

# West Lothian Housing Register

Name change or addition to application

(Please ensure that you fully complete this form to allow your application to be updated)

Name:  Reference no:

Former Name:

Address:

Post Code:

Tel No:

email Address:

## Addition/Removal (please indicate) to your application e.g. partner, child, or other

\* If joint application a mandate must be provided

Name:

Date of birth:  Relationship to applicant:

Address:

Name:

Date of birth:  Relationship to applicant:

Address:

## Please give details of their most recent address(es) that they have lived at over the last 3 years

(this section must be completed)

Name	Address	Start date	End date	Name & address of Landlord/Lender (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please Turn Over

a partnership between...



### What type of property do you live in?

*(tick the relevant box)*

House <input type="checkbox"/>	Maisonette <input type="checkbox"/>	Sheltered Accommodation <input type="checkbox"/>
4 in a block <input type="checkbox"/>	Flat <input type="checkbox"/>	Mobile home/caravan <input type="checkbox"/>
Other (please describe) <input type="text"/>		

### How many bedrooms are at your address?

*(tick the relevant box)*

One <input type="checkbox"/>	Two <input type="checkbox"/>	Three <input type="checkbox"/>	Four <input type="checkbox"/>	Five <input type="checkbox"/>	Bedsit <input type="checkbox"/>
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### If your home is not a house or caravan, what floor is your home on?

*(tick the relevant box)*

Ground <input type="checkbox"/>	First <input type="checkbox"/>	Second <input type="checkbox"/>	Third <input type="checkbox"/>	Above Third <input type="checkbox"/>
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### How many people reside at your current address including your family?

#### Who sleeps where and relationship to applicant

Number of couples <input type="checkbox"/>	Bedroom 1 .....
Number of single males (over 8) <input type="checkbox"/>	Bedroom 2 .....
Number of single females (over 8) <input type="checkbox"/>	Bedroom 3 .....
Number of children (under 8) <input type="checkbox"/>	Bedroom 4 .....
Not applicable <input type="checkbox"/>	Bedroom 5 .....

Signed ..... Date .....

Signed ..... Date .....  
*(joint applicant)*

*\* If joint applicant has been added ensure mandate is attached*

### For Office Use

Checked By ..... Date.....

Input By ..... Date.....