# **Change of Circumstances Form**

If you are unable to update your Homespot Application through the [website](https://www.falkirk.gov.uk/services/homes-property/council-housing/housing-online.aspx), please use this form to tell us about any changes to your circumstances that relate to your application for housing.

 **Homespot application number:**

**Name:**

## **Date of Birth:**

## **Address:**

##

**Postcode:**

## **Please make the following changes to my application:**

If the changes relate to adding a joint applicant to your application please complete **Page 2 – Add a joint applicant to your application**. If you want to notify us of additional people that will be part of your household please complete **Page 4 – Add other people to your Housing Application**. If you have moved to a new property then please complete **Page 5 – Notify us of a change of address**.

**Note:** We will require supporting documentation to alter any names or add anyone to your Housing Application (e.g. marriage certificate, deed poll certificate, birth certificates, etc.)

**Add a joint applicant to your Housing Application**

**Title:** Choose an item.

If Other (please state)

**2. First Name:**

**3. Last Name:**

**4. National Insurance Number:**

**5. Date of Birth:**

**6. Marital Status:** Choose an item.

**7. Gender**

[ ]  Male [ ]  Female

**8. Are they Pregnant?**

 [ ]  Yes [ ]  No

**9. Due Date:**

**10. Relationship to you:** Choose an item.

**11. Ethnic Group:** Choose an item.

**12. Do they have current or indefinite leave to remain in the UK?** (This also includes exceptional leave to remain).

**Under the Housing (Scotland) Act 2001, the Asylum and Immigration Act 1999, and the Immigration (EEA) Regulations 2006, we need to find out if you qualify for public assistance including housing.**

 [ ]  Yes [ ]  No

**13. Do they have humanitarian or discretionary leave to remain in the UK?**

 [ ]  Yes [ ]  No

**14. Do they have any restriction on accessing public funds?**

[ ]  Yes [ ]  No

**15. Are they a National of a European Economic Area (EEA) country that was a member of the EU before 01/05/2004 or of Malta and Cyprus, and working, registered self-employed or a job seeker?**

 [ ]  Yes [ ]  No

**16. Are they a National of a European Economic Area (EEA) country that of the EU on or after 01/05/2004 and have a EEA Residence Permit or working under the Worker Registration Scheme, or registered self-employed?**

 [ ]  Yes [ ]  No

**17. Country of Origin:** Choose an item.

They are not subject to immigration control if they are a:

[ ]  British citizen [ ]  Commonwealth citizen with right of abode in the UK

[ ]  Citizen of a member country with in the European Economic area

**Equality and Diversity**

We are collecting equality and diversity information for monitoring purposes and to help us plan our services. The information given will not affect how the application is assessed. These questions are not mandatory.

**1. Does the person you wish to add to your application consider themselves to have a disability?**

[ ]  Yes [ ]  No

If ‘Yes’, please tick:

[ ]  Sensory Impairment [ ]  Mobility/Physical [ ]  Mental Health

[ ]  Learning Disability [ ]  Other Disability [ ]  Not known or N/A

**2. What is their religion?**

[ ]  Religion None [ ]  Church of Scotland [ ]  Roman Catholic

[ ]  Other Christian [ ]  Muslim [ ]  Buddhist

[ ]  Sikh [ ]  Jewish [ ]  Hindu

[ ]  Pagan [ ]  Other Religion [ ]  Religion N/A

**3. What is their sexual orientation?**

[ ]  Heterosexual [ ]  Gay [ ]  Lesbian

[ ]  Bisexual [ ]  Transgender [ ]  Not Answered

**4. What is their economic status?**

[ ]  Full-time Employment [ ]  Part-time Employment [ ]  Unemployed

[ ]  Training [ ]  Retired [ ]  At Home

[ ]  Student [ ]  Disabled/Long Term Sick [ ]  Self Employed

**5. What is their annual income before tax?**

[ ]  Under £10,000 [ ]  £10,001-£15,000 [ ]  £15,001-£20,000

[ ]  £20,001-£25,000 [ ]  £25,001-£30,000 [ ]  £30,001-£40,000

[ ]  Over £40,000

**6. Communications**

Home Telephone Number (include area code)

Mobile Telephone Number

Work Telephone Number (include area code)

Email Address

**7. How would they like to be contacted?**

Please tick all boxes that apply:

[ ]  Letter [ ]  Telephone [ ]  Email [ ]  Text

**Add other people to your Housing Application**

Please list all the people who will live with you (excluding yourself and any joint applicants).

This should include people who do not live with you just now but will when you move, and/or the people with whom you have regular access e.g. children.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First Name** | **Last Name** | **Date of Birth****(dd/mm/yyyy)** | **Gender** | **NI Number****(if applicable)** | **Relationship to** **you** | **Do they live** **with you?** | **Do you have** **regular access?** | **How often do you have** **regular access?** |
|  |  |  |  |  | Choose an item. |  |  | Choose an item. |
|  |  |  |  |  | Choose an item. |  |  | Choose an item. |
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|  |  |  |  |  | Choose an item. |  |  | Choose an item. |
|  |  |  |  |  | Choose an item. |  |  | Choose an item. |

**Notify us of a change of address**

**Address:**

**Postcode:**

**What date did you move into your new property?**

**What type of accommodation do you live in now?**

[ ]  House / Bungalow

[ ]  Bedsit

[ ]  Flat Multi-storey

[ ]  Flat

[ ]  Tenement Flat

[ ]  Mobile Home, Caravan or Boat

[ ]  Room in a Shared House, Hostel or Residential Home

[ ]  Four in a Block

[ ]  Other (please state)

**If you have ticked house / bungalow, please tell us what type it is:**

[ ] Detached [ ]  Semi-detached [ ]  End Terraced [ ]  Mid Terraced

**How many bedrooms are there where you live?**

Double Bedrooms (over 110 square feet or 10 square metres)

Single Bedrooms (under 110 square feet or 10 square metres)

**How many bedrooms do you and anyone who is moving with you use?**

Double Bedrooms (over 110 square feet or 10 square metres)

Single Bedrooms (under 110 square feet or 10 square metres)

**Type of tenure**

[ ]  Falkirk Council

[ ]  Housing Association/Registered Social Landlord

[ ]  Private Rented Sector

[ ]  Bought a property

[ ]  Other (please state)

**Declaration**

I confirm to the best of my knowledge, the information I have given on this form is true and accurate.

If my circumstances change I must tell you at once.

Any false or misleading information given on this form may result in my application being suspended.

I agree that, in accordance with the terms of registration under the Data protection Act 1998, the Council may use the information I have given for all housing administration purposes. This information may also be shared with statutory bodies and other housing providers such as housing associations for the purposes of housing administration.

|  |  |
| --- | --- |
| **Signature:**  | **Received by:** |
| **Date:**  | **Date:** |

# **Useful Contacts**

## **Allocations**

Telephone: 01324 503200

E-mail: Allocations.Team@falkirk.gov.uk

## **Housing Needs**

Telephone: 01324 503600

Email: housingneeds@falkirk.gov.uk

## **Advice and Support Hubs**

## **Central Advice and Support Hub**

Hope Street, Falkirk, FK1 5AU

Telephone: 01324 506070

Email: centralhub@falkirk.gov.uk

## **East Advice and Support Hub**

York Lane, Grangemouth, FK3 8BD

Telephone: 01324 506070

Email: easthub@falkirk.gov.uk

## **West Advice and Support Hub**

Carronbank Crescent, Denny, FK6 6GA

Telephone: 01324 506070

Email: westhub@falkirk.gov.uk