**Application to Amend Occupants**

If you are applying to add people to your household occupancy, please ensure you provide the relevant legal document to support your application (e.g. Birth Certificate, Marriage Certificate, Passport, Deed Poll).

If you hold a joint occupation contract, please ensure both Contract Holders sign over page.

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| **Names of all current Contract Holders:** | | | | | | | | | | | | | | | |
| **Title** | **First name** | | | **Surname** | | | | | | **Date of birth** | | | **National Insurance no.** | | |
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| **Telephone number:** | | | | | | | | | | | | | | | |
| **Email address:**  **Are you happy to receive documents via email:** | | | | | | | | | | | | | | | |
| **Contact preferences:**  .  Phone Email Letter Face to face | | | | | | | | | | | | | | | |
| **Property address:**  **How many bedrooms at the property:** | | | | | | | | | | | | | | | |
| **Has the property been adapted or designed for use by a disabled person?** Yes / No  *If yes, please state details:* | | | | | | | | | | | | | | | |
| **Please state your occupation contract status:**    Secure Introductory Prohibited Conduct Standard Contract  Supported Licence | | | | | | | | | | | | | | | |
| **Details of change in occupants:** | | | | | | | | | | | | | | | |
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| **Name** | | | **DOB** | | **Gender** | | | **National Insurance Number**  *(if applicable)* | | | **Relationship**  *(to applicant)* | | | | **Occupant Addition/ Removal date** |
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| **Are you, or any of your household members, pregnant?** Yes / No  *If yes, please state name and due date:* | | | | | | | | | | | | | | | |
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| **Household members:** | | | | | | | | | | | | | | | |
| **Please confirm details of existing household members:** | | | | | | | | | | | | | | | |
| **Full Name** | | | **DOB** | | | **Gender** | | | **National Insurance Number** *(if applicable)* | | | **Relationship**  *(to applicant)* | | | |
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| **Additional Information** | | | | | | | | | | | | | | | |
| **Are you registered with HomeSeeker?** Yes / No  **Are you registered with HomeSwapper?** Yes / No | | | | | | | | | | | | | | | |
| **How would you describe your ethnic origin?** *Please circle:*    Contract Holder 1 | | | | | | | | | | | | | | | |
| **White:**  **Mixed:**  **Black/ Black British:**  **Asian/ Asian British:**  **Chinese/ other ethnic group:** | | British | | | | | Irish | | | Other *(Please state):* | | | | | |
| White/ Black  Caribbean | | | | | White/ Black  African | | | White/ Asian  Other *(Please state):* | | | | | |
| Caribbean | | | | | African | | | Other *(Please state):* | | | | | |
| Indian | | | | | Pakistani | | | Bangladeshi | | | | Other *(Please state):* | |
| Chinese | | | | | Other *(Please state):* | | | | | | | | |
| Prefer not to say | | | | | | | | | | | | | |
| **How would you describe your ethnic origin?** *Please circle:*    Contract Holder 2 | | | | | | | | | | | | | | | |
| **White:**  **Mixed:**  **Black/ Black British:**  **Asian/ Asian British:**  **Chinese/ other ethnic group:** | | British | | | | | Irish | | | Other *(Please state):* | | | | | |
| White/ Black  Caribbean | | | | | White/ Black  African | | | White/ Asian  Other *(Please state):* | | | | | |
| Caribbean | | | | | African | | | Other *(Please state):* | | | | | |
| Indian | | | | | Pakistani | | | Bangladeshi | | | | Other *(Please state):* | |
| Chinese | | | | | Other *(Please state):* | | | | | | | | |
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| **Notes for person applying** | |
| Please note that if you do not provide Bron Afon will the full facts, provide false information or do not tell the office about important changes in your situation between your application and the time a decision is made, legal action may be taken against you.  ***Use of person information:***  By signing this application, you are agreeing for Bron Afon Community Housing to store and share the information you have provided with any relevant partners as part of the assessment process. If you require a list of Bron Afon partners, or wish to discuss the process in more detail, please contact Bron Afon on 0800 111 42 42. | |
| ***Declaration***  I/ we declare that the information given on this form is true. | |
| **Signature – Contract Holder 1**: | **Date**: |
| **Signature – Contract Holder 2 (where applicable):** | **Date:** |