

Getting to Know You



Property Address

Source of Letting : SARTH - Conwy Flintshire / Denbighshire Gwynedd
Tai Teg Wrexham Nominations Management Transfer



0300 123 8084
www.ccgwynedd.org

If you are an **applicant** please complete PART A and Part B.
 If you are a **tenant** please complete PART A and PART C.

PART A

SECTION 1 - ABOUT YOU

*Items marked with * are required answers.*

*Items marked with ** are required if you are a Universal Credit claimant*

Please note: The tenant is the person or persons named on the Tenancy Agreement and who is responsible for the home. All other people must be listed in Section 2 – “About your household”

PLEASE LET US KNOW IF THERE ARE MORE THAN TWO TENANTS ON YOUR TENANCY

PERSONAL DETAILS	Tenant 1	Tenant 2
Title (Mr/Mrs/Ms/Miss etc) *		
Forename(s) *		
Surname *		
Date of birth *		
Age		
Gender *		
Marital status *		
National Insurance number *		
What is the relationship of Tenant 2 to Tenant 1 * (e.g. Husband, Wife, Partner etc)		

SECTION 1.1 - CONTACT DETAILS / GETTING IN TOUCH

**Please note your contact details below
 If any of your contact details change, please let us know**

Contact details *	Tenant 1				Tenant 2			
Home telephone number								
Mobile telephone number **								
Work telephone number								
Are you happy to receive text messages from us?	Yes		No		Yes		No	
Email address **								
Are you happy to receive emails from us?	Yes		No		Yes		No	
Preferred spoken language *	Welsh				Welsh			
	English				English			
	Other (Please State)				Other (Please State)			

Preferred written language *	Welsh	Welsh
	English	English
	Other (Please State)	Other (Please State)
What is your preferred method of contact: -	Telephone	Telephone
	Email	Email
	Letter	Letter
Current address		
Post Code		

By providing us with the above details, you are agreeing to us using this/these method(s) to contact you.

These details will not be shared with others, unless they are acting on our behalf.

PART B – Pre- Assessment

SECTION 2 - ELIGIBILITY

<i>If this is a joint application, these questions are relevant to both applicants.</i>	Yes	No
Has anyone moving with you ever held a tenancy with us or another Registered Social Provider / Local Authority?		
If yes, please confirm address:-		
Are there any rent arrears or are you under threat of eviction or repossession due to arrears?		
Are there any former tenancy arrears?		
If yes, how much and what arrangements are in place to repay the arrears:-		
Has anyone named on the application form ever been evicted?		
If yes, give details:-		
Have you applied for or been granted a DRO or Bankruptcy Order in the last 6 years?		
Please provide further details:-		
If you have lived at your current address for less than 5 years complete details of previous addresses.		

	Address	From	To	Tenancy Type	Reason for leaving
1					
2					
3					
4					
5					

SECTION 3 - SUITABILITY

Do you have any history of the following:-				
	Tenant 1		Tenant 2	
	Yes	No	Yes	No
Violence to others / family members/ staff				
Sexual offences/ Inappropriate sexual behaviour				
If yes to any of the above, please specify:-				
Does the applicant have a dependency problem / addiction (e.g. drugs, alcohol or gambling)				
Is the applicant in treatment / recovery for a drug or alcohol problem?				
If yes, please give details:-				
Mental health problems				
Physical health problems				
Self harm/ self neglect/ suicide attempts				
Neglect to children				

Have you suffered abuse from others?	Yes	No	Yes	No
Have you ever been found guilty of a criminal offence?	Yes	No	Yes	No
Have you or any member of the household have any pending court appearances / convictions?	Yes	No	Yes	No
If yes, please give details				
Have you or anyone moving with you been in trouble for anti-social behaviour or have a history of persistent offending? Has any current or former landlord taken action against you.	Yes	No	Yes	No
If yes, please give details				
Are there any other factors we need to be made aware of before visiting your home? (i.e. dangerous dogs, visitors etc)	Yes	No	Yes	No
If yes, please give details				
Considering the above and other factors (e.g. age, health issues etc) do you consider yourself to be vulnerable?	Yes	No	Yes	No
Would you like a member of CCG staff to contact you confidentially to discuss this?	Yes	No	Yes	No

PART - C

SECTION 4 - ABOUT YOU

To help us treat everybody with dignity and respect, and in line with our Corporate Equality and Diversity Policy, we need to know the following information about you and your household.

**Please say how you would describe your sexual orientation? Please tick ✓
You are free to indicate “prefer not to say” if you so wish**

Sexual Orientation	Tenant 1	Tenant 2
Bisexual		
Gay		
Lesbian		
Heterosexual / straight		
Prefer not to say		

*** What is your ethnic origin? Please tick ✓
You are free to indicate “prefer not to say” if you so wish**

EQUALITY and DIVERSITY		Tenant 1	Tenant 2
WHITE			
A0	Welsh		
A4	English		
A2	Irish		
A5	Scottish		
A1	British		
Z1	Gypsy		
Z2	Irish Traveller		
A3	Other White (Please state)		
MIXED RACE			
B1	White and Black Caribbean		
B2	White and Black African		
B3	White and Asian		
B4	Other Mixed (Please state)		
ASIAN OR ASIAN BRITISH			
C1	Indian		
C2	Pakistani		
C3	Bangladeshi		
C4	Other Asian (Please state)		
BLACK OR BLACK BRITISH			
D1	Caribbean		
D2	African		

D3	Other Black (Please state)		
CHINESE			
E1	Chinese or Chinese British		
OTHER			
E2	Any other ethnic origin		
F1	Prefer not to say		
What is your religion? Please tick ✓ You are free to indicate "prefer not to say" if you so wish			
Religious Belief		Tenant 1	Tenant 2
BWD	Buddhist		
CRISTI	Christian		
HIND	Hindu		
IDDEW	Jewish		
MWSL	Muslim		
SIKH	Sikh		
DCRE	No Religion		
	Other Religion (please state)		
DDIM	Prefer not to say		

SECTION 5 - ABOUT YOUR HOUSEHOLD WHO ELSE LIVES WITH YOU?

		Person 1	Person 2	Person 3	Person 4
Title	*				
Forename(s)	*				
Surname	*				
Date of birth	*				
Age					
Gender	*				
National Insurance Number (over 16s)	*				
Relationship to Tenant1	*				
Ethnicity (please pick from list in Section 4)					
Religious Belief					
Sexual Orientation (please pick from list in Section 4)					
		Person 5	Person 6	Person 7	Person 8
Title	*				
Forename(s)	*				
Surname	*				
Date of birth	*				
Age					
Gender	*				

National Insurance Number (over 16s) *				
Relationship to Tenant1 *				
Ethnicity (please pick from list in Section 4)				
Religious Belief				
Sexual Orientation (please pick from list in Section 4)				

**** Please note what is the relationship of the above household member to Tenant 1, e.g. husband, wife, partner, son, daughter, mother, father etc.**

Current pregnancy details

Are you or anyone else in the house pregnant? *	Yes		No	
If yes, please note who and what is their due date? *	Name			
	Due date			

SECTION 6 - EMPLOYMENT and FINANCIAL STATUS

We need this information so we can offer you help and advice if you are affected by Welfare Reform.

If you are a Universal Credit claimant you will require an email address, mobile phone number, bank account with a Direct Debit facility, and a photograph ID. **

BANK ACCOUNT	Tenant 1		Tenant 2	
	Yes	No	Yes	No
Do you have a bank account or any other account? **				
If no, would you like us to guide you to the relevant organisation to help you with this?				
Are you finding it hard to pay your bills and manage your money?				
Would you like us to help you get advice on the following?				
Debt?				
Benefits?				
Personal Budgeting?				
	Yes	No	Yes	No
Do you get Housing Benefit / Housing Element of Universal Credit? *				

We need to make sure that our tenants are prepared for Welfare Reform and Universal Credit. Please state if you have access to the Internet and whether or not you would like further information and/or support

	Tenant 1		Tenant 2	
Do you have access to the Internet?	Yes	No	Yes	No
	Tenant 1		Tenant 2	
Would you like more information on how/where to access the internet locally?	Yes	No	Yes	No
	Tenant 1		Tenant 2	
Would you like to learn more about computers, tablets and smartphones?	Yes	No	Yes	No

PHOTO ID – Universal Credit claimants will need to be verified by the DWP with photo ID.

PHOTO ID	Tenant 1		Tenant 2	
Do you have any type of official Photo ID? **	Yes	No	Yes	No

SECTION 7 - DISABILITY and LONG-TERM ILLNESS *

Does anyone in the household consider themselves to have a disability? (a disabled person is someone with a physical or sensory impairment, long-term medical condition, learning difficulty, or mental health problem)

If **no**, please confirm by ticking the box: -

If **yes**, please tell us the type of disability (please tick all that apply): -

Type of disability	Tenant 1	Tenant 2	Someone else in your home	Name
Blind / visual impairment				
Profoundly deaf				
Partially deaf				
Speech impairment				
Mental health problems				
Mobility difficulties				
Wheelchair user				
Mobility scooter				
Learning difficulties				
Problems with everyday tasks				
Long-term limiting illness				
Other				
If other, please describe:-				

SECTION 8 - SUPPORT AND SPECIAL REQUIREMENTS

SUPPORT	Tenant 1		Tenant 2	
	Yes	No	Yes	No
Do you need extra time to answer the door or telephone?				
Do you need someone to be with you if we visit your home?				

If yes, please let us know their details: -

Name:

Address:

Telephone no:

Relationship to you:

SUPPORT SERVICES

	Yes	No
Does anyone in your household regularly receive essential help /support? If yes, please give details: -		

Name of person(s) receiving support	Type of support received and from whom

Please tell us if you are in regular contact with a support service or agency. This can be your GP, a Health Visitor, Social Worker, Housing Officer or Support Worker (e.g. Homeless Officer from your local Council, Community Mental Health Team, Drug / Alcohol Service, Probation Service)

Household member(s) receiving support	Support service / agency	Name of support worker / agency	Contact number of support worker / agency

Do you want to be put in contact with a support service or Agency? (Consider your responses in Part B)	Tenant 1		Tenant 2	
	Yes	No	Yes	No
If you respond "yes", you are providing us with permission to share your details with a 3 rd Party.				

If yes, please advise: -

ARMED FORCES

Have you ever been a member of the Armed Forces? Support may be available to you

	Yes	No		Yes	No
Tenant 1			Tenant 2		

HOME FIRE SAFETY CHECK

	Yes	No
North Wales Fire and Rescue Service (NWFRS) are able to provide our tenants with a free Home Fire Safety Check. Would you like to access this service? <i>By signing this form you give consent for CCG to share your details with NWFRS.</i>		

SECTION 9 – COMMUNICATION REQUIREMENTS

We try our best to make sure our services are accessible to everyone regardless of language needs or disability. Would you like the information from us to be in any of the following formats?: -

	Tenant 1	Tenant 2
Have you ticked that you have a visual impairment in the Disability Section?		
Large print		
Audio CD		
Audio tape		
Braille		
Have you ticked that you are profoundly or partially deaf in the Disability Section?		
BSL interpreter		
Have you ticked “other” in the preferred language section?		
Written translation to another language		
Spoken translation to another language		
Other		
If other, please describe: -		
Would you		

SECTION 10
NEXT OF KIN / EMERGENCY CONTACT / POWER OF ATTORNEY/ ALTERNATIVE CONTACT

We will only communicate with these contacts in an emergency

TENANT 1

NEXT OF KIN				EMERGENCY CONTACT			
Name				Name			
Address				Address			
Postcode				Postcode			
Tel no (Home)				Tel no (Home)			
Tel no (Work)				Tel no (Work)			
Tel no (Mobile)				Tel no (Mobile)			
Relationship to you				Relationship to you			
Do they hold a key to the home?				Do they hold a key to the home?			
Yes				No			
POWER OF ATTORNEY Proof required				ALTERNATIVE CONTACT			
Name				Name			
Address				Address			
Postcode				Postcode			
Tel no (Home)				Tel no (Home)			
Tel no (Work)				Tel no (Work)			
Tel no (Mobile)				Tel no (Mobile)			
Relationship to you				Relationship to you			
Do they hold a key to the home?				Do they hold a key to the home?			
Yes				No			

TENANT 2

NEXT OF KIN				EMERGENCY CONTACT			
Name				Name			
Address				Address			
Postcode				Postcode			
Tel no (Home)				Tel no (Home)			
Tel no (Work)				Tel no (Work)			
Tel no (Mobile)				Tel no (Mobile)			
Relationship to you				Relationship to you			
Do they hold a key to the home?				Do they hold a key to the home?			
Yes				No			
POWER OF ATTORNEY Proof required				ALTERNATIVE CONTACT			
Name				Name			
Address				Address			
Postcode				Postcode			
Tel no (Home)				Tel no (Home)			
Tel no (Work)				Tel no (Work)			
Tel no (Mobile)				Tel no (Mobile)			
Relationship to you				Relationship to you			
Do they hold a key to the home?				Do they hold a key to the home?			
Yes				No			

SECTION 11 - DECLARATION

Please read the following declaration before you sign this form.

CCG complies with the Data Protection Act 2018 in relation to personal information that you give us and ensures that it is not misused.

We will treat your personal information fairly and lawfully and we will ensure that information is:

- Processed for limited purposes;
- Kept up-to-date, accurate, relevant and not excessive;
- Not kept longer than is necessary;
- Kept secure.

We collect personal information about you to process applications for housing and to manage activities related to your tenancy including the provision of services to you. The information you provide to us may be shared with third parties, who act on our behalf for the purposes of providing property management and tenancy services, or for other purposes approved by you.

Please note that your calls may be recorded for training purposes.

For details on how we use your data please refer to our Privacy Notice.

.....
I / we declare that the information provided by me / us is true and accurate to the best of my / our knowledge.

Signature Tenant 1	Date
Signature Tenant 2	Date

Cartrefi Cymunedol Gwynedd may contact you again in the future to check that your records are fully up to date. However, should your circumstances change in the meantime, please let us know.

Our Contact Details	
Phone	0300 123 8084
Email	enquiries@ccgwynedd.org.uk
Website	www.ccgwynedd.org.uk
Facebook	facebook.com/ccgwynedd
Twitter	@cartrefigwynedd

Thank you for filling in this questionnaire
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For CCG use only

<i>Completed on</i>		<i>Completed by</i>	
<i>Inputted on</i>		<i>Inputted by</i>	
<i>Amended on</i>		<i>Amended by</i>	