

HFS Reference Number	er:

homef	find	ersomer	set.co.uk			<u> </u>	
		Additio	onal Adaptations	s / Disab	ility Informatio	n	
Applicants	name:						
Your applic	cation fo	orm has indicate	ed your current pro	perty is no	ot suitable for you	r needs because:	
Please give	e furthe	r details below:					
<ul><li>Homefing</li><li>I am aw Somers</li><li>I agree circums</li></ul>	ormation nder So vare and tet may to tell that tances.	merset applicat d understand the share my perso ne local authority	ion. e partner local auth nal information, inc	orities and cluding se pplication	d registered provi nsitive informatio immediately abo	provided in support of ders in Homefinder n out any change in my	· my
(i) I could I authorit	be remo ies or re be comr	oved from the ho egistered provid mitting an offend	ousing register or lo er participating in F	ose any te Homefinde	nancy granted by r Somerset.	one of the five local h I may receive a fine	or a
Signed:							