**South Derbyshire Jigsaw Declaration**

I hereby consent to the Council’s Housing Department receiving conﬁdential information which may be required to determine my housing situation.

I consent to the housing department accessing my Housing Benefit and Council Tax records.

Furthermore, I agree that information about my housing situation can be shared with relevant agencies/profession and housing providers if it is relevant and necessary in resolving my housing difﬁculties.

Depending on the type enquires required for my case: Relevant agencies may include amongst others the following: Doctors, Hospital, Community and Mental Health Service, Citizen’s Advice Bureau, Probation Services, Prison Service, Educational Providers, Department of Work’s and Pension, Social Services, Past and Present Landlords, Past and Present Employers, Solicitors, Drug and Alcohol support Agency’s, Floating support and resettlement Services, Experian Credit Services.

Information will only be shared if it is relevant and necessary.

Even if someone else has ﬁlled in this form for you, you must sign this declaration if you can.

Please read the declaration carefully before you sign and date it I hereby declare that the information given on this form is correct and complete to the best of my knowledge.

I understand that under Section 214 of the Housing Act 1996 it is an offence to knowingly or recklessly make a statement which is false and/or withhold information in order to obtain assistance with accommodation.

It is also an offence if you do not notify the Council of any material change in your circumstances as soon as possible.

I am aware that if I give information that is incorrect or incomplete, the Council may take action against me. This may include court action and anyone guilty of such an offence is liable, on conviction, to a ﬁne of up to £5,000.

Ref: \_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_

Main Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Joint Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Main Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Joint Applicant Signature: ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_