



Ribble Valley Borough Council Tenancy Protection Scheme Application Form

Confidentiality

We will keep all information you give to us confidential, but we may seek further information with your permission.

About You

Name:

Current Address:

Contact Number:

Date of Birth:

Age:

National Insurance Number:

What type of accommodation are you currently living in?

Private Rented Council With Friends

With Parents/Relatives Hostel Bed and Breakfast

Other (please state)

Are you?

The owner The Tenant Just staying there

Reasons why you need to leave, please give details:

Are you claiming Housing Benefit at your current address? Yes No

Please give your previous address:

How long did you live there?

Reasons for leaving, please give details:

Did you claim Housing Benefit at this address? Yes No

Has it been cancelled? Yes No

Have you ever used a similar bond scheme in this area? Yes No

Have you ever used a similar scheme in another area? Yes No

If you have, which scheme did you use?

Please give us details of your next of kin/contact:

Name:

Address:

Contact Number:

Relationship to You:

How would you describe your ethnic origin?

- Black White
 African Asian British Other
 Caribbean Chinese European (please state)
 Irish

About Your Income

Are you in receipt of benefits? Yes No

If yes, please state which benefits and how much you receive per week:

<input type="text"/>	£ <input type="text"/> . <input type="text"/>	<input type="text"/>	£ <input type="text"/> . <input type="text"/>
<input type="text"/>	£ <input type="text"/> . <input type="text"/>	<input type="text"/>	£ <input type="text"/> . <input type="text"/>
<input type="text"/>	£ <input type="text"/> . <input type="text"/>	<input type="text"/>	£ <input type="text"/> . <input type="text"/>
Total per week	£ <input type="text"/> . <input type="text"/>		

Which office is dealing with your claim?

Do you have any other income or saving? Yes No

If yes, please give details:

<input type="text"/>	£ <input type="text"/> . <input type="text"/>	<input type="text"/>	£ <input type="text"/> . <input type="text"/>
<input type="text"/>	£ <input type="text"/> . <input type="text"/>	<input type="text"/>	£ <input type="text"/> . <input type="text"/>
<input type="text"/>	£ <input type="text"/> . <input type="text"/>	<input type="text"/>	£ <input type="text"/> . <input type="text"/>
Total	£ <input type="text"/> . <input type="text"/>		

Are you working? Yes No

If yes, please state the name and address of your employer:

How many hours do you work per week?

What is your net pay (your take home pay)? £ .

Your Support Requirements

The information you give will be discussed with you at an interview to agree what help/support you may need to make your tenancy a success.

Do you have any of the following working with you?

Probation Officer

Hostel Worker

Psychiatric Nurse

Drug/Alcohol Worker

Social Worker

If so, can we contact them?

Yes

No

If yes, please give their names, addresses and telephone numbers:

Do you have a court case pending? If you have, please give details:

Are there any issues around drugs or alcohol that we can help you with?

Have you experienced mental health problems? If you have, please give details:

Do you have any specific health problems? If you have, please give details:

Do you keep in touch with your family?

Yes

No

Do you have any children under the age of 18? If you have, please give details:

Are you registered with a GP? If you are, please give details:

Please list the kind of help/support you might need to make your accommodation a success eg budgeting skills, form filling, furniture, benefits etc:

Is there anything else that you would like us to know about you?

It is a requirement of the Tenancy Protection Scheme that the client accepts floating support.

If, following assessment, we think the tenancy is potentially not sustainable we reserve the right not to issue the bond.

Referral Agents

To be completed by the referral agent

Name of Organisation:

Name of Worker:

How long have you been working with the client?

Why are you referring the client to the private rented sector?

What other housing options have you considered?

Have you made any referrals to any other services for this client?

Will you or your organisation be able to offer any support to the client with their tenancy? Please give details:

How long will this support last?

Is there any other information that you feel we should know about your client when considering this application?

Declaration

I declare that the information that I have given is correct. I understand that if false information has been given the Tenancy Protection Scheme Guarantee may be withdrawn. I agree to tell Ribble Valley Borough Council Tenancy Protection Scheme about any change in my circumstances.

Applicant's signature: Date

Referral Worker's signature: Date

Please send the completed application form by post to:

**Ribble Valley Borough Council Tenancy Protection Scheme
Council Offices
Church Walk
CLITHEROE
Lancashire BB7 2RA**

Complete this information when you have found a Landlord willing to let you use the Ribble Valley Borough Council Tenancy Protection Scheme.

About the Landlord

Name:

Agent (if applicable):

Address:

Does the Landlord live in the property? Yes No

Is there a written Tenancy Agreement? Yes No

What type of tenancy is it?

How long is the tenancy for?

About the Property

Address:

What kind of property is it?

House

Flat

Bedsit

Room

How many bedrooms?

Is it furnished? Yes No

Will you be living on your own? Yes No

If no, the person you want to share with will need to complete a separate application form

Rent and Services

Do you share any rooms with other tenants? Yes No

If you do, please give details:

How much is the rent each week? £ .

How much is the rent per month? £ .

How much is the Bond? £ .

Does the rent include payment for the following?

Gas Yes No Electricity Yes No

If there are any other charges, please give details: