## Household form



## **PROPERTY DETAILS**

House number	Street
Town/village	Postcode
MAIN TENANT DETA	AILS
Title (Mr/Mrs/Miss etc.)	Street
First name	
Date of birth	National Insurance No
Please tick your preferred r	method of contact below 🗹
Home Phone:	Mobile:
Work Number:	
	Part Time Unemployed Other
JOINT TENANT DET	AILS
Title (Mr/Mrs/Miss etc.)	Street
First name	
Date of birth	National Insurance No
Please tick your preferred r	method of contact below 🗹
Home Phone:	Mobile:
Work Number:	Email:
Employment Status: (if applic	able) Full Time Part Time Unemployed
Provide care or support to	someone in the household Other
OTHER HOUSEHOLI	D MEMBERS Please list everyone who normally lives with you
Title First name _	Surname
	National Insurance No
Relationship to tenant	
Employment Status: (if applic	able) Full Time Part Time Unemployed
Provide care or support to s	someone in the household Other

PERSON 1

## OTHER HOUSEHOLD MEMBERS Please list everyone who normally lives with you Title First name Surname Date of birth National Insurance No. Relationship to tenant Contact No. Employment Status: (if applicable) Full Time Part Time Unemployed Provide care or support to someone in the household Other | Title \_\_\_\_\_ First name \_\_\_\_\_ Surname \_\_\_\_ Date of birth \_\_\_\_\_ National Insurance No. \_\_\_\_ Relationship to tenant \_\_\_\_\_ Contact No. \_\_\_\_\_ Employment Status: (if applicable) Full Time Part Time Unemployed Provide care or support to someone in the household Other Title First name Surname Date of birth \_\_\_\_\_ National Insurance No. \_\_\_\_ Relationship to tenant Contact No. Employment Status: (if applicable) Full Time Part Time Unemployed Provide care or support to someone in the household Other | | Title First name Surname Date of birth \_\_\_\_\_ National Insurance No. \_\_\_\_\_ Relationship to tenant Contact No. Employment Status: (if applicable) Full Time Part Time Unemployed

## **DECLARATION** (please sign and date)

Provide care or support to someone in the household

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:	Joint Applicant:	Date:

Other