

# HOUSING NEEDS ASSESSMENT

SERIAL NO.

NAME	Date
ADDRESS	Telephone No.
	National Insurance No.
	Date of birth <span style="float:right;">Age</span>
	Capital / Savings £.....

HOUSEHOLD	NAME	AGE	DOB	FULL TIME EDUCATION	IN WORK	NATIONAL INSURANCE NUMBER
PARTNER					YES/NO	
CHILD 1					YES/NO	
CHILD 2					YES/NO	
CHILD 3					YES/NO	
CHILD 4/Non dependent					YES/NO	
CHILD 5/Non dependent					YES/NO	

  

CURRENT HOUSING	Council Tenant	Housing Assoc.Tenant	Private Rented	Mortgage	Owner	B & B	Lodger	NFA/ Homeless
(delete as appropriate)	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO

ADDITIONAL INFORMATION	For Official Use
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**Completed form should be sent to:** Advice and Homelessness Team,  
Great Yarmouth Borough Council, Greyfriars House, Greyfriars Way, Great Yarmouth, NR30 2QE