



HOUSEHOLD DETAILS NOTIFICATION

As of _____ (date) the following people will be residing at _____ (address of tenancy)

This will be on a permanent/temporary basis. (delete as appropriate).

If temporary, state proposed length of time: _____

Do the people to be residing with you have a current tenancy elsewhere?

Please give details _____

Tenant's Details

Full Name	Date of Birth	Relationship to Tenant	
		1	Tenant
		2	

Others

Full Name	Date of Birth	Relationship to Tenant	
		3	
		4	
		5	
		6	
		7	
		8	

Signed: _____ Date: _____

Once this form is received by the Association, an acknowledgement and permission will be given in writing.

Please Note In certain circumstances the Association reserves the right to impose a time limit, or full restriction on additional household members. It should also be noted that Benefits Agencies must be advised of all residents in the property to avoid cancellation or investigation of benefits.