



## **CHANGE OF CIRCUMSTANCES FORM**

Please complete all section on this page.

### **YOUR DETAILS**

<b>Name</b>		<b>Date of Birth</b>		<b>Registration Number</b>	
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<b>Current Address</b>	

<b>Telephone Numbers</b>	<b>HOME</b>	<b>MOBILE</b>	<b>WORK</b>

<b>Details of your family</b>	<b>NAME</b>	<b>DATE OF BIRTH</b>	<b>RELATIONSHIP TO YOU</b>

### **YOUR CHANGES**

Please now confirm the change to your circumstances by ticking the box/es below.

<b>Change to Circumstances</b>	<b>(✓)</b>	<b>Complete details on this page</b>
I have changed my address		Please complete page 2
I have a new telephone number		Please complete page 1
I have added a joint tenant		
I have removed a joint tenant		
I am pregnant		Please complete page
I have had a baby		Please complete page
Someone has moved in to my home		Please complete page
Someone has moved out of my home		Please complete page
I am now working		Please complete page
I am no longer working		Please complete page
I want to change my areas of choice		Please complete page
I wish to go on the sheltered list		Please complete page
I have changed my name		Please complete page
I have a pet		Please complete page
I no longer have a pet		

## CHANGE OF ADDRESS

Please let us know here the details of your new address.

**You will need to provide evidence of your new address and tenure.**

Please provide a copy of your tenancy agreement (signed by all parties) or a mortgage statement.

If you are staying with family/friends, please provide 2 official letters or bills showing your name and your new address. These might be a mobile phone bill or benefits letter for example.

<b>Please confirm your <u>PREVIOUS</u> address</b>	
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Please tick (✓) below to confirm the type of property you are living in			
House		Caravan	
Bungalow		Hospital	
Maisonette		Supported Living	
Above ground floor flat		Bed and Breakfast	
Ground floor flat		Hostel	
Basement flat		Prison	
Bedsit		Street homeless	
Room only/shared house		Other (please give details below)	
Mobile home			

Who owns your property?	
Name	
Contact number	

Please tick (✓) to confirm what type of tenancy do you have			
<i>Tenancy type: private rent/owner occupier/social housing tenant etc.</i>			
Assured Shorthold Tenancy		Lodger	
Licence		Council Tenant	
Tied Accommodation		Housing Association Tenant	
Home Owner		Other (please give details below)	
Shared Ownership			

Bedrooms			
How many bedrooms does the property have?		How many do you have the use of?	

Does anyone else live in the property?			
Name		Relationship to you	
Name		Relationship to you	
Name		Relationship to you	

Please confirm who sleeps in/uses each bed/room			
Bedroom 1		Bedroom 5	
Bedroom 2		Living Room	
Bedroom 3		Dining Room	
Bedroom 4		Other	

Please tick (✓) which documents you are providing to evidence your address and tenure			
Tenancy Agreement		2 bills/letters	

## ADDING AND REMOVING SOMEONE ON YOUR APPLICATION

Please let us know here the details of who you wish to your application or if you wish to remove someone from your application.

Please read each section carefully and complete the relevant box in full.

**You will need to provide evidence of your changes. Each section will tell you what is required.**

We will not be able to update your details without these documents and you may miss out of an offer.

<b>ADD JOINT APPLICANT</b> <i>Please provide details of the person you wish to add as a joint applicant</i>					
Name		Date of Birth		Relationship to you	
<i>Please now request a Joint Applicant application form</i>					

<b>REMOVE JOINT APPLICANT</b> <i>Please provide details of the person you wish to remove as a joint applicant</i>					
Name		Date of Birth		Relationship to you	
<i>Please now enclose their signed permission to remove themselves from your application</i>					

<b>PREGNANCY</b> <i>Please advise us who is pregnant and of the expected due date</i>					
Name		I am pregnant (✓)		Expected Due Date	
<i>Please now enclose proof of pregnancy/maternity certificate from your Doctor with this form</i>					

<b>I HAVE HAD A BABY</b> <i>Please advise us of the child/ren born and their birth date</i>					
Baby's name		Date of Birth		*Evidence provided	
Baby's name		Date of Birth		*Evidence provided	
<i>Please enclose a birth certificate per child with this form and evidence of child benefit (pages 1 and 2)</i>					

<b>CHANGE TO HOUSEHOLD - REMOVE</b> <i>For example if a child has moved out of your home</i>					
Name		Date of Birth		Relationship to you	
Name		Date of Birth		Relationship to you	
Reason:					

<b>CHANGE TO HOUSEHOLD - ADD</b> <i>For example if a child has moved into your home</i>					
Name		Date of Birth		Relationship to you	
Name		Date of Birth		Relationship to you	
<i>Please now enclose a <b>birth certificate per child with this form and evidence of child benefit (pages 1 and 2)</b>. If it is an Adult that has moved into your home may request further details separately.</i>					

## CHANGING HOUSING OPTIONS

**Please let us know here the areas you wish to be considered for by ticking (✓) the box/es below**

Arborfield		Remenham		Twyford	
Barkham		Ruscombe		Wargrave	
Charvil		Shinfield		Whitley Wood	
Crowthorne		Sonning		Winnersh	
Earley		Spencers Wood		Wokingham	
Finchampstead		Swallowfield		Woodley	
Hurst		Three Mile Cross		Wokingham Without	

**If you tick an area of choice you are agreeing to receive an offer in any part of that area**

## PETS

**I have a new pet**

Yes		Type of pet/s	
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**I no longer have a pet**

Yes		Type of pet/s	
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## CHANGES TO YOUR FINANCES

	Main Applicant	Joint Applicant/Partner
<b>*NATIONAL INSURANCE NUMBER</b>		

	Main Applicant	Joint Applicant/Partner
<b>*EMPLOYMENT DETAILS</b>		
Are you currently employed?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Take home pay per month?	£	£

	Main Applicant	Joint Applicant/Partner
<b>*BENEFIT ENTITLEMENT</b>		
Do you receive any benefits?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If <b>YES</b> , please write in below, <u>the total amount your household receives</u>		
Attendance Allowance	£	Job Seekers Allowance
Carer's Allowance	£	Maternity Allowance
Child Benefit	£	Personal Independent Payment
Child Tax Credit	£	Severe Disablement Allowance
Disability Living Allowance	£	War Disablement Benefit
Employment Support Allowance	£	War Widow's Pension
Guardian's Allowance	£	Widowed Parent's Allowance
Housing Benefit	£	Working Tax Credit
Incapacity Benefit	£	Universal Credit
Income Support	£	Other (please detail below*)
Industrial Injuries Benefit	£	*

	Main Applicant	Joint Applicant/Partner
<b>*PENSION DETAILS</b>		
Do you receive a state pension?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, how much per month?	£	£
Do you receive an occupational pension?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, how much per month?	£	£

	Main Applicant	Joint Applicant/Partner
<b>*SAVINGS DETAILS</b>		
Do you have any savings?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, how much?	£	£

	Main Applicant	Joint Applicant/Partner
<b>*OTHER INCOME DETAILS</b>		
Do you receive any other income?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes what is that income (e.g. Child Support)		
If yes, how much?	£	£

**DECLARATION – Section 171 of the 1996 Housing Act Part VI**

Thank you for completing this Housing Application Form. You must now read and complete this declaration otherwise we will not be able to process your application. **Please remember to notify the Housing Needs team if your circumstances change e.g. a member of your household moves out or you change your address for which you must complete a change to circumstances form.** Other changes include a change of telephone number, birth of a baby for which a copy of the full birth certificate will be required.

**SECTION 171 OF THE HOUSING ACT 1996 STATES IT IS AN OFFENCE FOR ANY PERSON, KNOWINGLY OR RECKLESSLY TO MAKE A FALSE STATEMENT OR TO WITHHOLD INFORMATION REQUESTED, WITH THE INTENTION OF MISLEADING A LOCAL AUTHORITY FOR THE PURPOSE OF OBTAINING SOCIAL HOUSING. THIS INCLUDES FAILURE BY THE APPLICANT TO NOTIFY THE AUTHORITY OF A CHANGE IN CIRCUMSTANCE WHILST IT IS CONSIDERING AN APPLICATION. THE OFFENCE IS PUNISHABLE BY A FINE UP TO LEVEL FIVE (CURRENTLY £5,000).**

I understand that the information on this form is available to other departments within the Council including the Anti-Fraud Team

- I understand the information provided on this application form may, if appropriate, be given to other Housing providers such as Housing Associations and other Local Authorities
- I understand the information on this form may, if appropriate, be shared with other statutory or non statutory agencies
- I declare that the details given for the purpose of this application are correct
- I declare that I/We have not withheld any information
- I authorise the Council to make necessary enquiries to check information that has been given.
- I have read, or had this document read to me and I understand and agree with the details
- I confirm that the information I have given on this form is true and correct
- I understand it is very important to let the Housing Needs Team know of any changes to circumstances as mentioned above
- I understand that if I give false information you may remove my application from the waiting list or if I have been rehoused, my landlord may take court action to evict me from the property

<b>Applicant 1</b>		<b>Applicant 2</b>	
<b>Name</b>		<b>Name</b>	
<b>Date</b>		<b>Date</b>	
<b>Signature</b>		<b>Signature</b>	

Thank you for completing this form.

Please now check:

- you have provided all of the information required
- you are providing copies of the required documents
- you sign the confirmation and declaration on the following page (page 4).

When the form is complete, including the required document copies and page 4 signed, please return to:

**HOUSING NEEDS,  
WOKINGHAM BOROUGH COUNCIL,  
SHUTE END,  
WOKINGHAM,  
BERKSHIRE,  
RG40 1BN.**

*Your records are held on a computer and kept in accordance with the Data Protection Act 2018.*

*We may share some information across council departments in order to provide a better service to our tenants. We may also provide some information with other organisations, such as other local authorities, private sector companies and contractors, if the law allows this.*

<b>OFFICE USE ONLY</b>	<b>Documents received</b>
Tenancy Agreement	
2 bills or letters	
MatB1	
Birth certificate	
Confirmation to remove	
Form complete	
COMPLETED BY	