



### 3. About other members of your household you want to include on your application

Complete a separate row for each member of your household, not the main applicant or joint tenant/partner.

Mr, Mrs, Ms, etc.	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>1</b> Date of birth	<input type="text"/>	National Insurance no. <input type="text"/>
		Female <input type="checkbox"/> Male <input type="checkbox"/>
Nationality	<input type="text"/>	Relationship to you <input type="text"/>

Mr, Mrs, Ms, etc.	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>2</b> Date of birth	<input type="text"/>	National Insurance no. <input type="text"/>
		Female <input type="checkbox"/> Male <input type="checkbox"/>
Nationality	<input type="text"/>	Relationship to you <input type="text"/>

Mr, Mrs, Ms, etc.	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>3</b> Date of birth	<input type="text"/>	National Insurance no. <input type="text"/>
		Female <input type="checkbox"/> Male <input type="checkbox"/>
Nationality	<input type="text"/>	Relationship to you <input type="text"/>

Mr, Mrs, Ms, etc.	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>4</b> Date of birth	<input type="text"/>	National Insurance no. <input type="text"/>
		Female <input type="checkbox"/> Male <input type="checkbox"/>
Nationality	<input type="text"/>	Relationship to you <input type="text"/>

Mr, Mrs, Ms, etc.	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>5</b> Date of birth	<input type="text"/>	National Insurance no. <input type="text"/>
		Female <input type="checkbox"/> Male <input type="checkbox"/>
Nationality	<input type="text"/>	Relationship to you <input type="text"/>

Mr, Mrs, Ms, etc.	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>6</b> Date of birth	<input type="text"/>	National Insurance no. <input type="text"/>
		Female <input type="checkbox"/> Male <input type="checkbox"/>
Nationality	<input type="text"/>	Relationship to you <input type="text"/>

Mr, Mrs, Ms, etc.	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>7</b> Date of birth	<input type="text"/>	National Insurance no. <input type="text"/>
		Female <input type="checkbox"/> Male <input type="checkbox"/>
Nationality	<input type="text"/>	Relationship to you <input type="text"/>

Mr, Mrs, Ms, etc.	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>8</b> Date of birth	<input type="text"/>	National Insurance no. <input type="text"/>
		Female <input type="checkbox"/> Male <input type="checkbox"/>
Nationality	<input type="text"/>	Relationship to you <input type="text"/>

## 4. About other people you want to include on your application, e.g. dependents

Please give details of anyone who is not living with you at present **but will be when you move.**

1	Mr, Mrs, Ms, etc.	First name	Surname
	Date of birth	National Insurance no.	Female <input type="checkbox"/> Male <input type="checkbox"/>
	Nationality	Relationship to you	
	Why aren't you living together now?	What date did you stop living together?	

### Addresses they lived in over last THREE years

House/flat no.	Block/street name - line 1	Date moved in
	Street name - line 2 if needed	Date moved out
	Town/city	Postcode
		Reason for moving out

House/flat no.	Block/street name - line 1	Date moved in
	Street name - line 2 if needed	Date moved out
	Town/city	Postcode
		Reason for moving out

2	Mr, Mrs, Ms, etc.	First name	Surname
	Date of birth	National Insurance no.	Female <input type="checkbox"/> Male <input type="checkbox"/>
	Nationality	Relationship to you	
	Why aren't you living together now?	What date did you stop living together?	

### Addresses they lived in over last THREE years

House/flat no.	Block/street name - line 1	Date moved in
	Street name - line 2 if needed	Date moved out
	Town/city	Postcode
		Reason for moving out

House/flat no.	Block/street name - line 1	Date moved in
	Street name - line 2 if needed	Date moved out
	Town/city	Postcode
		Reason for moving out



## 6. Other properties or tenancies

Does **anyone** on this application have now, or had in the past, an interest in a residential property in the UK (i.e. as owner, joint owner, leaseholder or council or housing association tenant)? Yes  No

If Yes please give details of who and where the property is located.

Mr, Mrs, Ms, etc.	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
House/flat no.	Block/street name - line 1	Type of interest
<input type="text"/>	<input type="text"/>	<input type="text"/>
	Street name - line 2 if needed	
	<input type="text"/>	
	Town/city	Postcode
	<input type="text"/>	<input type="text"/>
		Why can't they live there?
		<input type="text"/>

Mr, Mrs, Ms, etc.	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
House/flat no.	Block/street name - line 1	Type of interest
<input type="text"/>	<input type="text"/>	<input type="text"/>
	Street name - line 2 if needed	
	<input type="text"/>	
	Town/city	Postcode
	<input type="text"/>	<input type="text"/>
		Why can't they live there?
		<input type="text"/>

## 7. Other applications for housing

Has anyone on this application now, or in the past, made any application for housing in another area? Yes  No

If Yes please supply the following details of those applications:

Yes  No

Mr, Mrs, Ms, etc.	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address from which the application was made	Which council or housing association?	
House/flat no.	Block/street name - line 1	<input type="text"/>
<input type="text"/>	<input type="text"/>	
	Street name - line 2 if needed	Housing ref. no. <input type="text"/>
	<input type="text"/>	When was the application made?
	Town/city	<input type="text"/>
	Postcode	<input type="text"/>
	<input type="text"/>	Was it accepted? Yes <input type="checkbox"/> No <input type="checkbox"/>

Mr, Mrs, Ms, etc.	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address from which the application was made	Which council or housing association?	
House/flat no.	Block/street name - line 1	<input type="text"/>
<input type="text"/>	<input type="text"/>	
	Street name - line 2 if needed	Housing ref. no. <input type="text"/>
	<input type="text"/>	When was the application made?
	Town/city	<input type="text"/>
	Postcode	<input type="text"/>
	<input type="text"/>	Was it accepted? Yes <input type="checkbox"/> No <input type="checkbox"/>

## 8. Health issues and disability

**If, because of vulnerability, you need help filling in this form contact the Lettings Client Support Team on 020 7364 0204/0206/0209.**

Under the Disability Discrimination Act 1995 a person is considered to have a disability if he/she has a physical or mental impairment which has a sustained and long term (12 months or more) adverse effect on his/her ability to carry out normal day to day activities.

Having read the above statement, do you, or anyone on this application, consider your/themselves disabled?

Yes  No  If "Yes" please supply details below:

Mr, Mrs, Ms, etc.  First name  Surname

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Wheelchair user           | <input type="checkbox"/> Learning disability           | <input type="checkbox"/> Drug/alcohol issue          |
| <input type="checkbox"/> Other mobility impairment | <input type="checkbox"/> Chronic & progressive illness | <input type="checkbox"/> Other <i>please tell us</i> |
| <input type="checkbox"/> Hearing impairment        | <input type="checkbox"/> HIV/multiple sclerosis/cancer | <input type="text"/>                                 |
| <input type="checkbox"/> Sight impairment          | <input type="checkbox"/> Mental health issue           |  |

Mr, Mrs, Ms, etc.  First name  Surname

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Wheelchair user           | <input type="checkbox"/> Learning disability           | <input type="checkbox"/> Drug/alcohol issue          |
| <input type="checkbox"/> Other mobility impairment | <input type="checkbox"/> Chronic & progressive illness | <input type="checkbox"/> Other <i>please tell us</i> |
| <input type="checkbox"/> Hearing impairment        | <input type="checkbox"/> HIV/multiple sclerosis/cancer | <input type="text"/>                                 |
| <input type="checkbox"/> Sight impairment          | <input type="checkbox"/> Mental health issue           |  |

Mr, Mrs, Ms, etc.  First name  Surname

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Wheelchair user           | <input type="checkbox"/> Learning disability           | <input type="checkbox"/> Drug/alcohol issue          |
| <input type="checkbox"/> Other mobility impairment | <input type="checkbox"/> Chronic & progressive illness | <input type="checkbox"/> Other <i>please tell us</i> |
| <input type="checkbox"/> Hearing impairment        | <input type="checkbox"/> HIV/multiple sclerosis/cancer | <input type="text"/>                                 |
| <input type="checkbox"/> Sight impairment          | <input type="checkbox"/> Mental health issue           |  |

Mr, Mrs, Ms, etc.  First name  Surname

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Wheelchair user           | <input type="checkbox"/> Learning disability           | <input type="checkbox"/> Drug/alcohol issue          |
| <input type="checkbox"/> Other mobility impairment | <input type="checkbox"/> Chronic & progressive illness | <input type="checkbox"/> Other <i>please tell us</i> |
| <input type="checkbox"/> Hearing impairment        | <input type="checkbox"/> HIV/multiple sclerosis/cancer | <input type="text"/>                                 |
| <input type="checkbox"/> Sight impairment          | <input type="checkbox"/> Mental health issue           |  |

**Does anyone on this application have a health problem that is seriously affected by where they live NOW?**

*If Yes please give details*

Yes  No

**Is anyone on this application expecting a baby?** Yes  No  If Yes please give the following details:

Name of expectant mother

First name  Surname

Date baby expected

## 9. Access to services

By law, we must not discriminate against anyone. The information you give here helps us to make sure that we are fair and unbiased when delivering housing services. These details are confidential.

**Main** and **joint** applicants to tick and fill in the appropriate boxes.

		<b>ETHNICITY</b>	
Main	Joint		
		<b>Asian/Asian British</b> Are you:	
<input type="checkbox"/>	<input type="checkbox"/>	Bangladeshi	
<input type="checkbox"/>	<input type="checkbox"/>	Chinese	
<input type="checkbox"/>	<input type="checkbox"/>	Indian	
<input type="checkbox"/>	<input type="checkbox"/>	Pakistani	
<input type="checkbox"/>	<input type="checkbox"/>	Vietnamese	
<input type="checkbox"/>	<input type="checkbox"/>	Other Asian background <i>please tell us</i>	
		Main	
		Joint	
		<b>Black/Black British</b> Are you:	
<input type="checkbox"/>	<input type="checkbox"/>	African	
<input type="checkbox"/>	<input type="checkbox"/>	Somali	
<input type="checkbox"/>	<input type="checkbox"/>	Caribbean	
<input type="checkbox"/>	<input type="checkbox"/>	Other Black background <i>please tell us</i>	
		Main	
		Joint	
		<b>Dual/Mixed Heritage</b> Are you:	
<input type="checkbox"/>	<input type="checkbox"/>	Asian/Black	
<input type="checkbox"/>	<input type="checkbox"/>	Asian/White	
<input type="checkbox"/>	<input type="checkbox"/>	Black African/White	
<input type="checkbox"/>	<input type="checkbox"/>	Black Caribbean/White	
<input type="checkbox"/>	<input type="checkbox"/>	Other dual/mixed heritage <i>please tell us</i>	
		Main	
		Joint	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Gypsy/Romany/Irish traveller</b>	
		<b>White</b> Are you:	
<input type="checkbox"/>	<input type="checkbox"/>	British	
<input type="checkbox"/>	<input type="checkbox"/>	Irish	
<input type="checkbox"/>	<input type="checkbox"/>	Other White background <i>please tell us</i>	
		Main	
		Joint	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Other ethnic group?</b> <i>Please tell us</i>	
		Main	
		Joint	
<input type="checkbox"/>	<input type="checkbox"/>	Prefer not to say	

Main	Joint	<b>FAITH/BELIEF/GENDER</b> Are you:
<input type="checkbox"/>	<input type="checkbox"/>	Buddhist
<input type="checkbox"/>	<input type="checkbox"/>	Christian
<input type="checkbox"/>	<input type="checkbox"/>	Hindu
<input type="checkbox"/>	<input type="checkbox"/>	Jewish
<input type="checkbox"/>	<input type="checkbox"/>	Muslim
<input type="checkbox"/>	<input type="checkbox"/>	Sikh
<input type="checkbox"/>	<input type="checkbox"/>	No religion
<input type="checkbox"/>	<input type="checkbox"/>	Other <i>please tell us</i>

Main
Joint

<input type="checkbox"/>	<input type="checkbox"/>	<b>Prefer not to say</b>
Which of the following statements best describes you:		
<input type="checkbox"/>	<input type="checkbox"/>	Bisexual
<input type="checkbox"/>	<input type="checkbox"/>	Gay
<input type="checkbox"/>	<input type="checkbox"/>	Heterosexual (straight)
<input type="checkbox"/>	<input type="checkbox"/>	Lesbian
<input type="checkbox"/>	<input type="checkbox"/>	Prefer not to say

### COMMUNICATION

Main	Joint	
		Do you speak English?
<input type="checkbox"/>	<input type="checkbox"/>	Yes
<input type="checkbox"/>	<input type="checkbox"/>	No
		Can you read/write English?
<input type="checkbox"/>	<input type="checkbox"/>	Yes
<input type="checkbox"/>	<input type="checkbox"/>	No

**If "No" what is your spoken and written language?** Please tick just **one** box for the **Spoken** option and **one** box for the **Written** option.

Spoken		Written	
Main	Joint	Main	Joint
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Main	Main
Joint	Joint

Do you require translation/interpretation services?

Main	Joint	
<input type="checkbox"/>	<input type="checkbox"/>	Yes
<input type="checkbox"/>	<input type="checkbox"/>	No

## 10. Key Worker status

There are many public sector jobs where it is very hard to recruit and retain essential staff. You must be employed full or part-time and on a permanent contract and within the Local Authority area, as one of the following: *tick the appropriate box*

- ambulance staff working as a paramedic;
- fully qualified nurse working in the borough's NHS hospitals;
- fire fighter or police officer stationed in the borough;
- teacher working in the borough's LEA maintained schools.

**If you are employed as one of these, who is your employer?**

### Name & address of organisation

Number

Street name - line 1

Street name - line 2 if needed

Town/city

Postcode

Manager/Human Resources

Phone no.

Email address

## 11. Different housing options

Housing is in very high demand in Tower Hamlets. This means that many households will have to wait a long time before we can help them move. However, there are other housing options that may be available to you. Please tick all the options about which you would be interested in finding out more:

- Buying a home
- Building a home
- Homebuy
- Renting privately
- Part-buying a home (*shared ownership*)
- Sharing accommodation
- Moving out of London
- Moving to the country or by the sea
- Sheltered (over 60s)
- Other options

You can get advice about private rented accommodation from the council's Housing Advice Service:

Housing Advice Service  
London Borough of Tower Hamlets  
Albert Jacob House  
62 Roman Road  
London E2 0PG

Tel: 020 7364 3558

Fax: 020 73643559

Email: [housing.advice@towerhamlets.gov.uk](mailto:housing.advice@towerhamlets.gov.uk)

Opening hours: 9.30a.m. to 4.30p.m. Monday to Friday

## 12. Connections in the Tower Hamlets area

**Have you lived in Tower Hamlets for at least 6 of the last 12 months or at least 3 of the last 5 years?**

Yes  No

If **Yes** please tick one of the following boxes:  6 of the last 12 months

3 of the last 5 years

**then go to section 13.**

If **No** answer all relevant questions in the rest of this section.

### Your reasons

Why are you applying to the Tower Hamlets housing list?

How will moving to Tower Hamlets benefit your family?

### Work

Does anyone on your application work in Tower Hamlets?

Mr, Mrs, Ms, etc.

First name

Surname

### Name & address of employer

Name of organisation

Number

Street name - line 1

Street name - line 2 if needed

Town/city

Postcode

Job title

How long in this employment?

Mr, Mrs, Ms, etc.

First name

Surname

### Name & address of employer

Name of organisation

Number

Street name - line 1

Street name - line 2 if needed

Town/city

Postcode

Job title

How long in this employment?

## 12. Connections in the Tower Hamlets area .....continued

### Family

Is anyone on your application related to anyone who lives in the borough? Yes  No

If Yes please tell us about them:

Mr, Mrs, Ms, etc.	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
House/flat no.	Block/street name - line 1	How long in Tower Hamlets? <input type="text"/>
<input type="text"/>	<input type="text"/>	
	Street name - line 2 if needed	How are they related to you? <input type="text"/>
	<input type="text"/>	
	Town/city	Postcode
	<input type="text"/>	<input type="text"/>
What support do they provide? <input type="text"/>		What support do you give? <input type="text"/>

Mr, Mrs, Ms, etc.	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
House/flat no.	Block/street name - line 1	How long in Tower Hamlets? <input type="text"/>
<input type="text"/>	<input type="text"/>	
	Street name - line 2 if needed	How are they related to you? <input type="text"/>
	<input type="text"/>	
	Town/city	Postcode
	<input type="text"/>	<input type="text"/>
What support do they provide? <input type="text"/>		What support do you give? <input type="text"/>

Mr, Mrs, Ms, etc.	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
House/flat no.	Block/street name - line 1	How long in Tower Hamlets? <input type="text"/>
<input type="text"/>	<input type="text"/>	
	Street name - line 2 if needed	How are they related to you? <input type="text"/>
	<input type="text"/>	
	Town/city	Postcode
	<input type="text"/>	<input type="text"/>
What support do they provide? <input type="text"/>		What support do you give? <input type="text"/>

Continued...

## 12. Connections in the Tower Hamlets area .....continued

### School/college

Who, on your application, attends school or college in Tower Hamlets?

Mr, Mrs, Ms, etc.	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Name & address of school/college

Name of organisation

Number

Street name - line 1

Street name - line 2 if needed

Town/city

Postcode

How related to you?

How long have they been there?

Mr, Mrs, Ms, etc.	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Name & address of school/college

Name of organisation

Number

Street name - line 1

Street name - line 2 if needed

Town/city

Postcode

How related to you?

How long have they been there?

Mr, Mrs, Ms, etc.	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Name & address of school/college

Name of organisation

Number

Street name - line 1

Street name - line 2 if needed

Town/city

Postcode

How related to you?

How long have they been there?

### 13. Council or housing association connections

Do you, or anyone on your application, work or know anyone who works for Tower Hamlets council, any Registered Social Landlord operating in Tower Hamlets, a Common Housing Register Partner Landlord or Tower Hamlets Homes, is an elected councillor or a Board member of any of these?

If Yes, please tell us who they are and your relationship to them: No  Yes

Mr, Mrs, Ms, etc.	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Name & address of employer/organisation

Name of organisation

Number

Street name - line 1

Street name - line 2 if needed

Town/city

Postcode

What does this person do?

Worker

Board member

Elected councillor

How are they related to you?

Mr, Mrs, Ms, etc.	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Name & address of employer/organisation

Name of organisation

Number

Street name - line 1

Street name - line 2 if needed

Town/city

Postcode

What does this person do?

Worker

Board member

Elected councillor

How are they related to you?

Mr, Mrs, Ms, etc.	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Name & address of employer/organisation

Name of organisation

Number

Street name - line 1

Street name - line 2 if needed

Town/city

Postcode

What does this person do?

Worker

Board member

Elected councillor

How are they related to you?

## 14. Information for all applicants

### **What happens next**

The information on this form will be used to assess your application for priority according to the current Lettings Policy.

We will write to you when we receive this form and ask you to give us documents that prove the information you have given. We may visit you at home in order to check the information you have given us.

### **Homeless applications**

Different rules apply if you are making an application under the Homelessness Act, 2002 as a homeless household.

The Homeless team will be able to tell you about your application and help you complete this form.

### **Changes to your household**

It is very important that you tell us about all changes to your household as soon as possible. This will make sure that you are given the right priority for housing and that we make you a suitable housing offer.

We may ask for up-to-date information each year but please do not wait for this to tell us about any changes that you think may be important to your housing application.

**If you are not sure it is relevant, tell us anyway!**

Please tell us any other information that you think may affect your application for housing:

## 15. Declaration & signature

**It is important that you tell the truth on this application form and understand the declaration before you sign it. Please contact Lettings if you need clarification.**

এই দরখাস্তে আপনার সত্যি কথা বলা এবং সই করার আগে এটা বোঝা খুব জরুরী। আপনার যদি এটা বোঝার ব্যাপারে সাহায্য দরকার হয়, তাহলে অনুগ্রহ করে লেটিংস টীমের সাথে যোগাযোগ করুন।

Xaashidani waxay kuu sheegeysaa akhbaar ku saabsan Carruurta la daryeelo iyo Adeegyada Caafimaadka Maskaxda ee Da' Yarta. Haddaad u baahan tahay xaashidani oo ku turjuman luqaddaada, fadlan waxaad saxdaa sanduuqa habboon, ku qor magaca iyo cinwaankaaga, kadibna ku soo dir cinwaanka aan istaam lagaaga baahneyn.

Điều quan trọng là quý vị cho biết sự thật về đơn xin này và hiểu biết lời tuyên bố trước khi quý vị ký tên vào. Xin liên lạc toán cho thuê nếu quý vị cần được giúp đỡ trong việc hiểu biết đơn này.

很重要的是你在這份申請表格上提供的資料必須是真確的，及在簽名前明白這份聲明的內容。若你需要別人協助你瞭解這份文件，請聯絡租住組。

**Section 214 of the Homelessness Act, 2002 makes it an offence for you to withhold information that we reasonably require to assess your application or to provide false information that leads to your gaining a tenancy. We will take every legitimate action against anyone who gains a tenancy through knowingly providing false information.**

***Please sign below only if you agree with all the following statements:***

- I have read the Lettings Policy.
- I have checked the information I have supplied. It is correct and complete to the best of my knowledge.
- I understand that it is my responsibility to tell you immediately if there are any changes in any circumstances that may affect the priority awarded to my application. If I am not sure whether the change will affect my priority I will assume that it does and tell you about it.
- I give permission for you to make enquiries about me to assess my application for housing and prevent fraud now or at any time while I have an application on the Housing List.
- I give permission to the people you contact (i.e. other council teams, Government departments, health professionals, current and previous employers, current and previous landlords, family members, friends etc.) to release to you any and all information you need to assess my application for housing and prevent fraud now, or at any time while I have an application on the Housing List.
- I understand that information I supply, and supplied by others about me, will be held on computer.
- I understand that information I supply, and supplied by others about me, may be shared with other Tower Hamlets Homes teams and council teams, Government departments, registered social landlords, support agencies or health professionals to allow a proper assessment of my priority for housing, to prevent fraud or to provide appropriate support to me.
- I understand that one of the consequences of giving false information on this form is that my new landlord may go to Court to regain possession and evict me from any tenancy gained through my giving false information.

Signature of applicant

Date

Signature of joint applicant

Date

**Have you had help filling in this form? If so, please let us know who helped you.**

Name

Address

How do you know this person?

# OFFICE USE ONLY

Application date  Review date entered online  Date of visit

Person seen First name  Surname

## Name & address of landlord

Name

Number  Street name - line 1

Street name - line 2 if needed

Town/city  Postcode

Proof seen

The current sleeping arrangements, giving genders and relationships of those using each and any proof seen.

Bedroom 1	Bedroom 4
Bedroom 2	Bedroom 5
Bedroom 3	Bedroom 6
Other rooms - please state	

## Notes

