

# Housing Application

## Change of Address Form



|                       |
|-----------------------|
| Office Use Ref Number |
|                       |

**Please answer all the questions on this form. We may need further information to support your application. Please refer to the checklist at the end of this form for further guidance. Please be aware that if you fail to provide any of the relevant information or provide us with misleading or false information, your application may be disqualified or it may not be awarded the correct priority.**

**If you need help completing this form, please contact the Homefinder Service on 01942 486182 or 01942 486183.**

### 1: Your Details

| a                         | Main Applicant                |                               |                                 |                             | Joint Applicant (if applicable) |                               |                                 |                             |
|---------------------------|-------------------------------|-------------------------------|---------------------------------|-----------------------------|---------------------------------|-------------------------------|---------------------------------|-----------------------------|
| Title (please tick)       | <input type="checkbox"/> Mr   | <input type="checkbox"/> Miss | <input type="checkbox"/> Mrs    | <input type="checkbox"/> Ms | <input type="checkbox"/> Mr     | <input type="checkbox"/> Miss | <input type="checkbox"/> Mrs    | <input type="checkbox"/> Ms |
| First Names(s)            |                               |                               |                                 |                             |                                 |                               |                                 |                             |
| Surname                   |                               |                               |                                 |                             |                                 |                               |                                 |                             |
| Previous Surname or Alias |                               |                               |                                 |                             |                                 |                               |                                 |                             |
| Date of Birth             |                               |                               | Age                             |                             |                                 |                               | Age                             |                             |
| Sex                       | <input type="checkbox"/> Male |                               | <input type="checkbox"/> Female |                             | <input type="checkbox"/> Male   |                               | <input type="checkbox"/> Female |                             |
| National Insurance Number |                               |                               |                                 |                             |                                 |                               |                                 |                             |
| Passport Number           |                               |                               |                                 |                             |                                 |                               |                                 |                             |

b. Please list below your current address

|          | Main Applicant | Joint Applicant (if applicable) |
|----------|----------------|---------------------------------|
| Address  |                |                                 |
| Town     |                |                                 |
| Postcode |                |                                 |



**f. Is anybody moving with you pregnant?**

Yes

No

Expectant mother's name

Expected date of birth

g. If you do not currently live in the Borough, please detail below why you wish to move into it. For example, you are employed in the Borough or wish to give or receive support from family members. Please provide details of your connection to the Borough – location of work; addresses of family members etc.

## 2: About Your Housing Circumstances

**a) Do you or anyone who will be moving with you suffer from a chronic illness or permanent disability?**

Yes

No

Please describe the illness/disability

Name of person with illness/disability

**b) Does the person use a wheelchair?**

Yes

No

**c) Is your current property adapted?** If yes, please give details of the adaptations below

Yes

No

**d) Are the adaptations still needed?** If yes, please explain why below

Yes

No

If you have answered yes to this question we will send you an application for Medical Priority to enable us to assess your application on medical grounds.

**e) Do you require an adapted property?** If yes, please list the adaptations you require.

Yes

No

**Please be aware that we cannot always guarantee that adaptations can be provided.**

f) Are you currently: (please tick one)

|   |   |
|---|---|
| <input type="checkbox"/> Renting from Wigan Council               | <input type="checkbox"/> Living with Parents  |
| <input type="checkbox"/> Renting from another Council             | <input type="checkbox"/> Lodging with Others  |
| <input type="checkbox"/> Renting from a Housing Association       | <input type="checkbox"/> Of No Fixed Abode (please provide a correspondence address at Q1c) |
| <input type="checkbox"/> Renting from a Private Landlord          | <input type="checkbox"/> Living in Bed & Breakfast/Hotel                                    |
| <input type="checkbox"/> An Owner Occupier                        | <input type="checkbox"/> In Hospital or Short Term Residential Care *                       |
| <input type="checkbox"/> Living in Supported Accommodation        | <input type="checkbox"/> Living in Prison   |
| <input type="checkbox"/> In accommodation provided by HM Forces   | <input type="checkbox"/> Living in Hostel without Support                                   |
| <input type="checkbox"/> Other (please state in box on the right) |   |

\* If you cannot return to your home when discharged, please explain why at question 5e

g) If you or your partner are living in accommodation provided by the Armed Forces, did you live in the Wigan borough before enlisting?

Yes

No

**If yes, please provide details of your last permanent address before enlisting in HM Forces. Please provide dates.**

Are you a former member of the Armed Forces or a reservist with the Armed Forces?

Yes

No

h) Does your family live in two separate properties because there is no suitable accommodation available for you all to be together?

Yes

No

**If yes, please explain why you have to live apart at question 5e**

i) Are you leaving local authority care?

Yes

No

j) Do you own your property or have owned a property in the last 12 months?

Yes

No

How much did you receive or do you expect to receive when your home is sold?

**If you received or expect to receive less than £65,000 when the property is sold, we will need evidence of this otherwise your application may not be awarded the correct priority.**

k) Are you likely to lose your accommodation?  
(If yes, please explain why at question 5e)

 Yes  No

l) Do you have to leave your home due to domestic violence?

 Yes  No

m) Do you have to leave your home due to a Compulsory Purchase Order or because it is going to be demolished?

 Yes  No

n) Are you in accommodation lacking normal facilities such as for washing, cooking, etc. or is the property in a dangerous or otherwise poor condition?

 Yes  No

o) Are you a potential adopter, a foster carer or Supported Lodgings host and need to move to accommodate children or young people?

 Yes  No

p) What type of property are you living in now?

|   |   |
|---|---|
| <input type="checkbox"/> House          | <input type="checkbox"/> Flat                 |
| <input type="checkbox"/> Bungalow       | <input type="checkbox"/> Caravan              |
| <input type="checkbox"/> Bedsit         | <input type="checkbox"/> Sheltered Housing    |
| <input type="checkbox"/> Hostel         | <input type="checkbox"/> Hospital             |
| <input type="checkbox"/> No Fixed Abode | <input type="checkbox"/> Other (please state) |

q) How many bedrooms are there, **in total**, in the property that you are living in?

r) If you live in a flat, bedsit or sheltered accommodation, which floor is it on?

 Ground Floor  First Floor  Second Floor or Above

s) If you live in a flat, does it have a communal entrance?

 Yes  No

t) Is there a lift in the building?

 Yes  No

u) If you live in a **bedsit**, do you have regular overnight access to any children?

 Yes  No

e) Is there anything else you think that we should know to help us assess your application? If so please give us details below. It is important that you give as much information as possible.

# Declaration And Authority To Obtain Details From Another Agency

Signing the declaration below means that you agree to the terms and conditions listed in sections 1 and 2.

All information provided by either yourself or a third party will be used for the sole purpose of enabling Wigan Council to assess your application for housing in accordance with the Council's Allocation Policy and the Data Protection Act 1998.

## Section 1.

I understand that Wigan Council will decide whether to give me a tenancy based on the information that I have given on this form. The information that I have given is true and correct to the best of my knowledge. I understand that if I give false or misleading information or do not provide relevant information, Wigan Council may exclude me from the Housing Register. This means I will not be allowed a Wigan Council Tenancy.

I understand that Wigan Council, or any partner agency such as a Housing Association, can take back any tenancy they have given me if I have provided false information. I will tell Wigan Council if my circumstances change.

I understand that I may need to provide two satisfactory references as part of this application. I give my permission for Wigan Council to contact any person who has given me a reference to confirm the details given.

## Section 2.

I understand that Wigan Council may need to contact other agencies for information about me so they can process my application and assess my suitability to be a tenant and abide by the conditions of tenancy. This could include contacting Housing Benefits and Council Tax, other landlords, the Benefits Agency, Probation Service, the Police and Social Services.

I give permission for Wigan Council to undertake identification verification and/or credit checks with an external company to confirm my identity and help establish that I am able to afford the outgoings to manage a tenancy.

I give permission for Wigan Council to contact any relevant agencies, including my present and/or former landlord. I give these agencies permission to share any information they hold on me with Wigan Council so that they can deal with my housing application and any future tenancy. I understand that even if I do not agree to allow this, some information can still be shared to prevent and detect fraud or if it is to stop me committing crime.

**If you are returning the form electronically, do you agree to the points in the declaration above?**

Yes

No

|                                  |  |             |  |
|----------------------------------|--|-------------|--|
| <b>Your Signature</b>            |  | <b>Date</b> |  |
| <b>Joint Applicant Signature</b> |  | <b>Date</b> |  |

**Please note:** Your change of address form will not be accepted if you fail to sign this declaration. Please contact Wigan or Leigh Life Centre or the Homefinder Service if you wish to discuss this further.

# Checklist

Please tick to show that you have sent us all the relevant information we need to register your application. FAILURE TO DO SO MAY RESULT IN YOUR APPLICATION BEING CANCELLED.

| Question Number |  | Main Applicant           | Joint Applicant          | Does not apply           |
|-----------------|--|--------------------------|--------------------------|--------------------------|
| 1g              | Proof of a local connection if you live outside of the Wigan Borough or have lived in the Borough for less than 5 years  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2j              | An estate agents valuation and details of any outstanding mortgage if your equity is below £65,000 or details of the equity you received if the property has been sold or repossessed. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2m              | Evidence of Compulsory Purchase Order or proof that the property is going to be demolished.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2n              | Evidence from Environmental Services confirming that it is not reasonable for you to continue to live in the property long term.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2o              | Evidence to show that you have been accepted to adopt a child or as a foster carer or supported lodgings host.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



**OFFICE USE ONLY**

Application Form checked by:

Date:

**Contact Details**

**Wigan Council**  
Leigh Life Centre  
Turnpike Centre  
Civic Square  
Leigh  
WN7 1EB

Telephone 01942 486182 / 486183

Email: [findahome@wigan.gov.uk](mailto:findahome@wigan.gov.uk)Website: [www.wigan.gov.uk/housing](http://www.wigan.gov.uk/housing)

**Wigan Council**  
Wigan Life Centre  
The Wiend  
Wigan  
WN1 1NH

Telephone 01942 486182 / 486183

Email: [findahome@wigan.gov.uk](mailto:findahome@wigan.gov.uk)Website: [www.wigan.gov.uk/housing](http://www.wigan.gov.uk/housing)

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**This receipt is to confirm that Wigan Council have received your completed change of address application form on the below date.**

|          |  |            |
|----------|--|------------|
| Name:    |  | Date Stamp |
| Address: |  |            |