|  |  |
| --- | --- |
| Name |  |
| Current/Last Address |  |
| Telephone Number |  |
| NI Number |  |
| Age |  Date of birth |
| Ethnicity  |  |
| **Do you have any ID?** |  |
| Name Of Next Of Kin |  |
| Address |  |
| Telephone Number |  |

**How Did You Hear About Us?**

|  |
| --- |
|  |
|  |
|  |

**Why Do You Need Accommodation?**

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| --- |
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|  |
|  |

**Past Tenancy Issues?**

Rent Arrears? Anti-Social Behavior? Eviction? Other?

|  |
| --- |
| **Please give details:** |
|  |
|  |
|  |

**Accommodation History**

Please give details of previous accommodation, start with recent and reason for leaving: ie rent arrears, landlord disputes.  Please give contact details for previous landlords.

|  |
| --- |
| 1. |
| 2. |
| 3. |

I hereby give permission for Anchorage to contact my previous landlord/housing provider for information regarding my housing history.

Signed………………………………………………………………………..Date…………………………

**Which Of The Following Can We Support You With? (Please Circle)**

|  |  |  |  |
| --- | --- | --- | --- |
| Budgeting | Health & Wellbeing | Employment | Training |
| Relationships/Family | Apprenticeships | Parenting | Addiction |
| Accommodation | Debt | Tenancy Support | Benefits |

**What is Your Current income?**

|  |  |  |
| --- | --- | --- |
| Benefits | Employment | None |

**Please Give Further Details (What Earnings, Benefits, Date Claimed, Any Sanctions Etc)**

|  |
| --- |
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|  |

**Do You Have An Active Bank account?**

|  |  |  |
| --- | --- | --- |
| Yes | No | If No would you happy to open one? |
| Yes | No | Can you provide bank statements? |

**Advance payments**

|  |
| --- |
| Can you supply £80 advance utility bill? |

**Have You Lived In Supported Accommodation Before?**

|  |  |  |
| --- | --- | --- |
| Yes | No | **If Yes – Please Tell Us About It, Why Did You Leave?** |
|  |
|  |
|  |

References

Please give details of two people who can supply a character reference for you.

We will send them an email or letter.

|  |
| --- |
| Person 1 |
| Name  |
| Contact Number  |
| Email Address |
| Person 2 |
| Name  |
| Contact number  |
| Email Address |

Permission to contact: Signed…………………………………………………………………………

**Standing orders**

We request that all our tenants complete a standing order prior to moving in. We can help with this.

I agree whilst that living in Anchorage Accommodation I will maintain this standing order.

Signed ……………………………………………………………………………………..

**What happens next?**

Our friendly and experienced team will deal with your application as soon as possible. We aim to deal with applications within 48 hours and if you meet our criteria, you will then be invited in for an assessment interview. If your enquiry is urgent please call us on 01493 809989. Further advice and support can be given by the Housing Options Team at Greyfriars. If you need help completing this form please let us know.

**By signing this form you agree to Anchorage sharing information in order to gather further facts. If you knowingly provide false information your application will be rejected.**

|  |  |
| --- | --- |
| Signed: | Date: |

Permission to store and process your data:

To help with your application, Anchorage need to record your details. This will include personal and sensitive data. (Personal data is information that can be used to identify you for example: your name, DOB, address etc. Sensitive data is information related for example to health, racial or ethnic origin)

To comply with General Data Protection Regulations we must ask your permission to store and process your personal and sensitive data for this process. Your data will be stored on a cloud based electronic database and paper copies held securely will be accessed by staff members of Anchorage only. Your data may be held up to 3 years from the date you leave the organisation.

I give my consent for Anchorage to record and process and store personal data about myself.

|  |  |
| --- | --- |
| **Signed** | **DATE**  |

**Anchorage address: Anchorage, 1-2 Market Row, Great Yarmouth, Norfolk, NR30 1PB.**