

Change of Circumstances / Renewal Form

Please use this form to tell us about something that has changed, or to renew your application for social housing within Castle Point.

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY

1. Be sure of your answers, you could be committing an offence if you give false information or withhold information to do with your application.
2. Make sure you have answered all the questions fully. If you do not, we may not make the correct assessment, or we may have to return the form to you.
3. Receipt of this form should not be taken as a commitment that housing will be provided by the Council.
4. Any future changes in your circumstances should be notified to Housing Services immediately.

	Main Applicant	Joint Applicant
First Name		
Surname		
Mr, Mrs, Miss or other		
Date of Birth		
National Insurance Number		
Usual Telephone Number		
Alternative Telephone Number		
Email		
Former Address		
Present Address		
Date Moved to Present Address		

1a. People who will be housed with you

We need to know **who will be housed with you**. Please give details of each person who will be moving in with you, not including yourself or your Joint Applicant (if you have one).

Note: a partner does not necessarily have to be a joint applicant

First Name	Surname	Date of Birth	Male / Female	Relationship to you*	Marital Status	Nationality	Employment Status**

*Relationship to you means Husband/Wife/Son/Daughter/Mother/Carer etc

**Employment status means Student/ Working Full time/Working Part time/ Retired /Unemployed

1b. Are any of the people listed above currently pregnant? If so who?

..... On what date is the baby due?

1c. Are any of the people listed above registered disabled? If so who?

..... What is the nature of the disability?

PLEASE ENCLOSE COPIES OF BIRTH CERTIFICATES IF WE DO NOT ALREADY HAVE THEM & CURRENT CHILD BENEFIT AWARD LETTERS. PLEASE ENCLOSE PROOF OF PREGNANCY & CONFIRMATION OF DISABILITIES LISTED.

2a. People who live with you now but will not be moving with you

First Name	Surname	Date of Birth	Male / Female	Relationship to you*

Only complete question 2b if you are a couple living apart

2b. People who live with your joint applicant now but will not be moving with you

First Name	Surname	Date of Birth	Male / Female	Relationship to you*

3a. What is your present accommodation

TYPE	GENERAL NEEDS	SHELTERED
Flat		
Maisonette		
House		
Bungalow		
Caravan		
Houseboat		
Mobile Home		
Chalet		
Floating Support Project		
Institutional Care		
Other, please give details:		

3b. What is your joint applicant's present accommodation (if living apart)

GENERAL NEEDS	SHELTERED

Which floor do you live on? If above 1st floor, do you have a lift?

3c. Please tick one box to describe the size of accommodation you live in now

	You	Your joint applicant (if living apart)
Studio (bedsit)	<input type="checkbox"/>	<input type="checkbox"/>
1 bedroom	<input type="checkbox"/>	<input type="checkbox"/>
2 bedrooms	<input type="checkbox"/>	<input type="checkbox"/>
3 bedrooms	<input type="checkbox"/>	<input type="checkbox"/>
4 bedrooms	<input type="checkbox"/>	<input type="checkbox"/>
Other, give details here:	<input type="text"/>	<input type="text"/>

3d. Please show where everyone sleeps in your home (& your joint applicant’s home if you live separately)

Your Home		Your joint applicant’s Home	
Bedroom 1		Bedroom 1	
Bedroom 2		Bedroom 2	
Bedroom 3		Bedroom 3	
If other rooms are used for sleeping, please tell us which rooms, who sleeps in them & why:		If other rooms are used for sleeping, please tell us which rooms, who sleeps in them & why:	

3e. Please circle the facilities you have in your home (& your joint applicant’s home if you live apart). Then tick the boxes to indicate whether they are used just by your family or shared with other people.

	Facilities in my home	Shared with other people	Used just by my family	Facilities in my home	Shared with other people	Used just by my family
Bathroom	0 1 2			0 1 2		
Inside Toilet	0 1 2			0 1 2		
Outside Toilet only	Y N			Y N		
Kitchen	0 1 2			0 1 2		
Living Room	0 1 2			0 1 2		
Dining Room	0 1 2			0 1 2		
Main Drainage	Y N			Y N		
Hot/Cold Water Supply	Y N			Y N		
Electricity	Y N			Y N		
Central Heating	Y N			Y N		
Please give details of any other facilities that you share:						

4a. Please tick one box for you, and one for your joint applicant if you live separately now

Are you:		Is your joint applicant:	
A Council Tenant		A Council Tenant	
A Housing Association Tenant		A Housing Association Tenant	
Tenant of a whole privately rented property		Tenant of a whole privately rented property	
Tenant of a room (s) in a shared house		Tenant of a room (s) in a shared house	
A service tenant (housing comes with the job)		A service tenant (housing comes with the job)	
A lodger (but not with relatives)		A lodger (but not with relatives)	
Living with relatives		Living with relatives	
An owner of this or any other property		An owner of this or any other property	
Living in a mobile home on a fixed site		Living in a mobile home on a fixed site	
Other, give details (no fixed address for example)		Other, give details (no fixed address for example)	
Living in HM Forces housing Expected date of discharge (DD/MM/YY)		Living in HM Forces housing Expected date of discharge (DD/MM/YY)	
Detained in HM Prison Expected date of discharge (DD/MM/YY)		Detained in HM Prison Expected date of discharge (DD/MM/YY)	

4b. If you (&/or your joint applicant) are renting, please give the name & address of your Landlord

.....

4c.

You			Your joint applicant		
Are you in rent arrears with your current landlord?	Yes	No	Are you in rent arrears with your current landlord?	Yes	No
If yes, please give details:					
Have you been the subject of a Notice Seeking Possession or Notice to Quit on the grounds of anti-social behaviour by you or a member of your household?	Yes	No	Have you been the subject of a Notice Seeking Possession or Notice to Quit on the grounds of anti-social behaviour by you or a member of your household?	Yes	No
If yes, please give details:					

**WE WILL NEED TO SEE CONFIRMATION OF THE DETAILS YOU HAVE GIVEN ABOVE,
3 MONTHS WAGE SLIPS OR PENSION ADVICES, OR BENEFIT AWARD LETTERS**

5b. Financial Assessment

You			Your joint applicant		
Do you have any savings or assets?	Yes	No	Do you have any savings or assets?	Yes	No
If yes, please provide details including the amount of any savings & provide a copy of the last three months statements for your accounts.					
Do you own or rent any other property in addition to the home that you live in now?	Yes	No	Do you own or rent any other property in addition to the home that you live in now?	Yes	No
Please give the following details: the address:					
the dates you lived in the property:					
your reason for leaving:					
the rent/mortgage per month:					
If you still have a financial interest in another property or mobile home please give its approximate current market value: £					
Name & address of mortgage lender:					
Mortgage account number:					
Please state the reason why you no longer reside at that property:					
<i>Continue on another piece of paper if necessary.</i>					

PLEASE NOTE WE REQUIRE AN UP TO DATE VALUATION OF ANY OWNED PROPERTY, ALONG WITH MORTGAGE STATEMENTS. IN ADDITION WE REQUIRE THREE MONTHS STATEMENTS FOR ALL ACCOUNTS HELD.

Please tell us about anything else that you feel is relevant to your application

DECLARATION:

I/We declare that all information given in this application is true.

I/We understand that any misleading or false statements may result in the cancelling of this application. If I/We have already been re-housed by the Council then I/We may be liable to possession proceedings and could lose that home.

I/We understand that to give false information, or withhold information, is an offence and that a person found guilty of an offence may be fined up to £5,000.

I/We grant Castle Point Borough Council permission to make any enquiries needed to confirm the information given on this form (including Experian check of addresses).

I/We agree to inform the Council, in writing, of any changes in my/our circumstances.

Failure to do so may result in my/our application being cancelled.

HOW WE MAY USE INFORMATION ABOUT YOU

- We use the information you give to establish if you are eligible for inclusion on this Council's Housing Register.
- We may also use it to tell you about Council services that might interest you or invite you to take part in surveys to help us improve our services.
- We also have a duty to look after public money and prevent fraud so we may check the information you give us with other information we hold about you.
- We may also share the information other bodies such as government departments. We may use computers to help us.
- The General Data Protection Regulations came into force on 25 May 2018. These regulations set out what to expect when Castle Point Borough Council (CPBC) collects personal information on you. If you would like further details they are set out in Privacy Notices on our website at www.castlepoint.gov.uk/info-governance Alternatively hard copies are available within CPBC offices. We only use your information for purposes allowed by law.

Changes in Circumstances and Renewals will only be accepted if signed. If you have a joint application, you must both sign.

Signed: Applicant date:

Signed: Joint Applicant date:

BE PREPARED TO PRODUCE ANY OTHER DOCUMENTS THAT WE REQUEST TO SUPPORT YOUR APPLICATION.

YOU WILL BE REQUIRED TO RENEW YOUR APPLICATION PERIODICALLY. FAILURE TO COMPLETE THE RENEWAL WILL RESULT IN YOUR APPLICATION BEING CANCELLED.