



**Confidential When Completed**

This form should be completed by the applicant(s). Agamemnon Housing Association Ltd is committed to treating everyone fairly. To help us do this we need to know some details about you. Your answers will allow us to ensure you are eligible to apply and that your needs can be met as far as possible. See full Privacy Statement at the end.

***(Please read the Guidance Notes on the back before completing the form and complete ALL sections)***

<b>Applicant's name</b>	
<b>Address (incl Post Code)</b>	
<b>How long at this address?</b>	
<b>If under 5 years please list previous addresses and time at each and Landlord details (if rented).</b>	
<b>Is your present accommodation Rented/Shared/Own property</b>	
<b>If rented, name and address of current landlord</b>	
<b>Are you living in a house, bungalow, flat, caravan etc.?</b>	
<b>How many bedrooms do you have?</b>	
<b>What facilities, if any, are shared with others?</b>	
<b>Do you have any maintenance problems? Explain briefly</b>	
<b>Applicant's Date of birth</b>	<b>N.I No</b>
<b>Tel No</b>	<b>Mobile No</b>
<b>E-mail address</b>	
<b>Your Health: Good/Fair/Poor</b>	
<b>Any special problems or limitations, please give brief details.</b>	
<b>Do you have or have had any debt problems (IVA/CCJ/Bankruptcy) Yes/No</b>	<b>Do you smoke Yes/No</b>
<b>Do you have a criminal record Yes/No</b>	<b>Do you have pets Yes/No</b>
<b>If yes to any of the above please give details.</b>	

<b>Partner's Name (if applicable)</b>				
<b>Partner's Address (if different from above)</b>				
<b>Partner's date of birth</b>		<b>Partner's N.I. No</b>		
<b>Partner's Health: Good/Fair/Poor</b>				
<b>Any special problems or limitations, please give brief details.</b>				
<b>Any debt problems (IVA/CCJ/Bankruptcy) Yes/No</b>			<b>Do you smoke Yes/No</b>	
<b>Do you have a criminal record Yes/No</b>		<b>Do you have pets Yes/No</b>		
<b>If yes to any of the above please give details.</b>				
<b>Do you or your partner own a mobility scooter?</b>	<b>NO</b>	<b>SELF</b>	<b>PARTNER</b>	<b>BOTH OF YOU</b>
<b>Do you or your partner own a car?</b>	<b>NO</b>	<b>SELF</b>	<b>PARTNER</b>	<b>BOTH OF YOU</b>
<b>Do you or your partner suffer from ill health or disability that affects your ability to manage your present home? Yes/No If yes please advise how</b>				
<b>Do you consider yourself or your partner to have a disability as defined in the Equality Act 2010? The Act defines disability as: "a physical or mental impairment which has substantial &amp; long term effects on that person's ability to carry out normal day to day activities". Yes/No If yes, please advise how</b>				
<b>Do you or your Partner have a Forces Connection? Yes/No</b>				
<b>Name of person with qualifying service (if self, write SELF)</b>				
<b>Qualifying service (Royal Navy/Royal Marines/WRNS/QARNNS/Army/Royal Air Force/Other services</b>				
<b>Service</b>	<b>Rank &amp; Service No'</b>		<b>Service Length</b>	
<b>If this is not you please state relationship (i.e. husband, wife, father, son, etc.)</b>				
<b>Name of near Kin</b>		<b>Relationship</b>		
<b>Address (incl post code)</b>				
<b>Tel No</b>		<b>Email</b>		
<b>Near Kin: Do you see them very often &amp; do they give good family support? Yes/No</b>				
<b>If yes, please explain briefly what (if any) support you may have.</b>				

**Why would you like to to be accommodated in Sheltered Housing. The more information you provide helps give our Allocation Sub Committee a clearer indication of the need for Sheltered Housing**

**List which Courts you wish to be considered for, in order of preference**

**Any other useful information you feel may help your application for Sheltered Accommodation**

I understand the following:

By completing, signing and sending in this application, I am providing consent for the information in it (some of which is sensitive e.g. health information) to be collected by the Agamemnon Housing Association Ltd as data controller. Consent is the legal basis under which my information can be processed in order to determine my eligibility for sheltered housing with the Association and to try and ensure that the appropriate accommodation might be offered. I understand that if I obtain accommodation by giving inaccurate information, the Agamemnon Housing Association Ltd may take legal action to recover the property.

I can withdraw consent for my application to be held at any time before a tenancy is accepted and the information would then be destroyed. Otherwise, the application form will be held confidentially in the registered office for 3 years, with key details logged electronically, to enable consideration for any appropriate vacancies that occur. If any of my material information changes, especially my address or telephone number, I should keep the office updated. I will also need to contact the office if I have not accepted a tenancy or been offered a tenancy within 3 years, but wish to remain under consideration.

I note that: No other action will be undertaken with my data (sharing etc.) without further notification, e.g. until a tenancy viewing is offered. If a viewing is offered, I agree that the Agamemnon Housing Association Ltd may contact any organisation it needs to check the information I have provided (e.g. credit and tenant verification checks). I understand that further information may be requested at the viewing or afterwards which may inform a decision (by either party) on whether to proceed. If a tenancy is subsequently offered and accepted, then a new privacy notice would be provided including a different legal basis for holding some of the information thereafter and how it would then be processed.

If I have any concern about how my personal data is used, I should first complain to the office of the Agamemnon Housing Association Ltd. If not satisfied I can also complain to the UK Information Commissioner's Office (ICO) at <https://ico.org.uk/>.

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

***(If the application is for a two person flat, both signatures are required)***

<b>Signature (1)</b>	<b>Date</b>
<b>Signature (2)</b>	<b>Date</b>

**PLEASE NOTE THAT SMOKING IS NOT ALLOWED IN THE FLATS OR COMMUNAL AREAS BY THE TENANT(S) AND THEIR VISITORS**

## **Guidance notes for completing the Application Information sheet.**

It is important that you give as much information as you can about your present circumstances.

If there is not enough space on the application form, then please use additional paper to complete the question(s).

If you find this form difficult to complete, perhaps you can get help from a relative or friend.

Please complete all sections. If a question does not apply to you please write not applicable or N/A.

### **Tenant Screening**

The information provided will be used by the Association to complete a tenant screening which will include a credit check.

This check is performed with a licensed credit reference agency and a footprint will be left in your file.

NB. This footprint will not affect an applicant's ability to raise credit.