

9 Previous addresses

Please provide the name of your current landlord, if applicable.

Name of Landlord

Where have you lived before? Please list in date order, starting with your most recent previous address.

1 Address

Name of Landlord (if applicable)

From To

2 Address

Name of Landlord (if applicable)

From To

Have you ever lived in a Guinness Partnership property before? If so, please supply details below.

Address

When did you live there? From To

10 How we use your personal information

This information will be used by The Guinness Partnership Limited and Guinness Care and Support Limited to assess your application and for allocating and managing housing. In some cases the information provided will be disclosed to third parties in order to confirm and verify the details you provided to us such as previous landlords, credit reference agencies, local authorities or other statutory bodies and where a medical assessment is needed.

Should you be allocated a property these details will also be used to manage your tenancy. In some cases information will be disclosed to third parties for the purposes of fraud prevention, prevention and detection of crime, investigating complaints and for the maintenance of the property. This may include disclosures to the Police, local authorities, credit reference agencies and maintenance contractors.

The Guinness Partnership staff, Board and committee members and their close friends or relatives can be housed only by permission of the Board of Management. If you or others in your household are employees, Board or committee members of The Guinness Partnership or if you have a close friend or relative who works for The Guinness Partnership, provide details below.

Name

Relationship to you

A full copy of our Privacy Notice can be found on our website www.guinnesspartnership.com

11 Declaration

I understand the following: You will use the information I have provided to process my application for housing and for the on going management of any tenancy. You may check some of the information with third parties to verify my application and if allocated a property may disclose some information to manage my tenancy in line with the above explanation.

You may also get information about me from certain other organisations or give information about me to them to make sure information is accurate; to prevent or detect crime or investigate complaints raised. These organisations include credit reference agencies, local authorities and the Police.

If I give incorrect or incomplete information you may take action against me.

Do you or any member of your household have any unspent criminal convictions excluding driving offences? Yes No

If you have answered yes to the above please provide the name and contact details of the Probation Officer.

I declare the information I have given on this form is correct and complete.

Date

Please return your completed form in the envelope provided.



If you need any help filling in this form or need a copy of this form in large print – please ask at your local office. Please write in blue or black pen using CAPITALS

1 Main and joint applicant details (enter details of the people moving in with you in Section 2)

A) Main Applicant

Sex

First name M F

Last name

Date of birth Title Mr Mrs Miss

NI number

Current address

Home telephone

Postcode Mobile

Email

Contact address (if different from above)

Postcode

Are you an existing tenant of The Guinness Partnership? Yes No

Are you a UK citizen or do you have the right to remain? Yes No

Are you a tenant of a local authority? Yes No

Do you have a bank account? Yes No Do you have internet access? Yes No

B) Joint Applicant

Sex

First name M F

Last name

Date of birth Title Mr Mrs Miss

NI number Relationship to you Partner Child Other

Contact address (if different from Main Applicant)

Home telephone

Postcode Mobile

Email

Are you an existing tenant of The Guinness Partnership? Yes No

Are you a UK citizen or do you have the right to remain? Yes No

Do you have a bank account? Yes No Do you have internet access? Yes No

2 People who will be living with you (Please give details of all people who are to move in with you even if they do not live with you now – do not include any people already entered in Section 1 of this form)

Please print clearly in the boxes in BLOCK CAPITALS. Complete for each person, from person C to F as applicable.

	Date of birth	Sex	First name	Last name	Title			Relationship to you		
					Mr	Mrs	Miss	Partner	Child	Other
C)	D D M M Y Y Y Y	M <input type="checkbox"/> F <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D)	D D M M Y Y Y Y	M <input type="checkbox"/> F <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E)	D D M M Y Y Y Y	M <input type="checkbox"/> F <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F)	D D M M Y Y Y Y	M <input type="checkbox"/> F <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3 Equality and diversity

The Equality Act defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.

Do you (and/or persons B to F) consider yourself disabled? Yes No Prefer not to say

If so, state who has the condition (A to F) and provide details below. A B C D E F

4 Why do you want to move?

Have you applied for housing with a local authority? Yes No

Does that local authority consider you to be homeless? Yes No

Please note that you will be asked to provide supporting evidence of homelessness status from the local authority.

I have, or a member of my household has, a life threatening condition which is seriously affected by my/our current housing and need/s to move urgently. If so, please state who has the condition (A to F).

I have, or a member of my household has, a serious medical condition which is adversely affected by my/our current housing. If so, please state who has the condition (A to F).

I have, or a member of my household has, a medical condition which is affected by my/our current housing. If so, please state who has the condition (A to F).

Do you have an exceptional or urgent need to move such as threat of violence or harassment? (If yes, provide details below). Yes No

Do you need to move close to an adult or child which you are looking after or providing care for on a day-to-day basis? Yes No

Do you need to move closer to a hospital, clinic or medical facility which you attend on a regular basis? Yes No

Do you have close family connections in the area you have applied for? Yes No

Do you need to move closer to work (paid or voluntary)? Yes No

Are you involved in a community group on a day-to-day basis and need to be closer to that group? Yes No

Does your child/children need to move closer to the school that they attend? Yes No

Are there any other reasons not covered that you would like us to consider? Yes No

Provide details below:

5 Where you live now

Has the Environmental Health Officer from the local authority served a notice for disrepair or poor condition of your current accommodation? Yes No

How many bedrooms do you currently have use of? (Please enter figure).

Do you wish to downsize? Yes No If so, by how many bedrooms?

6 Where do you want to live?

Please list the areas in which you want to live using the 4 digit codes provided in the guide.

7 What type of home?

Do you require any of the following? General Needs Sheltered Supported

What is your preferred property type? Bedsit/studio apartment Flat House
Maisonette Bungalow

Will you accept a property with an entrance above or below ground floor level? Yes No

Do you only wish to be considered for properties with disabled access already in place? Yes No
Please note that we are able to provide some adaptations to enable disabled access to a property e.g. ramps.

Do you require any aids or adaptations? (If yes, provide details below). Yes No

8 General questions

Is anyone included on the application pregnant? Yes No

Please tell us the date that the baby is due.

Applicants will need to inform us once the baby is born.

Do you regularly receive support from an external agency such as Social Services, home help or a Nurse? (If yes, who do you receive support from and how do they help?). Yes No

Are you an approved foster carer? Yes No Do you have any pets? Yes No

Do you own any other property in the UK or abroad? (If yes, provide details below). Yes No

Have you had a notice to quit or eviction order from your landlord? Yes No