

# LEEDS HOMES MEMBERSHIP AMENDMENT FORM



**Your Membership Number:** .....

This form is to tell us that your housing circumstances or personal details have changed. Please complete the relevant sections below so that we can update your housing application.

1. Please list everyone who will be rehoused with you <span style="float: right;">(Continue on an extra sheet if necessary)</span>						
Title	Sex		First Name	Last Name	Date of Birth	Relationship to you
	Male	Female				
					/ /	
					/ /	
					/ /	
					/ /	

2. Please list anyone living with you now who will not be rehoused with you <span style="float: right;">(Continue on an extra sheet if necessary)</span>						
Title	Sex		First Name	Last Name	Date of Birth	Relationship to you
	Male	Female				
					/ /	
					/ /	
					/ /	
					/ /	

3. If any member of your household is pregnant please give their names and due date	
Full Name	Due Date
	/ /
	/ /

4. Please confirm your address			
Your previous address		Your new address	
Post code		Post code	
Date moved out	/ /	Date moved in	/ /

5. Please confirm your contact details			
Telephone no.		Mobile no.	
Email address			

6. Please tick your household's combined annual gross income band			
Up to £15,000		£25,000 to £35,000	
£15,000 to £24,999		Over £35,000	

**7. Please tick one box that best describes the type of home you live in now**

✓		✓	
Bed and Breakfast	<input type="checkbox"/>	No fixed address	<input type="checkbox"/>
Care Home	<input type="checkbox"/>	Other local authority tenant	<input type="checkbox"/>
Hospital	<input type="checkbox"/>	Owner occupier with a mortgage	<input type="checkbox"/>
Hostel	<input type="checkbox"/>	Owner occupier without a mortgage	<input type="checkbox"/>
Leeds City Council tenant	<input type="checkbox"/>	Private rented accommodation	<input type="checkbox"/>
Housing association tenant	<input type="checkbox"/>	Sleeping rough	<input type="checkbox"/>
Living with parents, relatives or friends	<input type="checkbox"/>	Supported housing	<input type="checkbox"/>
Lodger	<input type="checkbox"/>	Tied accommodation	<input type="checkbox"/>
Mobile Home	<input type="checkbox"/>	Other	<input type="checkbox"/>

**8. Please tick one box that best describes the type of building you live in now**

✓		✓	
Bedsit	<input type="checkbox"/>	Flat	<input type="checkbox"/>
Bungalow	<input type="checkbox"/>	Maisonette	<input type="checkbox"/>
High-rise flat	<input type="checkbox"/>	Sheltered Accommodation	<input type="checkbox"/>
House	<input type="checkbox"/>	Other	<input type="checkbox"/>

**9. How many bedrooms are there? .....**

**10. Please tick what your reasons are for wanting to move?**

		✓	
Is your home no longer suitable to meet your household's, health or mobility needs?	<input type="checkbox"/>		<input type="checkbox"/>
Does your home lack basic facilities or is your home in a poor state of repair?	<input type="checkbox"/>		<input type="checkbox"/>
Have you been served with a Notice Seeking Possession or a Warrant for Eviction?	<input type="checkbox"/>		<input type="checkbox"/>
Are you unable to afford to pay your rent or mortgage?	<input type="checkbox"/>		<input type="checkbox"/>
Do you have welfare needs which mean you want to move?	<input type="checkbox"/>		<input type="checkbox"/>
Are there any other changes in your circumstances which we need to know about?	<input type="checkbox"/>		<input type="checkbox"/>

If you have answered Yes to any of the questions above please provide further details:

(Continue on an extra sheet if necessary)

**11. Declaration**

- I/we confirm that the information I/we have given on this form is correct and understand it is an offence to withhold or give false information. I/we agree to tell you about any change in information which I/we have given you.
- I/we have provided the information so that you may update the information already held on the Leeds Homes Register.
- I consent to you using the information to detect and prevent fraud and share it with other organisations, agencies and private landlords.

<b>Signed (Main Applicant)</b>	<input type="text"/>	<b>Date</b>	/ /
<b>Signed (Joint Applicant)</b>	<input type="text"/>	<b>Date</b>	/ /