

CHANGE OF ADDRESS



What sort of building do you live in?

- | | | | | | |
|---------------------|--------------------------|------------------|--------------------------|-----------------------------------|--------------------------|
| Detached House | <input type="checkbox"/> | Flat in a House | <input type="checkbox"/> | Caravan, Mobile home or Houseboat | <input type="checkbox"/> |
| Semi detached house | <input type="checkbox"/> | Flat in a block | <input type="checkbox"/> | Board and Lodgings | <input type="checkbox"/> |
| Terraced House | <input type="checkbox"/> | Flat over a shop | <input type="checkbox"/> | Hotel | <input type="checkbox"/> |
| Maisonette | <input type="checkbox"/> | Bedsit or Rooms | <input type="checkbox"/> | Residential Nursing Home | <input type="checkbox"/> |
| Bungalow | <input type="checkbox"/> | Hostel | <input type="checkbox"/> | Residential Care Home | <input type="checkbox"/> |

Do you or your household only occupy part of the building you have ticked?

Yes No

Where in the building do you live?

At the front In the middle At the rear

Which floor do you live on?

Does your home have central heating?

Yes No

Does your home have a garden?

Has your home been adapted or built for people with disabilities?

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 | | | |
| Bedsitting rooms | | | |
| Bedrooms | | | |
| Bathrooms or shower rooms | | | |
| Toilets | | | |
| Kitchens | | | |
| Other rooms | | | |

Do you use your home for business? Yes No

Who should we pay benefit to?

You

Now please sign the declaration in **Part 4**

Landlord

Agent

Now please sign the declaration in **Part 4**