

# 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"/>
-----	--------------------------	-----	--------------------------	-------	--------------------------	------	--------------------------	------	--------------------------	--------	--------------------------

### 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"/>
--------	--------------------------	-------	--------------------------	--------	--------------------------	-------	--------------------------	-------------	--------------------------

### 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.....