

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:	Mobile Number:
Work Number:	Email Address:
Employment Full Part Time	Unemployed Provide care or support to someone in the household Other
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:	Mobile Number:
Work Number:	Email Address:
Employment Full Part Time Time	Unemployed Provide care or support to someone in the household Other
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 No.	
Employment Full Part Status: (if applicable) Time Time	Unemployed Provide care or support to Other Other

OTHER HOUSEHOLD MEMBERS CONTINUED - PLEASE LIST EVERYONE WHO NORMALLY LIVES WITH YOU. **Person Two** First Title: Surname: Name: National Insurance No: Date of Birth: (if applicable) Relationship Contact Number: to Tenant: Employment < Full Provide care or support to Part Other Unemployed Time Time someone in the household Status: (if applicable) **Person Three** First Title: Surname: Name: National Insurance No: Date of Birth: (if applicable) Relationship Contact Number: to Tenant: Employment 🗸 Full Part Provide care or support to Unemployed Other someone in the household Time Time Status: (if applicable) **Person Four** First Title: Surname: Name: National Insurance No: Date of Birth: (if applicable) Relationship **Contact Number:** to Tenant: Employment <a> Full Part Provide care or support to Unemployed Other Time Time someone in the household Status: (if applicable) **Person Five** First Title: Surname: Name: National Insurance No: Date of Birth: (if applicable) Relationship Contact Number: to Tenant: Employment <a> Full Provide care or support to Part Unemployed Other Time Time someone in the household Status: (if applicable) **Person Six** First Title: Surname: Name: National Insurance No: Date of Birth: (if applicable) Relationship Contact Number: to Tenant: Employment 🗹 Full Part Provide care or support to Unemployed Other Status: (if applicable) Time Time someone in the household **DECLARATION** I declare that the information I have given on the form is correct & I understand that if I knowingly give information

Joint Applicant Signature:

Date:

that is incorrect or incomplete, I may be liable to prosecution or other action.

Main Applicant Signature: