

PLEASE NOTE: Please complete this form in full. If incomplete, we'll return it to the applicant.

Guidance notes

Please complete all sections of this form. We may not be able to consider your application for housing if you do not.

If a particular section doesn't apply to you, please write "not applicable" or N/A.

Please ensure that you sign and date the form on page 11.

If you need help completing this form, please contact us on **01582 869 320**.

If you'd like to send us this form electronically, please email it to:

supported.housing@peabody.org.uk

Please note we're unable to accept applications for supported housing from joint applicants.

When returning your form, please enclose the following information covering the last 12 months:

- Risk assessment
- Care or Support plan (i.e. care programme approach)
- Other information that may help your application
- A passport-sized photo. (Photographs will be kept on our system and used to verify your identity.)

If you are completing the form for someone else please enter your contact details below:

| | | | |
|----------------|----------------------|---------------------|----------------------|
| Name | <input type="text"/> | Telephone | <input type="text"/> |
| Address | <input type="text"/> | Email | <input type="text"/> |
| | | Organisation | <input type="text"/> |

If you have completed the form on someone else's behalf please ensure that the applicant has signed the 'To be signed by you' section, or confirm that they have given their consent.

Please return your completed form to Supported Housing team, Peabody, 6 Houghton Hall Business Park, Porz Avenue, Houghton Regis, Bedfordshire LU5 5UZ or email to: supported.housing@peabody.org.uk

www.peabody.org.uk

Section 1 - About you

Applicant

About you:

Title (e.g. Mr/Mrs/Miss)

First name

Last name

Address

How long have you lived at this address

Home telephone

Mobile telephone

Work telephone

Home email address

Work email address

Date of birth

National Insurance Number

Gender Male Female Transgender

Is your gender now the same as it was at birth?

Yes No Prefer not to say

What type of accommodation do you live in at the moment?

Please tick appropriate box

Private rented

Sharing with family or friends

Tenancy with local council

Temporary accommodation

Owner occupier

Tenancy with housing association

Homeless

Other

Landlord name and address (if applicable)

How long have you lived here?

Current and past addresses

Please list your addresses for the past five years – Please continue on a separate piece of paper if needed

| Address | Type of accommodation E.g. living with family, renting with a private landlord. If you were renting from the council or housing association please state which one. | Were you evicted from this accommodation? If you have answered "yes", please give details |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Are you a member of Peabody staff or board, or related to a member of Peabody staff or board?

Yes

No

If yes, please give details

Section 2 - Your housing needs

Have you been evicted from any previous accommodation?

Yes

No

If yes, please give details.

Do you have any current or previous rent arrears?

Yes

No

If yes, please give details.

Do you have any pets?

Yes

No

If yes, please give details. (Please be aware that depending on the type of property or area you are moving to, in some cases it may not be possible for your pet to be re-housed with you)

Do you use a wheelchair?

Yes

No

Do you need any special equipment or adaptations?

Yes

No

If yes, please give details.

What type of housing would you prefer? (Please tick all that apply.)

To live on your own

To share with other people

To live somewhere with staff onsite during the day

If you cannot understand a tenancy agreement, does someone else have legal authority to sign on your behalf, such as power of attorney or court of protection order?

Yes

No

If yes, please give details.

Section 3 - Other information

Your support needs

Do you consider yourself to have an impairment or disability that affects your day-to-day life?

Mental health difficulty such as depression, schizophrenia or anxiety disorder

A mild, moderate or severe learning disability? (Please specify in the box below.)

Specific learning difficulty such as dyslexia or dyspraxia or ADHD

Other impairment, health condition or learning difficulty that is not listed above (Specify in the box below if you wish.)

Physical impairment or mobility issues such as difficulty using arms, or using a wheelchair or crutches

Prefer not to say

Do you require support to enable you to manage your tenancy? Yes

No

Drugs and alcohol

We ask the following information so we can match you with the most suitable service.

Do you currently use illegal drugs, or have you used them in the last six months? Yes

No

If you answered yes, please provide details of the specialist drug and alcohol service that supports you with this.

Do you drink alcohol? Yes

No

How much alcohol do you drink each week? Units

If you answered yes, who supports you?

Section 3 - Other information continued

Convictions

We ask the following information for reasons of safeguarding and assessing risk.

Have you ever had a conviction for a violent offence? Yes No

Have you ever committed arson? Yes No

Comments

Employment, benefits and money

What's your current employment status?

Working more than 30 hours a week Retired

Unemployed Other – please specify

Self Employed

We ask the below questions to assess affordability and check that you're getting all the benefits you're entitled.

Do you currently receive any benefits? Yes No

If yes, which of the following benefits do you currently receive?

| | | | | | |
|------------------------------------|--------------------------|-------------------------------|--------------------------|-------------------------------------|--------------------------|
| Housing Benefit | <input type="checkbox"/> | Universal Credit | <input type="checkbox"/> | Personal Independence Payment (PIP) | <input type="checkbox"/> |
| Income Support | <input type="checkbox"/> | Disability Living Allowance | <input type="checkbox"/> | Daily Living Component | <input type="checkbox"/> |
| Job Seekers Allowance | <input type="checkbox"/> | Mobility | <input type="checkbox"/> | Standard rate | <input type="checkbox"/> |
| Employment Support Allowance (ESA) | <input type="checkbox"/> | (Please state rate received.) | <input type="text"/> | Enhanced rate | <input type="checkbox"/> |
| Retirement Pension | <input type="checkbox"/> | Low mobility | <input type="checkbox"/> | Other – please specify | <input type="text"/> |
| Pension Credits | <input type="checkbox"/> | High mobility | <input type="checkbox"/> | | |
| Guarantee | <input type="checkbox"/> | Care | <input type="checkbox"/> | | |
| Savings | <input type="checkbox"/> | Low care | <input type="checkbox"/> | | |
| Attendance Allowance | <input type="checkbox"/> | Mid care | <input type="checkbox"/> | | |
| Working Tax Credits | <input type="checkbox"/> | High care | <input type="checkbox"/> | | |

If you're not eligible for funding, are you prepared to pay directly for the support you require?

Yes No

Do you have savings over £6,000?

Yes No

Your support contacts

We may need to make further enquiries in connection with your application for housing. If you receive support or help from any of the following professionals please provide us with their contact details. We will only make contact if we need information that is relevant to your offer of housing with us. Any information provided will be treated in the strictest confidence. By providing us with these details, and signing the following page, you are giving consent for us to contact the people you have listed.

Doctor

Name

Address

Phone

Social worker

Name

Address

Phone

Psychiatrist

Name

Address

Phone

Community nurse

Name

Address

Phone

Probation officer

Name

Address

Phone

Interpreter

Name

Address

Phone

Support worker

Name

Address

Phone

Ethnic origin

Please tell us your ethnicity below. Providing this information allows us to check that people from different groups are accessing our services equally. You don't have to tell us if you'd prefer not to and it won't affect your chances of being housed.

| | | | | | |
|-------|---------------------------|--------------------------|------------------------|-------------|--------------------------|
| White | British | <input type="checkbox"/> | Asian or Asian British | Bangladeshi | <input type="checkbox"/> |
| | English | <input type="checkbox"/> | | Indian | <input type="checkbox"/> |
| | Scottish | <input type="checkbox"/> | | Pakistani | <input type="checkbox"/> |
| | Welsh | <input type="checkbox"/> | | Other | <input type="checkbox"/> |
| | Northern Irish | <input type="checkbox"/> | Black or Black British | African | <input type="checkbox"/> |
| | Irish | <input type="checkbox"/> | | Caribbean | <input type="checkbox"/> |
| | Irish traveller | <input type="checkbox"/> | | Other | <input type="checkbox"/> |
| | Romany | <input type="checkbox"/> | Other ethnic group | Arab | <input type="checkbox"/> |
| | Gypsy | <input type="checkbox"/> | | Chinese | <input type="checkbox"/> |
| | Other | <input type="checkbox"/> | | Other | <input type="checkbox"/> |
| Mixed | White and Asian | <input type="checkbox"/> | Prefer not to say | | <input type="checkbox"/> |
| | White and Black African | <input type="checkbox"/> | | | |
| | White and Black Caribbean | <input type="checkbox"/> | | | |
| | Other | <input type="checkbox"/> | | | |

Nationality

| | | | |
|-----------------------------------------------|--------------------------|---------------------------------------------|--------------------------|
| UK national resident in the UK | <input type="checkbox"/> | Lithuania | <input type="checkbox"/> |
| UK national returning from residence overseas | <input type="checkbox"/> | Poland | <input type="checkbox"/> |
| Bulgaria | <input type="checkbox"/> | Slovakia | <input type="checkbox"/> |
| Croatia | <input type="checkbox"/> | Slovenia | <input type="checkbox"/> |
| Czech Republic | <input type="checkbox"/> | Romania | <input type="checkbox"/> |
| Estonia | <input type="checkbox"/> | Other European Economic Area (EEA*) country | <input type="checkbox"/> |
| Hungary | <input type="checkbox"/> | Any other country | <input type="checkbox"/> |
| Ireland | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |
| Latvia | <input type="checkbox"/> | | |

*EEA countries are: Austria, Belgium, Cyprus, Denmark, Finland, France, Germany, Greece, Iceland, Italy, Liechtenstein, Luxembourg, Malta, Netherlands, Norway, Portugal, Spain, Sweden and Switzerland.

Religion or belief

| | | | |
|-------------|--------------------------|-------------------|--------------------------|
| No religion | <input type="checkbox"/> | Jewish | <input type="checkbox"/> |
| Atheist | <input type="checkbox"/> | Muslim | <input type="checkbox"/> |
| Buddhist | <input type="checkbox"/> | Sikh | <input type="checkbox"/> |
| Christian* | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Hindu | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |

*Christian includes Church of England, Catholic, Protestant and all other Christian denominations

Sexual orientation

| | | | |
|--------------------------|--------------------------|-------------------|--------------------------|
| Heterosexual (Straight) | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Bisexual | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |
| Homosexual (Gay/Lesbian) | <input type="checkbox"/> | | |

We have asked you to tell us your religion and sexuality as this may be important when responding to problems people have, for example, harassment. This information is also used to ensure fair treatment for all residents and to check that everyone is accessing our services equally. We do appreciate this may be sensitive information and you can choose not to answer if you prefer.

Communication

If English is not your first or preferred language, are you able to? (Please tick all that apply.)

| | | | |
|---------------|--------------------------|--------------|--------------------------|
| Write English | <input type="checkbox"/> | Read English | <input type="checkbox"/> |
| Speak English | <input type="checkbox"/> | | |

If English is not your preferred or first language, please tell us which language is:

Do you have any specific communication requirements? (Please tick all that apply.)

| | | | |
|----------------------------|--------------------------|-------------|--------------------------|
| Pictorial/easy read format | <input type="checkbox"/> | Large print | <input type="checkbox"/> |
| Audio translation | <input type="checkbox"/> | Braille | <input type="checkbox"/> |
| Sign language | <input type="checkbox"/> | | |

Communication

Which of the following methods would you prefer us to contact you by? (Please tick all that apply.)

We will do our best to contact you by your preferred method but there may be some cases where we have to contact you in a certain way, for example by letter for some rent arrears.

| | | | |
|--------------------|--------------------------|-----------|--------------------------|
| Phone | <input type="checkbox"/> | Letter | <input type="checkbox"/> |
| Email | <input type="checkbox"/> | In person | <input type="checkbox"/> |
| Text Message (SMS) | <input type="checkbox"/> | | |

The introduction of Universal Credit has moved the application for claiming some benefits online. We are also working to improve our online services to customers. Knowing how many people use the internet, and how confident they are in doing so, will help us with this.

Please tick below which one of the following statements you feel most applies to you:

| | | | |
|-----------------------------------------------------------|--------------------------|----------------------------------------------------------------|--------------------------|
| I use the internet regularly and am confident using it | <input type="checkbox"/> | I do not have access to the internet but would like to use it | <input type="checkbox"/> |
| I have access to the internet but need some help using it | <input type="checkbox"/> | I do not have access to the internet and do not want to use it | <input type="checkbox"/> |

If you do use the internet, how do you access it? (please tick all that apply).

| | | | |
|---------|--------------------------|--------------------------------------------------|--------------------------|
| At home | <input type="checkbox"/> | On a mobile device such as tablet or smart phone | <input type="checkbox"/> |
| At work | <input type="checkbox"/> | Other e.g. library or job centre | <input type="checkbox"/> |

Emergency contact

Emergency contact

This should be someone who does not live with you. It may be a friend, neighbour or family member, but they must give their consent to be contacted in an emergency. We will use this information if we need to contact you in an emergency and are unable to.

| | |
|---------------------|----------------------|
| Name | <input type="text"/> |
| Address | <input type="text"/> |
| Telephone | <input type="text"/> |
| Relationship to you | <input type="text"/> |

Has the person you have nominated given their consent to be contacted in an emergency? If yes, please tick here

Enquiries on your behalf

If you would like to give someone else permission to be able to discuss matters with us on your behalf, please complete the details below:

| Name | Relationship to you | Password (e.g. authorised person's date of birth.) | Telephone | Organisation (if applicable.) |
|------|---------------------|----------------------------------------------------|-----------|-------------------------------|
| | | | | |
| | | | | |
| | | | | |

Have the people listed above given their consent for you to give us their details? If yes, tick here

Safeguarding

Catalyst may wish to make further enquiries in connection with my application. This information may include details concerning my medical and social history and I give consent for the appropriate professionals, familiar with my housing and support needs, to release such information as is thought necessary. I understand that all information will remain confidential and will not be passed on without my permission. However, I also understand that if any of the below incidents they may have to pass this information on to a manager in their team or another relevant agency without my consent.

- **Someone who is seriously hurting me or another person**
- **Someone who has seriously hurt me, or another person, in the past**
- **Something I have done to seriously hurt another person**
- **Any illegal activity I am committing.**

Data protection

We take our data protection responsibilities seriously. We collect, store and process data in line with data protection law.

Peabody Trust ('Peabody') is the Data Controller for the personal information that you give us on your customer information form. This means that we're the people responsible for deciding what to do with it and for keeping it accurate and up-to-date.

We use your information to manage your relationship with us, including to determine your tenancy application, to provide services to you under your tenancy agreement and to provide support services at your request.

We have set out all the ways in which we use your information and details of any third parties that we may transfer your information to in our Privacy Notice. You can find a copy of this on our website at: [peabody.org.uk/terms-conditions/privacy](https://www.peabody.org.uk/terms-conditions/privacy)

If you have concerns about how we are dealing with your data, in the first instance, you should raise these with the Customer Hub or your key contact within Peabody. If you are not satisfied with their response you can contact the Group Data Protection Officer at DPO@peabody.org.uk

You can also write to us: 45 Westminster Bridge Road, London SE1 7JB.

To be signed by you

As far as I know, all the information I have given is true and correct. I understand that providing false information may lead to my application being refused, or to me losing my home if I have already taken on a tenancy. I agree to Peabody making further enquiries that may be necessary in connection with this application for housing.

I understand that the information I have provided on this form will be used to assess my eligibility for housing, and that it may be passed to other housing organisations and other third parties to try to assist me in obtaining accommodation. If I accept a tenancy with Peabody I understand that the information provided here will form part of my tenancy records. If I accept a tenancy with Peabody I understand that my details may be passed on to the utility suppliers to assist with any billing queries during and at the end of my tenancy.

I agree to inform Peabody of any changes to the information I have provided here. I understand that I can ask to see the information that is held about me at any reasonable time.

First applicant

Name

Signature

Date

Joint applicant

Name

Signature

Date

If you'd like to receive this information in another format please contact **0300 500 6262** or email **info@chg.org.uk**



Peabody
6 Houghton Hall Business Park
Porz Avenue
Houghton Regis
Bedfordshire
LU5 5UZ

01582 869100
info@chg.org.uk
www.peabody.org.uk