

Housing Executive

NOTIFICATION OF CHANGE OF ADDRESS (PRIVATE SECTOR)

I (Insert Name)

Am currently receiving Housing Benefit at:

Current Address:

NINO

From

I will be residing at:

New Address:

Landlord's Name

Landlord's Address

What sort of property will you rent?

House

Bedsit

Caravan or
Mobile home

Bungalow

Hostel

Residential Home

Maisonette

Hotel

Rooms
(please give number
of rooms rented)

Flat

Board and lodgings

Is the property:

Detached

Semi Detached

Terraced

Above a shop

Sheltered Accommodation

Hostel

Was the property built before 1945?

Yes

No

Is there more than one floor?

No

Yes

If yes, which floor do you live on?

Do you and your household occupy only part of the building?

No

Yes

If yes, where in the building do you live?

At the front

In the middle

At the back

How many rooms are there in the building?

	In the whole Building?	Just for you and your household?	That you share with other people?
Living rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedsits	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Toilets	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kitchens	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>

We may need to visit you. Please let us know which days or times are you are not available.

Days

Times

Declaration

I wish my Housing Benefit to continue. I declare that the information given on this form is correct and complete to the best of my knowledge and that there have been no changes in my circumstances, which I have not already reported to the Housing Executive, since I last completed an application for Housing Benefit. I authorise the Housing Executive to make any necessary enquiries to verify the information given by me and understand that the information given may be shared with other Departments/Agencies for the purpose of preventing crime. I understand that action may be taken against me if the information I have given is incorrect or incomplete.

If there is any other information that you think should be taken into account, please give details below:

Signed:

Date: