPDATE MY CHOICES

YES (If indicated 'yes', a CHOICES form will be sent to you)

NO

6. MEDICAL INFORMATION

Do you need to move urgently for the health of someone on this form?

If YES, please give their details, and we will send you a medical form for the people you name

Last name	First Name	Nature of illness/disability

7. OTHER HOUSING CIRCUMSTANCES

Tell us anything else about your housing circumstances in the box below:

8. YOUR FINANCIAL CIRCUMSTANCES

What is your employment status? Employed Self-Employed Unemployed

If EMPLOYED, give your job title, employer's name and address. If SELF-EMPLOYED, give details:

Please tick all of the benefits you get if applicable:

Housing benefit Council tax benefit Income support
Jobseeker's allowance Family credit State pension
Disability living allowance Other benefits (please specify)

What benefits office do you sign on at?

9. CONNECTION WITH THE COUNCIL

Are you an elected Lambeth councillor?

Yes No

Are you related to (or do you live with) a Lambeth councillor?

Yes No

Do you work for Lambeth council?

Yes No

Are you related to (or do you live with) a Lambeth employee?

Yes No

10.YOUR DECLARATION AND SIGNATURE(S):

When you sign and date this section, you declare that:

- What you have told us on this form is true to the best of your knowledge. You understand that to prevent and detect fraud we may share or verify the information on this form with other agencies.
- You understand that it is an offence to knowingly or recklessly give false or misleading information or withhold any material change in your circumstances, (under Section 171, Housing Act 1996).
- You understand that you could lose any council home we give you if we find out later that you gave false or misleading information or failed to give relevant information.
- You undertake to tell us as soon as there is any change in the circumstances of anyone on this application.

(1) _____ Signature of applicant

(2) _____ Signature of joint applicant

(3) _____ Signature of joint applicant

Date _____

If you are:		Write:
White	British	WBR
	Irish	WIR
	Portuguese	WPR
	Other White	WOR
Black or Black British	Caribbean	BCR
	African	BAR
	Other Black	BOR
Asian or Asian British	Indian	AIR
	Pakistani	APR
	Bangladeshi	ABR
	Other Asian	AOR
Other ethnic groups	Chinese	OCR
	Vietnamese	OVR
	Other	OOR
Mixed	White and Black Caribbean	MWC
	White and Black African	MWA
	White and Asian	MWS
	Other Mixed	MWO

**SEND COMPLETED FORM TO:
HOUSING REGISTER, 2-7 TOWN HALL PARADE, LONDON SW2 2RP**