



Change of Name on a Scottish Secure Tenancy

1. Name as presently on the Tenancy:

Address:

Tel. No.

2. Name you wish the tenancy to be held in:

3. Evidence of New Name (details of information submitted):

4. Reason for this change:

5. On what date did you start using this name: _____

6. Have you informed: **Housing Benefit Section YES - NO - N/A**
(Only required if in receipt of Housing Benefit)

Council Tax Section YES / NO

Please note that whilst the information on this form is shared with both Housing Benefit and Council Tax Sections, you are still required to contact them yourself about your change of name.

7. Please list details of all persons, including yourself, currently resident in the house. These details will be recorded against your tenancy.

Name	Relationship to Tenant	Sex	Date of Birth
	Tenant		

8. Please list details of any persons who have left your household

Name	Relationship to Tenant	Sex	Date of Birth	Date Left Household

Declaration

I declare to the best of my knowledge and belief that the information I have given on this form is true and complete. I authorise North Ayrshire Council to make any enquiries necessary in connection with this application, to include any personal data protected under the Data Protection Act, 1998 and associated legislation. I understand that I should not change my name for any fraudulent reasons.

Signature as you used when you signed your tenancy agreement:

Signature using your new name:

Date: _____

Equal opportunities monitoring

We will keep all the information we collect confidential. The following information is for monitoring purposes only. We will use this to produce statistics of the people applying for housing. Your name and address will not be used. You do not need to answer these questions, but we would appreciate your help. Your responses will not affect your application as these are for statistical purposes only.

Please tick the appropriate boxes below. Answer also for any joint application.

I do not **want to answer any of these questions.** ☐

You

1. Are you:

male? ☐ female? ☐

2. Are you:

single? ☐ married? ☐

divorced? ☐ widowed? ☐

legally separated? ☐

in a civil partnership? ☐

3. Do you consider yourself to?

be blind or visually impaired? ☐

be profoundly deaf or hearing impaired? ☐

have a physical disability? ☐

have any other disability? ☐

Give details below:

4. What is your ethnic group?

A White

Scottish ☐

Other British ☐

Irish ☐

Any other white background (give details below)

Please complete other side /if required)

Joint applicant

1. Are you:

male ? ☐ female? ☐

2. Are you:

single ? ☐ married? ☐

divorced? ☐ widowed? ☐

legally separated? ☐

in a civil partnership? ☐

3. Do you consider yourself to:

be blind or visually impaired? ☐

be profoundly deaf or hearing impaired? ☐

have a physical disability? ☐

have any other disability? ☐

Give details below:

4. What is your ethnic group?

A White

Scottish ☐

Other British ☐

Irish ☐

Any other white background (give details below)

Please complete other side /if required)

Equal opportunities monitoring

You

B Mixed or multiple ethnic groups ☐
Please give details below

C Asian, Asian Scottish or Asian British

Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Any other Asian background (give details below)	<input type="checkbox"/>

D Black, Black Scottish or Black British

Caribbean	<input type="checkbox"/>
African	<input type="checkbox"/>
Any other Black background (give details below)	<input type="checkbox"/>

E. Gypsy/Traveler ☐

F. Other ethnic background ☐
(give details below)

Joint applicant

B Mixed or multiple ethnic groups ☐
Please give details below

C Asian, Asian Scottish or Asian British

Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Any other Asian background (give details below)	<input type="checkbox"/>

D Black, Black Scottish or Black British

Caribbean	<input type="checkbox"/>
African	<input type="checkbox"/>
Any other Black background (give details below)	<input type="checkbox"/>

E. Gypsy/Traveler ☐

F Other ethnic background ☐
(give details below)