

CHANGE OF CIRCUMSTANCE FORM



REF NO:

NAME:

ADDRESS:


FORM SUPPLIED BY:


You must complete this form if there have been any changes to your circumstances since completing your Durham Key Options Housing Application.

If you need help in completing this form, or accessing the scheme, please contact us and tell us what we can do to help.

CHANGE OF ADDRESS

Have you/are you changing address? If so please state details below:

New Address 	Date moved in	Property type and size (for example 2 bedroom house)	New Contact Number	Name and Address of Landlord	Council Tenant	Private Landlord	Housing Association	Owner Occupier	Lodger/Living in	Other (please specify)
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

 Please note that we may request proof of this information

OCCUPANTS


If the people in your household have changed, please give details below of **all** persons living at your address:

Full Name	Male/Female	Date of Birth	Relationship to you	Is this person living with you now?	Will this person need rehousing with you?




ADDITIONAL APPLICANTS

If you wish to add a **joint applicant** to your application please provide their details in the table below:

Name 	Date of Birth	Relationship to Main Applicant













Please state where the joint applicant has been living for the past 5 years including your current address (continue on separate sheet if required):


Address	Date moved in	Date moved out	Reasons for leaving	Amount of Outstanding Arrears (if any)	Name and Address of Landlord	Council Tenant	Private Landlord	Housing Association	Owner Occupier	Lodger/Living in	Other (please specify)
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(Please Note: we may request additional proof if you have completed any section highlighted with a )

REASONS WHY YOU WANT/NEED TO MOVE

If there have been any changes to the reason why you require rehousing please state below:

Asked to leave by landlord  <input type="checkbox"/>	Harassment <input type="checkbox"/>	Property too small <input type="checkbox"/>
Asked to leave by family/friends <input type="checkbox"/>	Homeless <input type="checkbox"/>	Property unsuitable due to poor conditions (private or owner occupied property only) <input type="checkbox"/>
Cannot afford rent/mortgage/upkeep of your home  <input type="checkbox"/>	Living in temporary accommodation <input type="checkbox"/>	Relationship breakdown (non-violent) <input type="checkbox"/>
Care leaver  <input type="checkbox"/>	Loss of tied accommodation  <input type="checkbox"/>	Release from prison  <input type="checkbox"/>
Discharge from hospital  <input type="checkbox"/>	Need to move on from supported accommodation  <input type="checkbox"/>	To be nearer to work/training  <input type="checkbox"/>
Domestic violence/abuse <input type="checkbox"/>	Neighbourhood problems/vandalism/burglary <input type="checkbox"/>	To live independently <input type="checkbox"/>
Eviction order/repossession  <input type="checkbox"/>	Property to be demolished in regeneration area <input type="checkbox"/>	To move nearer to special facilities such as a school/hospital  <input type="checkbox"/>
HM Forces discharge  <input type="checkbox"/>	Property too large <input type="checkbox"/>	
To give/receive care of support!  <input type="checkbox"/>	Relationship to you: <input type="checkbox"/>	
Please provide the name and address of the person giving/receiving care or support:		
Property unsuitable due to ill health/disability/mental health problem <input type="checkbox"/>	Please ensure that you complete the 'medical' section if you answered yes here	
Other (please state) <input type="checkbox"/>		

 Please note that we may request proof of this information

Do you wish to change the property type you are applying for? Yes No

Please give details of the property type required (for example: House, Bungalow, Flat etc):

Please state number of bedrooms required (please note this will be assessed in line with the Durham Key Options entitlement criteria):

MEDICAL/WELFARE

Have there been any changes in your Medical/Welfare need since submitting your Durham Key Options Housing Application? Yes No

If you mark 'yes' you will be sent a Medical Assessment Form to complete and return)

OTHER CHANGES

Please give details below of any other changes that you wish to tell us of that you think may affect your application (for example change of name or removal of a Joint Applicant etc):

OTHER HOUSING OPTIONS

Mutual Exchange

Council tenants with Secure Tenancies and most Housing Association tenants with Assured Tenancies can apply to exchange their accommodation. Mutual Exchanges are not allowed with tenants in leased or private rented accommodation (See Durham Key Options User Guide for details)

Would you like to join our Mutual Exchange register? Yes No
If you tick this box your information will be shared with other applicants.

Low Cost Home Ownership/Shared Ownership

Would you be interested in receiving information on low cost home ownership/ shared ownership? Yes No

DECLARATION

I/we confirm that I/We have read and understood the summary of Durham Key Options lettings policy. I/We certify that the details given in, or as supporting evidence to, this application represent a true record of my/our present circumstances.

I/We understand that it is an offence to give false information or withhold information relevant to my/our application and that if I/We do so, I/We could be liable to a fine up to £5000 (this figure is accurate as at April 1997, but you should be aware that this amount could alter).

I/We understand that Durham Key Options could take steps to withdraw an offer of accommodation or seek possession of a tenancy which has been granted as a result of a false statement made by the applicant or anyone acting on the applicant's behalf.

I/We understand that it is my/our responsibility to notify Durham Key Options should my/our circumstances change as this could affect my/our application.

I/We understand that Durham Key Options may wish to verify the information given in this application by making enquiries of the Police, Social Services, Probation Service, Landlords, Doctors, other departments of the council etc., to confirm whether there has been any involvement with myself or my family. I/We authorise Durham Key Options to obtain any relevant information from the appropriate organisation in relation to my/our application.

I/We understand that if I/We was to be allocated a property with any of the partner landlords, I/We must adhere to the conditions of my/our tenancy.

	Signature	Print Name	Date
Main applicant			
Joint applicant			