

Housing Options & Advice Team

Harlow District Council
Civic Centre
The Water Gardens
Harlow
Essex, CM20 1WG

Office Use Only
Reg No.:

Change of Address / Circumstances

Applicant's Full Name:

Current Address:

 Postcode:

Telephone Number:

Partner's Full Name:

Current Address:

 Postcode:

Telephone Number:

Type of property you are now occupying? (i.e. house, flat etc)

If you occupy a flat, which floor are you on?

On what basis are you occupying the property?
(i.e. lodger, owner, with relatives etc.)

How many bedrooms do you (and anyone housed with you) have available to you?

Do you share any of these bedrooms? Yes No

If so with whom do you share?

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

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

Please note: If you are in lodgings or private rented accommodation you will need to provide a copy of your current lease.
If you were previously awarded a medical priority please complete a new medical form.

Change of Address:

My Previous Address

 Postcode:

My reason for leaving:

Change of Circumstance:

If you have previously registered with a partner, and you no longer wish to be housed together, you will need to complete a new application form. Please confirm your ex-partner's name and address.

Ex-Partner's Full Name:

Current Address:

Postcode:

If you are expecting a baby, please provide proof of the pregnancy and confirm the date the baby is due.

Date baby is due on?

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

If you have a child to add to your application, please provide a copy of their birth certificate, and confirmation whether or not they have a bedroom for their sole use.

Name of the child:

Does this child have a bedroom for their sole use?

Yes

No

If you wish to add your partner to your application, you will need to complete a new application form. If applicable, please provide your partner's name and address.

Partner's Full Name:

Current Address:

Postcode:

If you have now married please provide a copy of the marriage certificate.

Signed:

Date:

Signed:

Date: