

Adding an Occupant to household

Title: _____ Surname: _____

First Name(s): _____

Date of Birth: _____ National Insurance Number: _____

Relationship to tenant: _____

Current Address: _____

Telephone Number: _____

Do you have any children under 18? Yes No (Please tick ✓)

If yes how many and are they moving in with you? Yes No (Please tick ✓)

Please list your addresses for the past 6 years:

Address	From	To	Rented/ Owned	Landlord	Reason for leaving

Employment: _____ Net monthly 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

Tenant Signature Date

Equality Monitoring Form



Housing People

Please complete the following information. This will be used to monitor satisfaction with our services and to check that Cornerstone is working fairly for everyone.

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.

- British
- Irish
- Any other white background

Black or Black British.

- Caribbean
- African
- Any other black background

Mixed.

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

Asian or Asian British.

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Chinese.

Any other ethnic background

Please write in box

Do you consider yourself to be a disabled person? Yes No (Please tick ✓)

(The Disability Discrimination Act 1995 defines disability as any long term illness, health problem or disability which limits your daily activities or the work you can do, including problems which are due to old age.)

- | | |
|--|---|
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Reduced physical capacity |
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Severe disfigurement |
| <input type="checkbox"/> Speech impairment | <input type="checkbox"/> Mental illness |
| <input type="checkbox"/> Mobility impairment | <input type="checkbox"/> Learning difficulties/disabilities |
| <input type="checkbox"/> Physical co-ordination difficulty | <input type="checkbox"/> Other (describe below) |

If you have answered yes, please give details

Adding an occupant to the household

The following is a list of all persons that will occupy the property:

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