

# House Occupants Form

Address

Telephone No

Officer completing form

Date

All questionnaires completed and checked

Initials

Officer I/C HtoH enquiries

**Details of occupants normally resident at address including those at present away on business, university, etc. Asterisk name of person supplying information to complete this form.**

	Surname (and maiden name)	Forename(s) (and nicknames)	Date of birth	Occupation or school	*Tick where appropriate			Remarks, reasons for absence or why not seen, etc. When available for interview	Questionnaire number
					Seen*	Questionnaire completed*	Statement taken*		
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>

**Full details of persons who have been resident at address in past six months or visited on date in question**

Name <input type="text"/>	Name <input type="text"/>
Address <input type="text"/>	Address <input type="text"/>
Date/time <input type="text"/>	Date/time <input type="text"/>

**Number of male and female occupants**

<b>This address</b>		<b>Either side</b>			
Male <input type="text"/>	Female <input type="text"/>	House name/number <input type="text"/>	Male <input type="text"/>	Female <input type="text"/>	
		House name/number <input type="text"/>	Male <input type="text"/>	Female <input type="text"/>	