

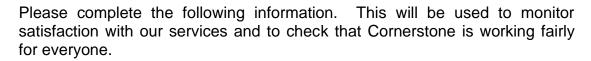
Adding an Occupant to household

| Title: | | | Surname | : | | |
|-----------------------------------------------------------------------------|-------------------------------------|----------|------------------|---------------|----------------------|--|
| First Name(s): | | | | | | |
| Date of Birth: | f Birth: National Insurance Number: | | | | | |
| Relationship to tenant: | | | | | | |
| Current Address: | | | | | | |
| Telephone Number: | | | | | | |
| Do you have any children ur | nder 18? | Yes | | lo | k√) | |
| If yes how many an | d are th | ey movin | g in with you | u? Yes | No ☐ (Please tick ✓) | |
| Please list your addresses for the past 6 years: | | | | | | |
| Address | From | То | Rented/ Owned | Landlord | Reason for leaving | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Employment: | | | Net mont | hly income: £ | | |
| Name of Employer: | | | | | | |
| Address of Employer: | | | | | | |
| Do you own or part own any property yes / no If yes, please provide details | | | | | | |

Are you currently a tenant of any other social landlord yes / no If yes, please provide details

| Have you or any other person moving in permanently been charged, cautioned or convicted for a Schedule one offence? (Schedule one offence include sexual assaults, various forms of abuse, other forms of maltreatment from murder to cruelty or neglect and other offences resulting in bodily injury to the victim.) | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| Yes/No | | | | | | |
| Have you or any other person moving in permanently been convicted of arson? | | | | | | |
| Yes/No | | | | | | |
| Have you or any other person moving in permanently had or having, any action taken against you/them for anti social behaviour? | | | | | | |
| Yes/No | | | | | | |
| If you have answered yes to the above questions you will be sent a confidential additional questionnaire, which must be completed and returned to Cornerstone. | | | | | | |
| Which of the following describes your citizenship? | | | | | | |
| Please tick one only | | | | | | |
| British Citizen EU Member | | | | | | |
| Person subject to immigration control | | | | | | |
| Under the Immigration Act 2014 we are required by law to prove that people who are applying for a tenancy are eligible for housing. This also includes anyone over 18 years old who will be coming to live at the property with you. When this form is returned to us, our staff will contact you to discuss what original documentation you will need to provide. We will take copies of these documents and hold them on file. | | | | | | |
| Declaration: I declare that the information I have given in this form are true and complete. I understand that the giving of false or misleading information, by myself, or by any person action on my behalf, may be grounds for possession of the tenancy. In Signing, this form I give permission for Cornerstone to process personal information under the Data Protection Act, I also give my permission to discuss and disclose any information with other relevant agencies concerning this application. | | | | | | |
| Applicant Signature Date | | | | | | |
| | | | | | | |

Equality Monitoring Form





All the following questions are voluntary. You do not have to give us any of the information but everything you do tell us will help us improve our services. The information you provide is completely confidential and will not be used to identify you in any way. Only group results will be reported on.

| White. | | Blac | k or Black British. |
|----------|--------------------------------------------|------|------------------------------------------------|
| | British Irish Any other white background | | Caribbean African Any other black background |
| Mixed. | | Asia | n or Asian British. |
| | White and Black Caribbean | | Indian |
| | White and Black African | | Pakistani |
| | White and Asian | | Bangladeshi |
| | Any other mixed background | | Any other Asian background |
| Chinese. | | _ | other ethnic background se write in box |
| | | | |



| Do you co | onsider yourself to be a disabled person? Yes | No | | (Please tic | ck ✓) |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----------------|-----------------------------------------------------|-------|
| disability or disabili | ability Discrimination Act 1995 defines as any long term illness, heath problem ity which limits your daily activities or the can do, including problems which are d age.) | | | | |
| | Hearing impairment Visual impairment Speech impairment Mobility impairment | | Severe Menta | ced physical e disfigurem I illness ing difficultie | |
| | Physical co-ordination difficulty If you have answered yes, please give details | | Other | (describe b | elow) |
| | | | | | |



Adding an occupant to the household

The following is a list of <u>all</u> persons that will occupy the property:

| Title Mr/Mrs Miss/Ms | Surname | First Name(s) | Relationship to New Tenant | Sex (M/F) | DOB |
|----------------------------|---------|---------------|-------------------------------|-----------|-----|
| | | | | | |
| | | | | | |
| | | | | | |
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