

Household Form

PROPERTY DETAILS	
House Number:	
Street:	
Town/Village:	Postcode

MAIN TENANT DETAILS	
Title (Mr/Mrs/Miss etc.):	
First Name:	Surname:
Date of Birth:	National Insurance Number:

Please tick your preferred method of contact below

Home Phone Number:	<input type="checkbox"/>	Mobile Number:	<input type="checkbox"/>
Work Number:	<input type="checkbox"/>	Email Address:	<input type="checkbox"/>
Employment Status: (if applicable) <input checked="" type="checkbox"/>	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Unemployed <input type="checkbox"/> Provide care or support to someone in the household <input type="checkbox"/> Other <input type="checkbox"/>

JOINT TENANT DETAILS	
Title (Mr/Mrs/Miss etc.):	
First Name:	Surname:
Date of Birth:	National Insurance Number:

Please tick your preferred method of contact below

Home Phone Number:	<input type="checkbox"/>	Mobile Number:	<input type="checkbox"/>
Work Number:	<input type="checkbox"/>	Email Address:	<input type="checkbox"/>
Employment Status: (if applicable) <input checked="" type="checkbox"/>	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Unemployed <input type="checkbox"/> Provide care or support to someone in the household <input type="checkbox"/> Other <input type="checkbox"/>

OTHER HOUSEHOLD MEMBERS – PLEASE LIST EVERYONE WHO NORMALLY LIVES WITH YOU

Person One

Title:	First Name:	Surname:
Date of Birth:	National Insurance No: (if applicable)	
Relationship to Tenant:	Contact Number:	
Employment Status: (if applicable) <input checked="" type="checkbox"/>	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Provide care or support to someone in the household <input type="checkbox"/> Other <input type="checkbox"/>

OTHER HOUSEHOLD MEMBERS CONTINUED – PLEASE LIST EVERYONE WHO NORMALLY LIVES WITH YOU.**Person Two**

Title:	First Name:	Surname:
Date of Birth:	National Insurance No: (if applicable)	
Relationship to Tenant:	Contact Number:	
Employment Status: (if applicable) <input checked="" type="checkbox"/>	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Provide care or support to someone in the household <input type="checkbox"/> Other <input type="checkbox"/>

Person Three

Title:	First Name:	Surname:
Date of Birth:	National Insurance No: (if applicable)	
Relationship to Tenant:	Contact Number:	
Employment Status: (if applicable) <input checked="" type="checkbox"/>	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Provide care or support to someone in the household <input type="checkbox"/> Other <input type="checkbox"/>

Person Four

Title:	First Name:	Surname:
Date of Birth:	National Insurance No: (if applicable)	
Relationship to Tenant:	Contact Number:	
Employment Status: (if applicable) <input checked="" type="checkbox"/>	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Provide care or support to someone in the household <input type="checkbox"/> Other <input type="checkbox"/>

Person Five

Title:	First Name:	Surname:
Date of Birth:	National Insurance No: (if applicable)	
Relationship to Tenant:	Contact Number:	
Employment Status: (if applicable) <input checked="" type="checkbox"/>	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Provide care or support to someone in the household <input type="checkbox"/> Other <input type="checkbox"/>

Person Six

Title:	First Name:	Surname:
Date of Birth:	National Insurance No: (if applicable)	
Relationship to Tenant:	Contact Number:	
Employment Status: (if applicable) <input checked="" type="checkbox"/>	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Provide care or support to someone in the household <input type="checkbox"/> Other <input type="checkbox"/>

DECLARATION

I declare that the information I have given on the form is correct & I understand that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action.

Main Applicant Signature:

Joint Applicant Signature:

Date: