

HOME OPTIONS CHANGE OF CIRCUMSTANCES



PLEASE COMPLETE EACH SECTION FULLY:

First name	<input type="text"/>	Application/bidding number
Last name	<input type="text"/>	<input type="text"/>
Current address	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
	Postcode	<input type="text"/>
Telephone no	<input type="text"/>	Mobile no <input type="text"/>
The date of the change	<input type="text"/>	

Please write in the box below what the change is:

You will need to include the following document/s (where relevant) in support of the changes to your application:

- **birth cert**
- **MATB1 proof of pregnancy**
- **marriage cert**
- **deed of name change**

You may also (where applicable) need to provide other supporting information such as letters from:

- **Doctors**
- **Social workers**
- **Occupational therapists**
- **Housing support workers**

If you choose to return this form electronically you may be requested to provide these documents on receipt of this form (photocopies are acceptable).

Information given on this form, is to the best of my knowledge, true and accurate. I know there may be serious consequences including loss of accommodation and prosecution if I have knowingly given false or misleading information.

I accept that information on this form may be made available in confidence to relevant organisations involved in the scheme that may be able to assist me or others in obtaining suitable housing.

In signing or returning this form (if sent electronically), you give your legal consent to this declaration.

Applicant signature

Date

Joint applicant signature

Date

Please return this form to:

Norwich HOME OPTIONS team at:

Norwich City Council, City Hall,
St Peters Street, Norwich NR2 1NH.

Tel 0344 980 3333, fax 01603 430583

or email homeoptions@norwich.gov.uk



If you require help with filling out this form or require the form in another format or language then please contact us on the details above.