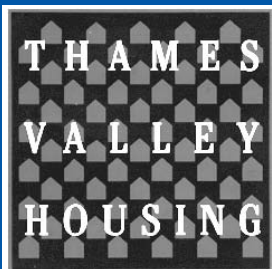


For office use only		
App. type	Initial	Surname

Registration No.

RICHMOND HOUSING REGISTER

CHANGE OF CIRCUMSTANCES FORM



RICHMOND HOUSING REGISTER

CHANGE OF CIRCUMSTANCE FORM

Please answer all relevant parts of this form so we can fully assess your application and work out your priority for housing. -

We will write to you within 14 working days to confirm the changes to your housing register application. -

If you need any help in completing this form, please contact the Housing Provision Section on 020 8487 5454. -

Please return the form to: -

Housing Provision, Civic Centre, 44 York Street, Twickenham TW1 3BZ. -

Section 1 You and your family

1.1 Please complete the details below. -

YOUR DETAILS	
Surname	
First name(s)	
Mr/Mrs/Miss/Ms	Date of Birth
	/ /
National Insurance Number	
Full address and postcode	
Date you moved to this address: / /	
Telephone	
Home:	
Work:	
Mobile:	

YOUR PARTNER'S DETAILS	
Surname	
First name(s)	
Mr/Mrs/Miss/Ms	Date of Birth
	/ /
National Insurance Number	
Full address and postcode	
Date you moved to this address: / /	
Telephone	
Home:	
Work:	
Mobile:	

If you are sleeping rough, you will need to provide a 'care of' address for correspondence.

1.2 Are you, or is anyone needing to be rehoused with you, pregnant?

Yes No

If yes, please state who is pregnant

Date the baby is due:

Section 2 Change in your address

2.1 Have you changed your address?

Yes No

If yes, please give details below of former addresses at which you have lived during the past 5 years

Dates	Address	Type of tenancy	Landlords name	Reason for leaving

2.2 If you no longer live in the borough of Richmond upon Thames, please explain why you would like to live in this borough. If it is to receive support from relatives, please ask them to provide written statements explaining what support they would provide you with. (Please use additional sheets if necessary).

If you work on a permanent basis in this borough but live in another borough, please provide a copy of your employment contract.

2.3 Has there been a change to you or your partner's immigration status?

Yes No

If 'Yes' please give details:

Name	Type of passport and current status in the UK, eg. visa for work or study, joining a family member, seeking asylum.

If you have answered 'Yes', please provide copies of any relevant documents to show your immigration status.

We may not be able to consider you for housing if you are subject to immigration control. If you are an asylum seeker or a person from abroad, you are only eligible to apply to the council for permanent housing if we consider you to meet criteria as set out in the Housing Act 1996.

Please contact us if you are unsure about how this affects you.

Section 3 Change in your household details

3.1 Do any of your family members live at a different address from you?

Yes No

If yes, please give their details below.

Surname	First Name(s)	Their present address	Relationship to you	Reason for not living with you

3.2 Do you want to remove anyone from your application?

Yes No

If yes, please give their details below.

Name(s)	Relationship to you	Reason for not needing rehousing

3.3 Do you want to add anyone to your application? -

Surname	First Name(s)	Are they male or female?	Relationship to you	Date of birth

Section 4 Reasons for rehousing

4.1 Please tick the one, main reason for why you need rehousing. -

Need for a larger property	<input type="checkbox"/>	Leaving the Armed Forces	<input type="checkbox"/>
Leaving parents' or family home	<input type="checkbox"/>	Leaving local authority care	<input type="checkbox"/>
Being asked to leave	<input type="checkbox"/>	Need a smaller property	<input type="checkbox"/>
To be near friends or relatives	<input type="checkbox"/>	Racial harassment	<input type="checkbox"/>
Cannot afford present housing	<input type="checkbox"/>	Other type of harassment	<input type="checkbox"/>
Relationship breakdown	<input type="checkbox"/>	Leaving prison	<input type="checkbox"/>
Domestic violence	<input type="checkbox"/>	In poor quality accommodation	<input type="checkbox"/>
Living in temporary accommodation	<input type="checkbox"/>	Violence or threat of violence	<input type="checkbox"/>
Ready to leave supported accommodation	<input type="checkbox"/>	Medical/Health circumstances	<input type="checkbox"/>

(If you tick this box please see also Section 5)

4.2 There may be the possibility of rehousing in other boroughs that we have a partnership agreement with. Please tick the areas you would be interested in living in.

<input type="checkbox"/> Kingston upon Thames	<input type="checkbox"/> Merton	<input type="checkbox"/> Sutton
<input type="checkbox"/> Wandsworth	<input type="checkbox"/> Lambeth	<input type="checkbox"/> Croydon

If a suitable property does become available in these boroughs, we may contact you to see if you would like to move there.

Section 5 Medical, disability or welfare needs

It is important you complete this section if you have any medical, disability, welfare, social or other needs that might affect your priority for rehousing.

5.1 Does anyone on your application need housing for medical reasons? Yes No

5.2 Does anyone on your application need housing for welfare or social reasons? eg. fear of violence, harrassment, to be near relatives for support/care needs or due to the effects of overcrowding in your Yes No

5.3 Does anyone on your application consider they have a physical disability? If 'Yes' give the name of the person(s). Yes No

5.4 Does anyone on your application consider they have a learning disability? If 'Yes' give the name of the person(s). Yes No

5.5 Does anyone on your application consider they have any other disability? If 'Yes' give the name of the person(s) and more information about their disability. Yes No

5.6 Does anyone on your application need a wheelchair to get around in the home? If 'Yes' give the name of the person(s). Yes No

5.7 Is anyone on your application registered disabled? If 'Yes' give the name of the person(s). Yes No

If you answer 'Yes' to any of these questions we will send you a medical/disability self assessment form or welfare/social form, which you should complete and return to us. We will then be able to assess these needs.

Section 6 Your present housing circumstances

6.1 Are you:

- | | | | | | |
|------------------------------|--------------------------|----------------------------------|--------------------------|---|--------------------------|
| An owner-occupier | <input type="checkbox"/> | Of no fixed abode | <input type="checkbox"/> | A private tenant | <input type="checkbox"/> |
| Living with parents | <input type="checkbox"/> | Living with relatives or friends | <input type="checkbox"/> | A housing association or council tenant | <input type="checkbox"/> |
| A lodger | <input type="checkbox"/> | Living in local authority care | <input type="checkbox"/> | Living in a hostel or bed & breakfast accommodation | <input type="checkbox"/> |
| Living in tied accommodation | <input type="checkbox"/> | Caravan/mobile home | <input type="checkbox"/> | | |
| Other | <input type="checkbox"/> | | | | |

Please describe

6.2 Are you sleeping rough? (This would include sleeping in your car) - Yes No

If you answer 'Yes' we will send you a short form to complete and return to us. We will send it to your 'care of' address. We will then assess whether additional priority can be awarded to your application.

6.3 How would you describe where you are living now? -

House	<input type="checkbox"/>	Self-contained studio	<input type="checkbox"/>	Flat or maisonette
Hostel or bed & breakfast	<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Bungalow
Sheltered accommodation (retirement housing)	<input type="checkbox"/>	Caravan/mobile home	<input type="checkbox"/>	Prison
Room in a shared house	<input type="checkbox"/>	Other (please describe)	<input type="text"/>	

If you live in a flat or a maisonette, which floor is it on?

6.4 Condition/suitability of your home

Do you think the structural condition or level of disrepair of your home is affecting your health or the health of anyone included in this application?

Yes No

If 'Yes', please describe the conditions

If 'Yes' has an environmental health officer visited you?

Please give the name of the officer and their telephone number if you have it.

Please also give the name of the local authority, if not Richmond upon Thames.

6.5 Your tenancy/licence agreement -

Please complete the following if you have a tenancy

Do you have a written agreement with your name on it?

Yes No

If 'No', please describe the arrangement between you and your landlord

If 'Yes', what type of agreement do you have?
(your written tenancy agreement will tell you this)

On what date did the present agreement start?

Please give the name and address of landlord.

Does your landlord live in the same property as you? Yes No

If 'Yes', has s/he always done so since you moved in? Yes No

Are there any other names on your agreement? Yes No

If 'Yes', please give the name(s) of any who are included in this housing application

6.6 Moving from your home

Have you been told to leave your current accommodation? Yes No

If Yes, who is asking you to leave? (Please tick the appropriate box)

Friend Relative Landlord

Other (Please give details)

If you have been told to leave your home, please give the date you must leave by:

If you are being asked to leave a friend or relative's home, please provide a letter from this person confirming this. The letter should include a daytime contact telephone number.

Have you had a Notice to Quit or a Notice of Seeking Possession? Yes No

If Yes, please provide a copy together with a copy of your tenancy agreement.

Has anyone obtained a Court order to make you leave your home? Yes No

If Yes, please provide a copy.

If 'Yes', on what date does the Court order take effect?

Please note we will be unable to fully assess your application without the additional information.

6.7 Please give details of your present accommodation

	Tick correct box	If 'Yes', where are they located?	Do you share this with anyone not included on your application?
Do you have; Cooking facilities?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
A hot water supply?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
A cold water supply?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you have...	Tick correct box	If 'Yes', where is it located?	Do you share this with anyone not included on your application?
a fixed bath or shower?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you have...	Tick correct box	If 'Yes', where is it located?	Do you share this with anyone not included on your application?
a toilet ?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you have...	Tick correct box	If 'Yes', where is it located?	Do you share this with anyone not included on your application?
the use of a separate living room ?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

6.8 Bedrooms

How many bedrooms do you and anyone included on your application have the right to use?

Please show who sleeps in each bedroom

	Name of person	Size of the room in feet or metres
Bedroom 1		
Bedroom 2		
Bedroom 3		
Bedroom 4		

6.9 Other rooms used as bedrooms

Room	Is this room used as a bedroom?	If YES, who sleeps in it?
Living Room	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Dining Room	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Section 8 Any other information

8.1 Has there been any other change in your circumstances that may affect your need for housing?

Yes No

If yes, please give details below.

8.2 If you have any other reasons for rehousing, please state them below. -

Section 9 DECLARATION

1 I/We declare that the above information is correct to the best of my/our knowledge.

I/We understand that it is an offence knowingly to provide false information in support of an application for a tenancy with a housing association and could result in prosecution and eviction from any housing accommodation offered.

2 I/We understand that any information given by me/us relating to my/our housing application will be placed on the Richmond Housing Register and may be viewed by any landlord who takes part in the scheme either now or in the future.

Signed: You - _____ Date _____

Your partner - _____ Date _____

Please return the completed form to:

Housing Provision Section
Housing Services
Ground Floor
Civic Centre
44 York Street
Twickenham
TW1 3BZ

London Borough of Richmond upon Thames Personal Information Policy

The Council respects your privacy rights and is committed to ensuring that it protects your details and information about your dealings with the Council.

The Social Services and Housing departments may need to hold a variety of information about you. This information will be used to help us plan and provide the correct services for you.

Usually only individuals that are involved in providing you services will see your information.

At times your information may be shared with other Departments and people who do not work for the Council (eg: your GP, NHS Health Care Providers, voluntary sector providers) if you are receiving, or need to receive, care or services from them. Your information will not be disclosed without your consent to third parties that are not working with us to provide a service to you unless there are exceptional circumstances - for example, where the health or safety of a person is at risk.

You have a right to see most of the information we hold about you. Please let a member of staff know if you want to access your files.

PROVIDING A FAIR HOUSING SERVICE

We would like you to complete the following section to help us check that we are providing a fair housing service. If you decide not to give us the information, it will not affect your application.

Ethnic origin (please tick just one box)

- White** British Irish Eastern European Any other White background
- Asian or British Asian** Indian Bangladeshi Pakistani Afghan
 Any other Asian background
- Black or British Black** African Caribbean Any other Black background
- Mixed** White & Black Caribbean White & Black African
 White & Asian Any other Mixed background
- Other** Chinese Vietnamese Jewish Middle Eastern
 Iraqi Gypsy/Traveller
 Other - please specify _____ I prefer not to say

Religion and faith

Do you belong to a religion or faith group?

- YES NO

If YES, please specify which one
(e.g. Christian, Muslim, Hindu, etc.)

Sexual Orientation

Please indicate your sexual orientation?

- Heterosexual/straight Gay Man Bisexual Gay Woman/Lesbian
- Prefer not to say
- Other - please specify

Please refer to the 'Applying for Housing' leaflet to explain how your application will be dealt with. Please contact us if you do not have a copy.

Please contact us if you have any difficulties in completing this form, or need it in Braille, large print, audio tape or another language. -

**Housing Provision,
Civic Centre, 44 York Street, Twickenham TW1 3BZ -**

Phone: 020 8487 5454 -

Minicom: 020 8891 7423 -

Website: www.richmond.gov.uk -

If you have any difficulty understanding this publication please visit reception at the address below where we can arrange a telephone interpreting service

Albanian	Nese keni veshtersi per te kuptuar kete botim, ju lutemi ejani ne recepcionin ne adresen e shenuar me poshte ku ne mund te organizojme perkthime nepermjet telefonit.
Arabic	إذا كانت لديك صعوبة في فهم هذا المنشور، فنرجو زيارة الإستقبال في العنوان المعطى أدناه حيث بإمكاننا أن نرتب لخدمة ترجمة شفوية هاتفية.
Bengali	এই প্রকাশনার অর্থ বুঝতে পারায় যদি আপনার কোন সমস্যা হয়, নিচে দেওয়া ঠিকানায় রিসেপশন-এ চলে আসুন যেখানে আমরা আপনাকে টেলিফোনে দোভাষীর সেবা প্রদানের ব্যবস্থা করতে পারবো।
Farsi	اگر در فهمیدن این نشریه مشکل دارید، لطفاً به میز پذیرش در آدرس قید شده در زیر رجوع فرمایید تا سرویس ترجمه تلفنی برایتان فراهم آورده شود.
Gujarati	જો તમને આ પુસ્તિકાની વિગતો સમજવામાં મુશ્કેલી પડતી હોય તો, કૃપયા નીચે જણાવેલ સ્થળના રિસેપશન પર આવો, જ્યાં અમે ટેલિફોન પર ગુજરાતીમાં ઇન્ટરપ્રિટિંગ સેવાની ગોઠવણ કરી આપીશું.
Panjabi	ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਪਰਚੇ ਨੂੰ ਸਮਝਣ ਵਿਚ ਮੁਸ਼ਕਲ ਪੇਸ਼ ਆਉਂਦੀ ਹੈ ਤਾਂ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਪਤੇ ਉੱਪਰ ਰਿਸੈਪਸ਼ਨ 'ਤੇ ਆਉ ਜਿੱਥੇ ਅਸੀਂ ਟੈਲੀਫੋਨ ਤੇ ਗੱਲਬਾਤ ਕਰਨ ਲਈ ਇੰਟਰਪ੍ਰਿਟਰ ਦਾ ਪ੍ਰਬੰਧ ਕਰ ਸਕਦੇ ਹਾਂ।
Urdu	اگر آپ کو اس اشاعت کو سمجھنے میں کوئی مشکل ہے تو، براہ کرم نیچے دیئے ہوئے ایڈریس کے استقبال پر جا کر ملیئے، جہاں ہم آپ کیلئے ٹیلیفون انٹرپرائٹنگ سروس (ٹیلیفون پر ترجمانی کی سروس) کا انتظام کر سکتے ہیں۔

Civic Centre, 44 York Street, Twickenham TW1 3BZ