|  |  |  |  |
| --- | --- | --- | --- |
| A black and white logo with text  Description automatically generated | **Housing, Health & Communities  Lisa Barker – Head of Service** |  |  |
|  | Warwick District Council  Town Hall, Parade,  Leamington Spa CV32 4AT |  |  |
|  | ***phone:*** 01926 456129 (Option 2)  ***email:*** hadvice@warwickdc.gov.uk  ***web:*** www.warwickdc.gov.uk |  |  |
|  |  |  |  |
|  | ***our ref:* COCS/**  ***your ref:*** Housing Advice |  |  |

27 March 2025

Dear

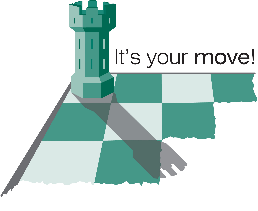
**HomeChoice – Change of Circumstances**

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| --- |
| Please complete the attached form to inform us of any change in your circumstances which may affect you HomeChoice application.   * Please complete Section A. * Please complete Section B to inform us of a change of address. * Please complete Section C to inform us of any change in your personal details or household. * Please complete Section D if there have been any changes in financial circumstances. You must complete this section if any non-dependants have joined your household. * Please complete Section E if you or any member of your household has any criminal convictions they need to disclose. * Please complete Section F if you have any other change in circumstances you need to tell us about. * Please remember to read and sign the Declaration at the end of the form.   We may require proof of your change in circumstances. To allow us to process your form effectively, please provide any evidence together with your form.  Please note that it is an offence under Part 6 of The Housing Act 1996 (Section 171) to give false statements, to withhold information or fail to disclose a change in circumstances in relation to any application processed by Warwick District Council.  We would prefer you to return this form by email to: [hadvice@warwickdc.gov.uk](mailto:hadvice@warwickdc.gov.uk). Alternatively, you can post it to the address provided at the top of this letter, or hand it in, in person at: Customer Services, Royal Pump Rooms, The Parade, Leamington Spa, CV32 4AA.  Your sincerely  Housing Advice Assistant |

**Warwick District Council**

**Change in Circumstances Form**

**HOMECHOICE**



|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section A: Please provide the original details from your HomeChoice application:** | | | | | | | | | | | | |
| **Title (Mr/Mrs/Ms): First Name(s):** | | | | | | | | | | | | |
| **Surname (Family Name):** | | | | | | | | | | | | |
| **Date of Birth:** | | | | | | | | | | | | |
| **Address on your HomeChoice Application:** | | | | | | | | | | | | |
| **Email address:** | | | | | | | | | | | | |
| **HomeChoice Reference Number** *(if known)* | | | | | | | | | | | | |
| **Section B: Change of Address** | | | | | | | | | | | | |
| **Has your address changed?** | | | | | | | | | | | | |
| Yes (please complete Section B) | | | |  | | | | | | | | |
| No (Skip Section B) | | | |  | | | | | | | | |
| **What is your new address?** | | | | | | | | | | | | |
| **What date did you move to this address?** | | | | | | | | | | | | |
| **Reason for change of address:** | | | | | | | | | | | | |
| **Tenure: What type of accommodation do you occupy?** | | | | | | | | | | | | |
| Council tenant in Warwick District |  | | Council tenant outside  Warwick District | | | |  | | Private tenant in Warwick District | | |  |
| Housing Association tenant in Warwick District |  | | Housing Association outside Warwick District | | | |  | | Private tenant outside  Warwick District | | |  |
| Owner-Occupier |  | | Shared owner (Part rent/part buy) | | | |  | | Shared accommodation | | |  |
| Hostel |  | | Lodger | | | |  | | Armed Forces Accommodation | | |  |
| Living with family / friends |  | | Temporary accommodation provided by a Council | | | |  | | Looked after by social services | | |  |
| Supported accommodation |  | | Short term arrangement, e.g. sofa surfing | | | |  | | Homeless | | |  |
| Other (please provide details) | | | | | | | | | | | | |
| **Tell us more about your home. Which describes your accommodation?** | | | | | | | | | | | | |
| House | |  | Bungalow | | | |  | | | Room in a shared house |  | |
| Flat | |  | Bedsit | | | |  | | | Caravan or mobile home |  | |
| Maisonette | |  | Supported accommodation | | | |  | | | Armed-forces accommodation |  | |
| Other (please provide details) | | | | | | | | | | | | |
| **How many bedrooms do you have?** | | | | |  | | | | | | | |
| **If you live in a block of flats or a maisonette, which floor are you on (e.g. ground floor, first floor and so on)?** | | | | |  | | | | | | | |
| **For each bedroom in the property, please say who has use of each room.** | | | | | Bedroom 1 | | |  | | | | |
| Bedroom 2 | | |  | | | | |
| Bedroom 3 | | |  | | | | |
| Bedroom 4 | | |  | | | | |
| Bedroom 5 | | |  | | | | |
| **Do you share facilities with anybody outside of your household?  (e.g. bathroom, kitchen)** | | | | | Yes |  | |  | | | | |
| No |  | |

**Section C: Change in Your Personal & Household Details**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **If the main applicant has changed their mobile number or email address, please provide new details here:** | Mobile Number: | | | |  | | |
| Email Address: | | | |  | | |
| **If the joint applicant has changed their mobile number or email address, please provide new details here:** | Mobile Number: | | | |  | | |
| Email Address: | | | |  | | |
| **Have you or any member of your household changed their name?** | Yes | | | |  | | |
| No | | | |  | | |
| **If yes, please provide details of who has changed their name and what their new name is.**  *(Please provide Marriage Certificate/Deed Poll document)* | | | | | | | |
| **Are you, or any member of the household pregnant?** *(evidence will be required)* | Yes |  | | |  | | *Expected due date? \_\_\_\_\_\_\_\_\_\_* |
| No |  | | |  | | |
| **Has anybody joined the household? If yes, please complete details** *(evidence will be required)* | Yes | | | |  | | |
| No | | | |  | | |
| Full Name |  | | | | | | |
| Date of Birth |  | | | | | | |
| Gender: |  | | | | | | |
| NI Number (if over 16) |  | | | | | | |
| Relationship to main applicant |  | | | | | | |
| Is this a temporary or permanent arrangement? *(if it is permanent we may request proof)* |  | | | | | | |
| **Has anybody left the household?  (If yes, please complete details)** | Yes | | | |  | | |
| No | | | |  | | |
| Full Name |  | | | | | | |
| Date of Birth |  | | | | | | |
| Relationship to main applicant |  | | | | | | |
| Date they left the household |  | | | | | | |
| Forwarding Address: *(If the person who has left was a joint applicant, they will need to notify us whether they still wish to remain on the HomeChoice Register)* |  | | | | | | |
|  | | | | | | | |
| **Section D: Financial Information  You must complete this section if any adult (including non-dependent children) has joined your household, or your financial circumstances have changed since you applied for HomeChoice.** | | | | | | | |
| **Does your household have assets including savings, investments or equity in property, of more than £16,000?** | Yes | | | | |  | |
| No | | | | |  | |
| **Is your household’s income more than £50,000 per year? (excluding Disability Living Allowance, Personal Independence Payment, Attendance Allowance and War Pensions)** | Yes | | | | |  | |
| No | | | | |  | |
| **Does any member of your household own any property or land? (if yes, please complete details below)** | Yes | | | | |  | |
| No | | | | |  | |
| What is the address? |  | | | | | | |
| What is the current value? |  | | | | | | |
| If there is a mortgage, please tell us how much is left to pay? |  | | | | | | |
| Why are you selling this property? |  | | | | | | |
|  | | | | | | | |
| **Does any member of your household have housing related debts?** *(if yes, please provide details)* | Yes | | |  | | | |
| No | | |  | | | |
| **What debts do you have (e.g. rent arrears, council tax arrears, court costs) ?** |  | | | | | | |
| **Please tell us how much you owe** |  | | | | | | |
| **Section E: Criminal Convictions** |  | | | | | | |
| **Have you or any member of your household been convicted of any ‘offences against the person’?** *(this means you have committed a crime causing direct physical harm or force being applied to another person, this includes but is not limited to fatal and sexual offences, assault and injury, or ‘crimes against property’**which includes**arson, theft, burglary, robbery, and fraud.* | Yes | |  | | | | |
| No | |  | | | | |
| If yes, please provide details: | | | | | | |
|  | | | | | | |
| **Section F: Any other Information** |  | | | | | | |
| **If there is anything else you need to tell us about, please provide information here** | | | | | | | |
|  | | | | | | | |

**Your Declaration**

I/We confirm that the details in the attached Change of Circumstances form are true. I/We understand that any false or misleading statement or withholding any relevant information, now or in the future, may result in my application being cancelled or any tenancy granted to me ending, or may lead to a prosecution for criminal offences. I/We understand that it is an offence under Section 171 of Part 6 of The Housing Act 1996 to give false statements, withhold information or fail to disclose a change of circumstances in relation to any application processed by Warwick District Council. A person guilty of an offence under this section is liable on conviction to a fine of up to £5,000.

**Why do we collect this information?**

We need the personal information you supply so that we can check if you are eligible to be housed. HomeChoice is a partnership between Warwick District Council and Registered Providers (Housing Associations) who work together for the purpose of prioritising the allocation of social housing. The legal basis for processing your information is under the Councils public duties as set out in part 6 and part 7 of the Housing Act 1996, as amended.

**What information is collected?**

We collect information relevant to your housing application, including: Name, Address, Household details, Financial circumstances, Employment details, Housing circumstances and Health details

**Who has access to the information?**

The information you provide will be accessible by Local Authority staff working in the Housing Advice and Allocations Teams. It is shared with other social housing landlords so they can allocate their properties appropriately. The information may also be shared with other organisations for example, other Local Authority departments, medical practitioners and advisers, Government Departments and Agencies.

**How long is the information kept?**

The information will be kept electronically for six years after the date of our last contact with you.

Further details on your statutory rights, and other privacy information can be found on our website at: - <https://www.warwickdc.gov.uk/privacy>

**I/we authorise Warwick District Council’s Housing Advice and Allocations Team to make enquiries regarding my housing issues in order to process my change of circumstances and amend my housing application. I give consent for Warwick District Council to share any information or data relating to my HomeChoice application to the third parties stated below and authorise those third parties to provide information (including sensitive information) to Warwick District Council for the purposes of assisting me with housing. I understand that the following authorisation (consent) is being given by myself on behalf of all relevant members of my household.**

**Express confirmation of third parties**

1. Landlord/previous landlord(s)

2. Land Registry

3. Housing Benefit and Council Tax Records

4. Joint Applicant

5. Partner/ex-partner

6. Absent parent

**I have read, understand and agree to the declaration.**

|  |  |
| --- | --- |
| **Main Applicant Full Name: (Print)** |  |
| **Signature:** |  |
| **Date:** |  |
|  |  |
| **Joint Applicant Full Name: (print)** |  |
| **Signature:** |  |
| **Date:** |  |
|  |  |
| **Any Other Person (aged 16 or over) Full Name: (Print)** |  |
| **Signature:** |  |
| **Date:** |  |
|  |  |
| **Any Other Person (aged 16 or over) Full Name: (Print)** |  |
| **Signature:** |  |
| **Date:** |  |