## Place – Housing Services

Kilncraigs, Greenside Street, Alloa, FK10 1EB

Telephone: 01259 450000



Chlach Mhanann

www.clacks.gov.uk

## **Occupancy Update**

Name:						
Address:						
Tel No:						
Date of Birth:						
National Insurance No:						
I am looking to be			Added		Removed	
Do you have any literacy or communication needs? For example, do you struggle to read or write, need an interpreter etc?			Yes		No	
I confirm that I have notified Council Tax of my occupan change			Yes		No	
Do you own or rent another property?			Yes		No	
If yes, please provide deta	uils:					
Please provide 3 years p	revious address history:					
Address	Tenant/Care Of	Date From		Date To	Landlord	
I confirm that the above property is My only and principle home				No longer my principle home		
	added to the tenancy you ha		-		d or become	e a
provided is true and accur	nanshire Council will carry ou rate. I consent to Clackmanna g to me that other organisations.	anshire	Council	sharing	and being	
Please be aware that prochanges in your circums	oviding us with false inform stances is fraud.	nation a	ind not	informiı	ng us of ar	ıy
Signed:				Date	:	
Signed (Tenant):				Date	:	