

3. Change of Address

Have you changed your address? Yes No

If Yes, please complete the following details.

If No, please go to Section 4.

If you have changed address and previously had a medical assessment it will no longer apply. You will be contacted for a further medical assessment

Previous Address:

Post code:

Date moved:

Please state your reason(s) for moving:

If you have moved address, we have to make some further investigations before making any changes to your priority. You may be asked for further information.

Details of your new home

Please fully complete the section below, if any information is left blank we may not be able to update your details and your application could be bypassed for future offers of accommodation.

Type of Property you now occupy:

Flat House Maisonette Bungalow Other

If other please state:

If you occupy a flat or maisonette, on which level do you live?

On what basis are you occupying the property?

- | | | | |
|-----------------------|--------------------------|----------------------------|--------------------------|
| Lodger | <input type="checkbox"/> | Housing Association tenant | <input type="checkbox"/> |
| Private tenant | <input type="checkbox"/> | Supported Housing | <input type="checkbox"/> |
| Living with relatives | <input type="checkbox"/> | Temporary Accommodation | <input type="checkbox"/> |
| Living with friends | <input type="checkbox"/> | Other | <input type="checkbox"/> |

If other please state:

How many bedrooms do you have available for your use?

How many bedrooms are there in the property?

Do you share this property with any other person(s) other than your household?

- Yes No

Name:

Relationship to you:

Which of the following rooms do you have to share with people who are not part of your application?

- | | | | |
|----------|--------------------------|----------|--------------------------|
| Kitchen | <input type="checkbox"/> | Lounge | <input type="checkbox"/> |
| Bathroom | <input type="checkbox"/> | Bathroom | <input type="checkbox"/> |

If you live in flats, is there a lift in your block? Yes No

4. Changes to your household

Only include child's details if they are the applicant's own children, aged below 16, and where the applicant is the sole legal guardian.

Please provide a full birth certificate and proof of residency for the previous five years (depending on the age of the child). This can be Child Benefit or Tax Credit award letters.

Have there been changes to your household? Yes No

If Yes, please complete the following details.

If No, please go to Section 5.

Adding / Removing a child:

I wish to add a child to my application Yes No

I wish to remove a child from my application Yes No

Name of child:

Relationship to you:

Date moved in:

Date moved out:

Name of child:

Relationship to you:

Date moved in:

Date moved out:

Adding / Removing a Non-Dependent / Relative / Other

I wish to add a person to my application Yes No

I wish to remove a person from my application Yes No

Name:

Relationship to you:

Date moved in:

Date moved out:

Name:

Relationship to you:

Date moved in:

Date moved out:

Changes to current living arrangements

Has anyone who is not part of your application moved in or out of your current accommodation? Yes No

If Yes, please complete the following details.
If No, please go to Section 5.

I now have a bedroom for my use Yes No

I no longer have a bedroom for my use Yes No

5 Change of status

Have you changed your status? Yes No

If Yes, please complete the following:
If No, please go to Section 6

I am now married and have changed my name New name:

I have entered into a Civil Partnership and have changed my name New name:

I have changed my name through Deed Poll New name:

I have changed the name of my child(ren) New name(s):

If you are an existing Social Housing tenant in Harlow go to Section 9

6 Armed Forces

Are you or your partner currently a member of the Armed Forces?

If Yes, please complete the following. If No, please go to Section 7

You: Yes No **Partner:** Yes No

Are you a bereaved spouse or civil partner of a member of the Armed Forces, leaving services family accommodation following the death of the spouse/ partner?

You: Yes No **Partner:** Yes No

Are you a serving or former member of the Reserve Forces who needs to move because of a serious injury, medical condition or disability sustained as a result of your service?

You: Yes No **Partner:** Yes No

Please provide all legal paperwork confirming your change of name. For example, your Deed Poll documentation or marriage / civil partnership certificate.

Please provide proof of service or discharge papers for your time in the Armed Forces.

Who is a 'close family member'?

Close family members are your parents, adult brothers and sisters and non-dependent children.

Please provide proof of residence in Harlow for the past 5 years, for example bills or bank statements.

Did you know...

...Income includes earnings from full and part-time work, benefits, savings and equity - either your current accommodation if you own it, or a previous sale of property you owned.

Please provide proof of your income e.g. payslips, copy of savings / bank account, completion statement.

7 Changes to local connection

Has there been a change to you or your partner's local connection to Harlow?

Yes No

If Yes, please complete the following details.
If No, please go to Section 8.

I / We have 5 years continual residence in Harlow through a close family member.

I / We are permanently employed in Harlow for a minimum of 12 months working at least 24 hours a week.

I / We have 5 years continual residence in Harlow.

None of the above applies.

8 Income

Has there been a change to your income?

Yes No

If Yes, please complete the following details.
If No, please go to Section 9.

My combined household income and savings are now over £50,000.

My combined household income and savings have remained under £50,000.

I have recently sold a property.

9 Housing related debts

Do you or your partner owe a housing related debt ?

Yes No

If Yes, please complete the following details.
If No, please go to Section 10.

You:

Amount:

Current rent arrears:

Former rent arrears:

Housing Benefit overpayment:

Housing related court costs:

You:

Amount:

Other housing debt (including costs where the applicant is contractually liable under the tenancy agreement):

Claim on RDGS Bond:

Partner:

Amount:

Current rent arrears:

Former rent arrears:

Housing Benefit overpayment:

Housing related court costs:

Other housing debt (including costs where the applicant is contractually liable under the tenancy agreement):

Claim on RDGS Bond:

If you / your partner owe a combined total arrears of £1,000 and have entered into a payment plan and have kept to this for 12 months please tick the box:

10 Behaviour

Have you or any member of your household committed anti-social behaviour or criminal activity? Yes No

If Yes, please complete the following details.
If No, please go to Section 11.

Anti-Social Behaviour Order:

Name

Date from and to:

Name

Date from and to:

If you singly or jointly have a housing related debt of £1000 please provide copies of all repayment plans for all debts and statements for the accounts. Also provide a letter from your landlord stating that you are making regular payments

You must provide copies of all Court Orders / Supervision Orders etc. with this form.

Important Note:

If you do not give all the information asked for on this form it may affect your application for housing.

The Council may contact the Police Authorities for verification of information.

Anti-Social Behaviour Order:

Name

Date from and to:

Outstanding Injunction:

Name

Details of the injunction:

Date from and to:

Name

Details of the injunction:

Date from and to:

Name

Details of the injunction:

Date from and to:

Conviction relating to Domestic Abuse:

Name

Details of the conviction /
Community Order/
Supervision Order:

Date from and to:

Name

Details of the conviction /
Community Order/
Supervision Order:

Date from and to:

Name

Details of the conviction /
Community Order/
Supervision Order:

Date from and to:

Please continue to the next page

Important Note:

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The Council may contact the Police Authorities for verification of information.

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Loss of previous home due to Anti-Social behaviour:

Name

Address:

Details:

Name

Address:

Details:

Name

Address:

Details:

11 Convictions

If you or any member of your household has recently been convicted of a crime you must give us full details.

Yes No

Please provide details and dates of any convictions against you or anyone on your application involving offences against the person, including offences of a sexual nature (other than convictions which are spent under the Rehabilitation of Offenders Act 1974).

If Yes, please complete the following details.
If No, please go to Section 12.

Name	
Type of conviction:	
Date of conviction:	
Length of Prison Sentence (if applicable)	

Name	
Type of conviction:	
Date of conviction:	
Length of Prison Sentence (if applicable)	

Name	
Type of conviction:	
Date of conviction:	
Length of Prison Sentence (if applicable)	

Important Note:

If you do not give all the information asked for on this form it may affect your application for housing.

The Council may contact the Police Authorities for verification of information.

12 Personal connections

Are you or anyone else included on this application now related to a Harlow Councillor or a Harlow Council employee?

Yes No

If Yes, please complete the following details.
If No, please go to Section 13.

Name:

Person you
are related to:

Job title:

Name:

Person you
are related to:

Job title:

Name:

Person you
are related to:

Job title:

13 Declaration

Important. Please read carefully before you sign and return the form.

If you have completed all sections of this form, please sign the declaration below. If you do not complete this declaration the Council will be unable to process your application. Please also ensure that you bring all documents with you when you return the form to the Civic Centre.

All information given or obtained in connection with this application will be held in confidence, in accordance with the Data Protection Act 1998. Such information may however be used for the prevention and detection of fraud and crime, including a fraudulent application for housing.

Tenancy files are retained for the duration of the tenancy with Harlow Council and 6 years after the termination of the tenancy.

By signing this application you (and your partner) state that you understand and agree to all of the following:

- information may be held on computer
- that it is an offence to give false or misleading information, or to withhold information relevant to this application
- incorrect statements could result in removal from the Housing Register
- we reserve the right to request proof of any information given to ensure it is correct
- that you give permission for other relevant professionals such as doctors, social workers, health care workers, probation officers, project workers or key workers, health visitors, district nurses, family liaison officers and the Police, to release information held by them to this Authority. In addition, this may include records such as mortgage accounts, landlord tenancy records, credit reference details, Social Care records, land registry records, Benefit Agency records and other Council records including Council Tax and Housing Benefit records.
- That you give permission to this Authority to release relevant information about you to other organisations, e.g. Housing Associations, Social Care, Benefit Agency, Police and utility companies. This may also include giving details of your 'forwarding address' to Council Tax, Housing Benefits and Social Care.
- **Tenancies granted on the basis of incorrect statements may result in subsequent eviction proceedings**

You:
Print name

Partner:
Print name

Signature:

Signature:

Date:

Date:

The Council will not discuss your application for housing with any person not included on your application without your consent (subject to the above need to investigate your application fully). If you want your application to be discussed with another person such as a friend, relative or representative from another agency, please give their details below.

Name:

Address:

Relationship to you:

Telephone number:

Harlow Council understands that your privacy is important to you. The details you provide on this form will be kept private and confidential. However, in order to validate your application it may be necessary to share personal information with the NHS, GP's and Social Services to safeguard children's and vulnerable adult's welfare.

Harlow Council is under a duty to protect the public funds it administers, and to this end may use the information provided for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. The Audit Commission currently requires us to participate in a data matching exercise to assist in the prevention and detection of fraud. Further information about the data matching exercise is available on Harlow Council's website at www.harlow.gov.uk.

Notes page

Please use the space below to add any further information you want to tell us, making a note of the section the information relates to:

Section number:

Information:

Section number:

Information:

Section number:

Information: