

For Office Use Only

Name

Application Date

Application Number

Housing Register Application - Change of Circumstances

You should complete this form if you would like to inform us of any change of circumstances that have taken place since you completed your housing register application.

If you do not provide us with details of changes, your housing register application may be affected and your ability to place bids, or be nominated for homes may be affected.

If you require this form in a different format or would like help to complete it, please contact Maidstone Borough Council, Housing Options Team on **01622 602440**, email **housingoptions@maidstone.gov.uk** or write to the address below:

When completed, please return to:

**Housing Options
Maidstone Borough Council
Maidstone House
King Street
Maidstone
Kent
ME15 6JQ**

Details of Applicant

| Surname | First Name | Title | Date of Birth | Gender | NI Number |
|---------|------------|-------|---------------|--------|-----------|
| | | | / / | | |

Your Housing Register application number

Address

Postcode

Telephone Number

Mobile

Email Address

What date did you move to this address?

c/o address

Only complete this section if you are threatened with or are homeless



Have you been asked to leave your property? Yes

No

If so, what date have you been asked to leave?

If yes, please make sure that you fill out Appendix A - Income/Expenditure Form

If you are threatened with or are homeless you may apply for assistance from the Maidstone Homefinder Bond Scheme. This provides support when securing private rented accommodation if you do not have sufficient funds for a deposit.

For more information visit www.maidstone.gov.uk

Are you street homeless? (For example you have no right of access to indoor accommodation at night)

Yes

No

If yes, please use below box to explain your circumstances

Changes to my Application

Please tick the relevant boxes below to tell us which changes you would like to make to your housing register application:

My/our address has changed`

Please complete section 1

My/our household has changed

Please complete section 2

My/our local connection has changed

Please complete section 3

My/our employment details have changed

Please complete section 4

My/our financial details have changed

Please complete section 4

My/our benefits have changed

Please complete section 4

My/our savings have changed

Please complete section 4

My/our criminal convictions have changed

Please complete section 5

There are other changes

Please attach further details to this form.

Please complete the relevant section/s of the form and the declaration at the end.

Section 1: Changes to my Accommodation

Is the property in which you live:

(please tick any of the following that apply to you)

Owned by you in full or in part or by any member of your household.

Accommodation supplied with your job (Tied).

Are you living with family or friends who will not be rehoused with you?

A hostel, hospital, nursing home, prison etc.

Rented from a Local Authority (Council) or Registered Social Landlord.

Rented from a private landlord or letting agent.

A mobile home or static caravan.

Do you have access to a garden

Yes

No

How many bedrooms are in your property?

Type of property:

- | | | | | | |
|--------------------------|-------------------|--------------------------|--------------------------------------|--------------------------|---|
| <input type="checkbox"/> | A house | <input type="checkbox"/> | A maisonette | <input type="checkbox"/> | A mobile home or static caravan in a holiday park |
| <input type="checkbox"/> | A flat | <input type="checkbox"/> | A bungalow | <input type="checkbox"/> | A hostel/nursing home/prison etc |
| <input type="checkbox"/> | A touring caravan | <input type="checkbox"/> | A studio flat/room in a shared house | | |

Are there any other people in the property who will not be moving with you?

| Surname | First Name | Age | Relationship to you |
|---------|------------|-----|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Facilities

Please use this space to tell us whether you have access to the following facilities:

- No internal toilet
- No bath/shower with hot water
- No piped hot water (other than bath or shower)
- Shared pipe hot water (other than bath or shower)
- No separate kitchen
- No separate living room
- Shared toilet
- Shared bath/shower with hot water
- Shared kitchen
- Shared living room



Bedrooms

Please provide details on anyone who does not have a bedroom:

| First Name | Surname | Age | Gender |
|------------|---------|-----|--------|
| | | | |
| | | | |
| | | | |
| | | | |

Questions For Tenants of a Social Landlord only



Do you have unused bedrooms?

Yes

No

If so, how many?

Have you signed up to homeswapper.co.uk? This mutual exchange website may provide you with a new home faster than applying for the housing register.

Landlord Details

| | |
|------------------|----------------------|
| Name | <input type="text"/> |
| Address | <input type="text"/> |
| | <input type="text"/> |
| Postcode | <input type="text"/> |
| Telephone Number | <input type="text"/> |

Condition of Property

Please use this space to provide information about the condition of the property in which you live.

Is your home in a poor state of repair

Yes

No

If yes, please explain the problem:



If you have ticked the 'Yes' box, Maidstone Borough Council or your landlord may wish to inspect the property.

Section 2: Changes to my Household

Please provide details of all those moving with you.

| Surname | First Name | Title | Date of Birth | Gender | NI Number |
|---------|------------|-------|---------------|--------|-----------|
| | | | / / | | |
| | | | / / | | |
| | | | / / | | |
| | | | / / | | |

Do you require a joint tenancy? Yes No

Are you or anyone listed above pregnant? Yes No

If so, who is pregnant?

When is the baby due? / /

Additional Needs

A separate form must be completed to enable us to assess any medical, mobility or care and support needs. Please request an Additional Needs Form if one has not been provided with this form. (If you need to move to either give or receive care, please complete the 'Support Needs' section of the form).

Section 3: Changes to My Local Connection

Do you or your partner live within the Maidstone Borough? Yes No

Do you or your partner have close family members (ie parents, siblings or children) within the borough that have lived here for the last 5 years? Yes No

Do you or your partner work for a minimum of 16 hours within the borough on a permanent basis? Yes No

Do you currently live outside the Maidstone Borough but have lived within it in the last 5 years? Yes No

Section 4: Changes to My Financial Details

Employment



You are required to supply evidence about any of the information supplied below.

Are you or any member of your household in full time/part time employment?

Yes

No

If you have answered yes, please give details in the box below:

| Name of person employed | Name of employer | Net weekly/ monthly pay |
|-------------------------|------------------|----------------------------|
| | | £ |
| | | £ |
| | | £ |
| | | £ |

Changes to My Benefits

Do you or any member of your household receive any benefits from the Benefits Agency or Local Authority?

Yes

No

If you have answered yes, please give details in the box below:



| Name | Name of benefit | Amount of benefit | Weekly/monthly |
|------|-----------------|-------------------|----------------|
| | | £ | |
| | | £ | |
| | | £ | |
| | | £ | |
| | | £ | |
| | | £ | |

Do you or any member of your household have any savings, investments of financial resources?

Yes

No

If you have answered yes, please give details in the box below:

| Name | Savings/investment financial resource | Amount | Who with (company) |
|------|--|--------|--------------------|
| | | £ | |
| | | £ | |
| | | £ | |
| | | £ | |
| | | £ | |
| | | £ | |

Are you or any member of your household self employed, the owner or part owner of a company or business; a shareholder of a company or business?

Yes

No

If you have answered yes, please give details in the box below:

| Name | Name of company/business | Status: self-employed owner share holder |
|------|--------------------------|---|
| | | |
| | | |
| | | |

Section 5: Changes to Criminal Convictions

Have you or any member of your household ever been convicted of a criminal offence?

Yes

No

If yes, please complete the following:

| Name of person | Offence convicted for | Date | | | | | |
|----------------|-----------------------|------|---|---|----|---|---|
| | | From | / | / | To | / | / |
| | | From | / | / | To | / | / |
| | | From | / | / | To | / | / |
| | | From | / | / | To | / | / |
| | | From | / | / | To | / | / |

If you or any member of your household have been convicted under the Sex Offenders Act 1997 and placed on the Sex Offenders Register, please outline the details below:

Probation Services/Community
Rehabilitation Company

Name

Address

Contact Number

Youth Offending Team

Name

Address

Contact Number

Additional Information

Do you have any pets? If yes, please give details:

Is there additional information you would like to provide us? If yes, please give details:

Declaration

Even if someone else has filled in this form for you, you must sign this declaration if you can. If you have a partner, they must sign this declaration as well.

Please read this declaration carefully before you sign and date it.

I/we understand the following:

- That it is an offence to knowingly or recklessly make a statement which is false or to knowingly withhold information which the Council has reasonably required to be given
- That if I/we have knowingly or recklessly made a false statement and/or knowingly withheld information which was reasonably required, then I/we may be guilty of an offence under section 171 of the Housing Act 1996 and liable on summary conviction to a fine of up to £5,000
- That the application for housing or subsequent tenancy may be cancelled if I/we have knowingly or recklessly made a false statement and/or knowingly withheld information which the Council has reasonably required to be given
- That I/we must inform the Council about any changes in circumstances which might affect this application
- That the Council will use the information provided to process the application for an allocation of housing
- That the Council may, where the law allows, check and/or supply the information provided with other information held by the Council, registered social landlords, other local authorities, the Home Office and other Government organisations

I/we declare that the information contained in this form is complete and correct

Signature of applicant

Date

Partner's signature

Date

To be filled in by the person filling in this form if it is not the person applying for housing

Tell us why you are filling in this form for the person applying

Your name

Your signature

Your relationship to the person applying

Date

All household members of the moving group, aged 18 years and above, must read and agree to the declaration by signing and dating below:

| | | | | | | | |
|------|----------------------|-----------|----------------------|------|----------------------|----------------------|----------------------|
| Name | <input type="text"/> | Signature | <input type="text"/> | Date | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Name | <input type="text"/> | Signature | <input type="text"/> | Date | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Name | <input type="text"/> | Signature | <input type="text"/> | Date | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Name | <input type="text"/> | Signature | <input type="text"/> | Date | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Appendix A – Income/Expenditure

| | Types of Expense | Budget £ | Budget £ | Comments |
|----|--------------------------------------|----------|----------|----------|
| | Housing | | | |
| 1 | Rent | | | |
| 2 | Mortgage | | | |
| 3 | Mortgage Endowment Premium | | | |
| 4 | Service Charge/Ground Rent | | | |
| 5 | Water | | | |
| 6 | Council tax Bill | | | |
| 7 | Gas | | | |
| 8 | Electricity | | | |
| 9 | Other Household Fuels | | | |
| | Household Services | | | |
| 10 | Building and Contents Insurance | | | |
| 11 | Telephone incl. Mobile/Internet | | | |
| 12 | TV licence | | | |
| 13 | Satellite Rental | | | |
| 14 | Repairs, Service Contract | | | |
| 15 | Appliance Rental | | | |
| 16 | Child Support Paid by You | | | |
| 17 | Childcare | | | |
| 18 | Fines, CCJs, etc | | | |
| 19 | Life Insurance/Private Pensions | | | |
| 20 | Medical/Accident Insurance | | | |
| | Motoring & Transportation | | | |
| 21 | Vehicle Finance | | | |
| 22 | Spares/Servicing | | | |
| 23 | Road Tax | | | |
| 24 | Insurance | | | |
| 25 | AA, RAC, etc | | | |
| 26 | Fares and Travel | | | |
| | Food and Housekeeping | | | |
| 27 | Food, Toiletries, Cleaning | | | |
| 28 | School Meals/Meals at Work | | | |
| 29 | Pets, Pet Food/Insurance | | | |
| 30 | Tobacco | | | |

Appendix A – Income/Expenditure

| | Types of Expense | Budget £ | Budget £ | Comments |
|----|--------------------------------|----------|----------|----------|
| | Clothing and Footwear | | | |
| 31 | Misc Goods & Services | | | |
| 32 | School Trips/Activities | | | |
| 33 | Hairdressing | | | |
| 34 | Professional/Union Fees | | | |
| 35 | Laundry/Dry Cleaning | | | |
| 36 | Medicines/Prescriptions | | | |
| 37 | Dentist/Opticians | | | |
| | Personal & Leisure | | | |
| 38 | Newspapers, Magazines | | | |
| 39 | Sports, Hobbies, Entertainment | | | |
| 40 | Children's Pocket Money | | | |
| 41 | Christmas & Birthdays | | | |
| 42 | Church/Charity | | | |
| 43 | Sundries/Emergencies | | | |
| 44 | Self Employed | | | |
| 45 | Income Tax | | | |
| 46 | National Insurance | | | |
| 47 | VAT | | | |
| | Other Costs | | | |
| 48 | Repayments to Creditors | | | |
| 49 | Total Expenses | | | |
| 50 | Total Income | | | |
| 51 | Surplus/(Deficit) | | | |

Any other information you would like to include

Checklist

| | Please tick | What are you sending? |
|---|--------------------------|-----------------------|
| Proof of Pregnancy Midwives MATBI book. | <input type="checkbox"/> | <input type="text"/> |
| Notice to Quit Court possession order | <input type="checkbox"/> | <input type="text"/> |
| Child Benefit Child Benefit letter or recent bank statement | <input type="checkbox"/> | <input type="text"/> |
| Proof of Earnings This means your last five payslips if you are paid every week, your last three payslips if you are paid every two weeks, or your last two payslips if you are paid every month. If you or your partner are self-employed, we need to see your accounts for the last financial year or, if you have been trading for less than six months, a summary of your trading records so far. | <input type="checkbox"/> | <input type="text"/> |
| Proof of Other Income Such as pension slips from a previous employer or a letter from the Court showing how much maintenance you are getting. We need to see proof of any money people pay you for board or lodgings. | <input type="checkbox"/> | <input type="text"/> |
| Proof of Benefits, Allowances or Pensions Such as award notices or letters from the Department for work and pensions confirming how much you get. If you do not have proof, let us know straight away. Please do not send order books through the post. | <input type="checkbox"/> | <input type="text"/> |
| Proof of Address of Tenancy Such as rent book, rent receipts, a tenancy agreement or a letter from your landlord. | <input type="checkbox"/> | <input type="text"/> |