

*Referred by:*

Internal Referral

Housing Department

Probation/Youth Offending

Social Worker

Job Centre

Self

*How did you hear about us?*

**Tenancy Support Service**

*Application to be returned to:*

23-27 St Andrews Street,
Norwich, Norfolk NR2 4TP

*Or email: Tenancy.Support@benjaminfoundation.co.uk*

**Tenancy Support Service**

**Name:**

**Current Address**:

 **Email Address:**

 **National Insurance No:**

**D.O.B:**

**Tel:**

 **Gender: Male Female Prefer Not To Say**

 **Marital Status: Single Married Cohabiting**

 **Do you identify as LGBTQ+?:** **Y N**

**Do you have any dependent Children: Yes No How Many**

**Do you have any pets? Yes No What are they? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please tell us your ethnic origin:**

**Are you living with a disability? Y N**

**Please tell us about anyone else moving with you:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **DOB** | **Age** | **Relationship to You** |
|  |  |  |  |
|  |  |  |  |

 **Do you have a bank account? Yes No**

**Do you have a savings account? Yes No**

**Who With:**

**Are you claiming benefits? Yes No**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Benefit** | **Amount** | **Weekly** | **Fortnight** | **Month** |
| **Universal Credit** | **£** |  |  |  |
| **ESA** | **£** |  |  |  |
| **PIP** | **£** |  |  |  |
| **Child Benefit** | **£** |  |  |  |
| **Child Tax Credit** | **£** |  |  |  |
| **Working Families Tax Credit** | **£** |  |  |  |
| **Other** | **£** |  |  |  |

**Are you employed? Yes No**

**Who by:**

 **How often do you get paid? Weekly Fortnightly Monthly**

**What is your net (take home) pay?**

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| --- |
| **Please tell us about any current or previous criminal offences, convictions or cautions** |
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| --- |
| **Please tell us about any potential risks or behaviours that may impact on a member of the team lone working** |
|  |

|  |  |
| --- | --- |
| **Name of Referrer** | **Contact Details** |
|  |  |

|  |  |
| --- | --- |
| **What Support do you need?** |  |
| **Tenancy Support - Help finding a private rental in Gt Yarmouth** |  |
| **Rent Deposit Scheme****(Please Specify Social / Private Landlord) – private landlord looked for** |  |
| **Both** |  |

**Please tell us about any professionals that are giving you support (Probation, Youth Offending, Social Services)
 Can we contact?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Support Worker** | **Address and Telephone Number** | **Yes** | **No** |
|  |  |  |  |
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| **Previous Housing History:** |
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| **Do you need help with:** |
| **Moving-On Grant** **(if available/applicable)** |  | **Establishing / Maintaining a Successful** **Tenancy** |  |
| **Rent in Advance**  |  | **Establishing Community Links** |  |
| **Setting up Utilities** |  | **Support with your Rights and Responsibilities****as a Tenant** |  |
| **Registration with Health Services** |  | **Tenancy Course** |  |
| **Maximising Income** |  | **Other (please give details on last page)** |  |

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| **Declaration:****When we receive your application, we will contact you within 14 days to arrange an interview. Please****note, acceptance into the Tenancy Support Service does not guarantee an offer of accommodation** **or grant.** |
| **Name:**  | **Signature:****\*digital signature / verbal agreement** |
| **Date:**  |

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| **Please use the space below to tell us anything else you think is relevant to your application.** |
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