**TENANCY APPLICATION FORM**

**Guidance and Information**

* **Please complete in BLOCK CAPITALS to reduce errors**.
* All **sections** must be completed – failure to do so may delay your application.
* Please ensure all names, addresses and numbers are clearly legible.
* If not completed by the applicant their signed or verbal permission and identification **must** be obtained prior to submission of this application.
* Please ensure that you include a current and accurate telephone number for all referees. Failure to do so will delay this application.
* You should, where possible, advise referees that we will be contacting them as this will reduce delays.
* **Any falsehoods uncovered at a later date will result in immediate termination of any agreement that may be in place or offered.**

**Section 1: Primary Applicant Details (All fields must be completed)**

|  |  |  |
| --- | --- | --- |
| Title | First Name | Surname |
|  |  |  |
| Date of Birth | NI Number (or oversees equivalent) |  |
|  |  |  |
| Nationality: (If non British or EEA Citizen please provide proof of immigration status). This is to comply with Immigration Act 2014. |
|  |
| Current Address |
|  |
| Postcode | Time at Address | Reasons for Leaving |
|  | Years Months |  |
| Contact Number | Mobile Number | Email Address |
|  |  |  |
| Address Status (Please tick relevant option): |
| Owned/Mortgage |  | Rented |
| Private |  | Council/Housing Association |  |
| Friends/Family (Sofa surfing) |  | Homeless |  | Sheltered / Supported Accommodation |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is this a joint application? If yes, please provide full name, DOB & National insurance number of joint applicant.  |  | Yes  |  | No |
|  |  |
| Name(s) of additional household members to be housed |  |
| Name | Relationship to applicant(s) | Date of Birth |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Is the applicant pregnant? |  | Yes |  | No |
| If yes please provide due date and proof of pregnancy. |  |
| Is any other household member pregnant? |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

 |
| If yes please state who and provide due date and proof of pregnancy. |  |
|  |  |
| Are there any smokers in the household? (We have a no smoking policy in our homes) |  | Yes |  | No |
| Do you have any pets? |  | Yes |  | No |
| If yes, please give details. (No pets allowed without written permission from Homelife) |
| Have you had any County Court Judgements or rent arrears in the last 6 years? |  | Yes |  | No |
| If yes, please give details, including amounts. |

**Referring Agency**

|  |
| --- |
| Name and Contact Details of Referrer: |
| Amount of Time known to referrer: |

Section 1.2: **Additional Personal Information**

 **Have any household members served in the UK Armed Forces**

|  |  |  |
| --- | --- | --- |
| Name | Period Served | Has anyone been seriously injured or ill as a direct result of time and activities as a regular or reserve? |
|  |  |  |

**Criminal Convictions**

|  |  |  |
| --- | --- | --- |
| Conviction + Date | Sentence | ‘Spent’ |
|  |  |  |
|  |  |  |
|  |  |  |

**Household members - Health Problems**

|  |  |  |
| --- | --- | --- |
| Name | Health Issues (mental, physical or medical) | Medication |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Does anyone in the household have any disability requirements?**

|  |  |
| --- | --- |
| Name: | Requirement (Fully wheelchair accessible housing / wheelchair access to essential rooms / level access housing / other disability requirements)Please state: |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Drug and Alcohol Issues**

Please note that it is a condition of Homelife that you are engaging with substance misuse services if required.

|  |  |
| --- | --- |
| Substances used / frequency | Approx date of last use |
|  |  |
|  |  |

**Support Workers & Professionals**

If you currently have support workers or other professionals working with yourself or your family, it is a condition of tenancy that you continue to work with them until they and you agree that support is no longer required

|  |  |
| --- | --- |
| Household member receiving support | Professional’s name and contact details |
|  |  |
|  |  |

**Section 2: Previous Addresses (If at current address for less than 3 years)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Previous Address | Date From | Date To | Landlord Contact | Reason for leaving (inc arrears). If arrears, how did they accrue? |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Continue on additional sheet if required.

**Section 3.1: Employer/Occupation details – Applicant(s)**

|  |  |  |
| --- | --- | --- |
| Employment Status | Name of Organisation | Net Monthly Income |
|  |  |  |

**Section 3.1 (a): Employer/Occupation details – Other Household Members**

|  |  |  |
| --- | --- | --- |
| Name | Employment Status | Net Monthly Income |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Section 3.2 Financial Information - Applicant**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| JSA |  | I/S |  | ESA |  | DLA |  |
| PIP |  | Tax Credits |  | Pension |  | Universal Credit |  |
|  |
| Other (Please State)…. |
| AMOUNT PER MONTH = £ |

**Section 3.2 Financial Information – Joint Applicant and Other Household Members**

**Name:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| JSA |  | I/S |  | ESA |  | DLA |  |
| PIP |  | Tax Credits |  | Pension |  | Universal Credit |  |
|  |
| Other (Please State)…. |
| AMOUNT PER MONTH = £ |

**Name:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| JSA |  | I/S |  | ESA |  | DLA |  |
| PIP |  | Tax Credits |  | Pension |  | Universal Credit |  |
|  |
| Other (Please State)…. |
| AMOUNT PER MONTH = £ |

**Name:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| JSA |  | I/S |  | ESA |  | DLA |  |
| PIP |  | Tax Credits |  | Pension |  | Universal Credit |  |
|  |
| Other (Please State)…. |
| AMOUNT PER MONTH = £ |

**Name:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| JSA |  | I/S |  | ESA |  | DLA |  |
| PIP |  | Tax Credits |  | Pension |  | Universal Credit |  |
|  |
| Other (Please State)…. |
| AMOUNT PER MONTH = £ |

**Section 4: Current Landlord/Agent/Council**

|  |  |  |
| --- | --- | --- |
| Landlord/Agency/Council Name | Contact Number | Contact Email |
|  |  |  |
| Address of Current Landlord/Agent/Council (including postcode) |
|  |
| Your Current Landlord Will Be Contacted For a Reference |

**Section 5: Character Referee (Non relative or friend known for 2 years+)**

|  |  |  |
| --- | --- | --- |
| Referee Name | Relationship (e.g. current/previous employer | Time Known |
|  |  |  years |
| Address (including postcode) |
|  |
| Contact Number | Contact Email |
|  |  |
| PLEASE CHECK PERMISSION FROM YOUR REFEREES BEFORE SUBMITTING THEIR DETAILS |

**Section 6: Next of Kin**

|  |  |  |
| --- | --- | --- |
| Title | First Name | Surname |
|  |  |  |
| Address (including postcode) |
|  |
| Contact Landline Number | Contact Mobile Number |
|  |  |
| Relationship with Tenant: |  |
| How long has the tenant been known to you? |  |
| Signature of Next of Kin |  | Date |  |

**Section 7: Bank Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have a UK bank account? (You must hold a UK bank account – rent is paid by Standing Order or Bank Transfer. Unfortunately Post Office accounts will not be accepted. |  | Yes |  | No |

**Section 8: Identification Validation e.g. UK Passport, Driver’s License, Utility Bill, Current Bank Statement**

|  |  |  |
| --- | --- | --- |
| ID Type (e.g. passport) | Reference Number | Issuer (Utility only e.g. BT) |
|  |  |  |
|  |  |  |

Two forms of ID must be provided in order to be considered for a Homelife property.

**Section 9: Please state why you are in need of Homelife accommodation**

|  |
| --- |
| Use this section to add any additional information that you feel may be relevant to your application. |
|  |

**Areas you would consider living - Please tick the areas to be considered**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Newcastle East |  | Newcastle West |  | North Tyneside |  | South Tyneside |  |
| Durham |  | Blyth |  | Ashington |  | Sunderland |  |
| Gateshead |  |  |  |  |  |  |  |

**Section 10: Authorisation and Consent**

Information is processed in confidence and within the guidelines of the General Data Protection Regulations 2018, the Data Protection Act 1998 and the appropriate international privacy laws.

“I give my consent for Changing Lives Homes to process and share personal data and sensitive personal data/information with other service providers in connection with my application for housing”.

**Your consent to collect, process, gather and share your/your child (ren)’s/household members’ personal data and sensitive personal data / information is entirely voluntary and you may withdraw your consent at any time**.

Name: ……………………………………………………………………………………….

Address: …………………………………………………………………………………….

Signature: …………………………………………………………………………………..

Date: ………………………………………………………………………………………….

|  |
| --- |
| I confirm that the information provided on this application form is accurate and true. I authorise Homelife to conduct searches and to seek references from landlords and support agencies directly related to this application.**I understand if any information is found untrue then my application can be terminated.**  |
| Name: |  |
| Signature: |  | Date: |

|  |
| --- |
| Who recommended you to us? |
|  |

If this form has been completed by somebody on behalf of the applicant please complete the following

|  |  |
| --- | --- |
| Name |  |
| Reason for completing form for the applicant |  |
| Signature |  |

Please return this form by email or post to the following addresses. Prospective tenants requiring further information relating to the completion of this form or information on the Data Protection Act (1998) can also contact us via the following methods:

|  |
| --- |
| **Liv Hetherington (Mon – Fri)****Housing Manager**Telephone: 07802884108Email: olivia.hetherington@changing-lives.org.uk**Homelife Office:**Central Office, H26 The Avenues, Eleventh Avenue North, Team Valley, Gateshead, NE11 0NJT: 0191 273 8891 | E: central.office@changing-lives.org.uk | W: [www.changing-lives.org.uk](http://www.changing-lives.org.uk) |

Changing Lives wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of its tenants in encouraging equality and diversity.

*

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary.

The information you provide will stay confidential and be stored securely and limited to authorised staff only.

**Age** 16-24🗆 25-29 🗆 30-34 🗆 35-39🗆 40-44 🗆 45-49 🗆 50-54 🗆55-59 🗆 60-64 🗆 65+ 🗆 Prefer not to say 🗆

**What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box:

***White***

English 🗆 Welsh 🗆 Scottish 🗆 Northern Irish 🗆 Irish 🗆

British 🗆 Gypsy or Irish Traveller 🗆

Any other white background, please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Mixed/multiple ethnic groups***

White and Black Caribbean 🗆 White and Black African 🗆 White and Asian 🗆

Any other mixed background, please state:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Asian/Asian British***

Indian 🗆 Pakistani 🗆 Bangladeshi 🗆 Chinese 🗆

Any other Asian background, please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Black/ African/ Caribbean/ Black British***

African 🗆 Caribbean 🗆 Prefer not to say 🗆

Any other Black/African/Caribbean background, please state:

***Other ethnic group***

Any other ethnic group, please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Prefer not to say***  🗆

**What is your sexual orientation?**

Heterosexual 🗆 Gay woman/lesbian 🗆 Gay man 🗆 Bisexual 🗆

If other, please state:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Prefer not to say* 🗆**

**What is your religion or belief?**

No religion or belief 🗆 Buddhist 🗆 Christian 🗆 Hindu 🗆 Jewish 🗆

Muslim 🗆 Sikh 🗆

If other religion or belief, please state:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Prefer not to say* 🗆**

For Officer Use Only:

|  |
| --- |
| Housing Officer’s Comments: |
|  |