



Change of Circumstances - Change of Address

Please note that you must provide evidence of your rental agreement with this completed form (if applicable). A copy of your Lease, Rent Book or Letter from your Landlord will be accepted.

Section 1: Your Details

a) Please enter your details:

Surname <input style="width: 90%;" type="text"/>	First Name <input style="width: 90%;" type="text"/>
Date of Birth <input style="width: 90%;" type="text"/>	Home tel. <input style="width: 90%;" type="text"/>
Mobile. <input style="width: 90%;" type="text"/>	Email address <input style="width: 90%;" type="text"/>

General guidance

- For the sections below if a change has taken place, please tick the relevant box and/or give details in the space provided. If any question/ section is not relevant to you, please write N/A.
- Should you run out of room in any section please add the information to the "any other information" (section 3).

Section 2: Change of Address

a) Address Details

Old Address :

New Address:

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Date Valid until (DD/MM/YY):

Valid from (DD/MM/YY):

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Reason for Leaving

b) Have you paid all the rent due on your old address (If no please put the amount owed and the due date):

No	Yes	Amount Owed	Due Date
<input type="checkbox"/>	<input type="checkbox"/>	£	

c) Deposit and Rent associated with new address

Please enter details of your new rent:

Rent Amount	Frequency of payment	Date of first Payment
£		

Did you pay a deposit?

No	Yes	Amount paid	Date paid
<input type="checkbox"/>	<input type="checkbox"/>	£	

Does your Rent include any of the following?

No	Yes	Item	Amount	Frequency
<input type="checkbox"/>	<input type="checkbox"/>	Lighting	£	
<input type="checkbox"/>	<input type="checkbox"/>	Heating	£	

Section 2 continued:

d) Contribution to rent (for non-householders)

If you contribute towards the household that you are living in please let us know how much rent(board) you have been paying.

Rent (Board) Amount	Frequency of payment
£	

e) Facilities

Do you share any of the following facilities in your accommodation? (Please tick if shared)

Kitchen Bathroom Living Room

f) Household members (*members of your household who are living with you and impact your claim*). If you have dependants (e.g. children) please indicate whether they are in full time education.

Please list your household members:

Name	Relationship	Date of Birth	In Education? Y/N

g) Terms of new Lease

Please enter your new Landlords details:

Landlords Name

Contact info Home / Mobile: Email:

Section 3: Any other information

Please provide details of any other information that you think may be relevant to your claim:

The Committee for Employment and Social Security will process any personal data which you provide in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017. Further information about how your personal data is processed can be found at www.gov.gg/dp or alternatively you may call 01481 732500 and request a paper copy.

Declaration

Warning: To give false information may result in prosecution.

I declare that the information given in this form is true and complete;

I understand that I must inform Social Security immediately if there is any change in my circumstances or the circumstances of my dependants and that to fail to do so may be an offence.

Signature of Customer: _____ Date: _____

Name of Appointee (where applicable): _____

Signature of Appointee: _____ Date: _____