

Notification of a Change form

Kromme Rijn Heuvelrug Regional Social Service Unit

Het Rond 6e PO Box 13 3700 AA Zeist

Phone consultations on weekdays between 9am and 11am, call 030 692 9595

Your personal details			
Name:			
Address:			
Postal code and city:			
Date of birth:	-	-	
BSN (Dutch social security number):			
Personal details partner			
Name:			
Date of birth:	-	-	
BSN (Dutch social security number):			

Notifying us of a change in your circumstances

You are receiving a living allowance pursuant to the Ministerial Order Regarding the Housing of Displaced Persons from Ukraine. If there are any changes to your living conditions or circumstances, please notify us at once. For instance, you must notify us if you will be looking after more or fewer children aged under 18, if you get a job, if you are planning to leave the Netherlands, if you are about to move to a different address within the Netherlands, or if anything changes with regard to your residency status. Every adult aged 18 and older must submit their own Notification of a Change form. This means that if the same thing changes for you and your partner, your partner must submit a Notification of a Change form of his/her own.

You are kindly requested to provide all the requested personal details below, to tick the box that best describes the **type** of **change** you wish to report, and to sign this form and then submit it to:

RSD/KRH Het Rond 6e, PO Box 13, 3700 AA Zeist. Where possible, please append evidence of the change of which you are notifying us.

Type of change you wish to report

	Either you yourself or a member of your family have/has moved to a dif	ferent shelter		
	Either you yourself or a member of your family have/has moved to a dif	ferent municipality		
	The composition of your family has changed			
	Either you yourself or an adult member of your family receive(s) an inco	ome from work in the Netherlands or another country		
	Either you yourself or an adult member of your family receive(s) a loss of Dutch Supplementary Benefits Act	of income benefit or an allowance pursuant to the		
	Your under-18 child receives an income from work in the Netherlands or	another country		
	Your child has turned 18 and must now apply for a living allowance of hi	is/her own		
	Your bank details have changed			
	Your residency status has changed			
	You have stopped working			
The	change entered into effect on the following date:			
Statement (to be signed by you and your partner, if you have one) By signing this form, I declare that the information I have provided is truthful and complete. I know that a failure to provide the requested information, or the provision of incorrect information, may result in my allowance being terminated, in the amount of my allowance being reduced and/or in my being criminally prosecuted. I am aware that the RSD will check the accuracy and completeness of this information with other organisations.				
City	:	Date:		
Nam	ne:	Partner name:		
Sign	nature:	Partner signature:		