



**Application to Change Household Particulars Form**

**Address:** \_\_\_\_\_ **Date of Entry:** \_\_\_\_\_

\_\_\_\_\_ **Telephone:** \_\_\_\_\_

<b>Name of Tenant(s)</b>	<b>Date of Birth</b>	<b>National Insurance Number:</b>

<b>Others in Household</b>	<b>Date of Birth</b>	<b>Relationship to Tenant</b>	<b>National Insurance Number:</b>

**Describe Change in Tenancy/Household**

**Describe details of change in household (i.e. person left/added to household):**

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Comments:**

**What was your previous address(es), landlord details and reason for leaving:-**

<b>Address</b>	<b>Landlord</b>	<b>Reason for Leaving</b>

**Are you registered with the Police under the Sex Offenders Act?**

Yes  No

**Have you ever been convicted of a criminal offence or anti social behaviour:**

Yes  No

**If Yes, please give details of the reasons and circumstances that lead to your offence(s):**

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**Have you ever been asked to leave your tenancy or been evicted:**

Yes  No  If so, why:

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**Economic Status:** Full Time Employment  Part Time Employment  Unemployed:

**Employers details & contact telephone number:**

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**Do you suffer from any medical conditions or have a disability?**

Yes  No  If YES, please describe:

**Do you have any difficulty with stairs?:** Yes  No

**Do you use a wheelchair/aids?** Yes  No

**Please comment on any additional information you may wish to provide:**


**I authorise my current or any previous landlord to provide information to Parkhead Housing Association Ltd relating to the conduct of any tenancy held by me:**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(by new household member)

**I understand that if I knowingly or recklessly make any false or misleading statement or withhold any relevant information which induces the Association to grant permission to reside at the above property then the Association may recover possession of that tenancy:**

**Signed:** (by tenant) \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY:**

<b>TENANCY REPORT RECEIVED:</b>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>	<b>N/A</b>	<input type="checkbox"/>
<b>PERMISSION GRANTED:</b>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>	<b>N/A</b>	<input type="checkbox"/>
<b>PROOF PROVIDED</b>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>	<b>N/A</b>	<input type="checkbox"/>
<b>HB UPDATED</b>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>	<b>N/A</b>	<input type="checkbox"/>
<b>HB FORM COMPLETED</b>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>	<b>N/A</b>	<input type="checkbox"/>
<b>UH UPDATED</b>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>	<b>N/A</b>	<input type="checkbox"/>
<b>CHANGE OF CIRCUMSTANCES SENT TO HB</b>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>	<b>N/A</b>	<input type="checkbox"/>
<b>COPY TO FILE</b>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>	<b>N/A</b>	<input type="checkbox"/>
<b>NEW TENANCY AGREEMENT COMPLETED:</b>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>	<b>N/A</b>	<input type="checkbox"/>

**SIGNED BY ACO:**

**DATE:**

