

Kurmanji:

Heke ji ber ku hun nikanin bi Îngilîzî bixwînin an binivîsin, ji bo tijekirina vê formê ji we re alîkarî divê, wê gavê ji kerema xwe qutîka li kêlekê îşaret bikin, nav, navnîşan û hejmara telefona xwe li pêşîya vê formê binivîsin û wê bidin resepsiyona Civic Centre.

Pashto:

که تاسی په انگلیسي ژبه لیک لوست نشی. کولای او د دی فورمی د ډکولو لپاره مرستی ته ضرورت لری، نو لاندې ورکړل شوي بکس کې د ✓ نښه وکړی. پر دی سربره خپل نوم، پته او د تلفون نمره د فورمی په مخ ولیکی او د ښاروالی د استقبال ځای ته یې وروگرځوی.

Nepalese:

यदि यो फाराम भर्न तपाईंलाई सहयोग चाहिन्छ किनकि तपाईं अंग्रेजीमा पढ्न वा लेख्न असमर्थ हुनुहुन्छ भने कृपया सँगैको कोष्ठमा चिन्ह लगाउनुहोस्, फारामको अगाडिपट्टि तपाईंको नाम, ठेगाना र टेलिफोन नम्बर लेख्नुहोस् र त्यसलाई नागरिक केन्द्रको स्वागत कक्षमा फर्काइदिनुहोस्।

Cantonese:

如果你不會讀寫英文，需要幫助填寫這份表格，請在一邊的方格畫勾，遂在表格前頁寫上你的姓名、地址和電話號碼，然後到市政廳(Civic Centre)交給接待處。

Polish:

Jeśli potrzebują Państwo pomocy w wypełnieniu tego formularza, gdyż nie potrafia Państwo czytać lub pisać w języku angielskim, proszę zaznaczyć pole obok, podać swoje imię, nazwisko, adres i numer telefonu na pierwszej stronie formularza i złożyć go w recepcji siedziby władz lokalnych (Civic Centre).

Urdu:

انگریزی نہ پڑھ یا لکھ سکنے کے باعث، اگر آپ کو یہ فارم پُر کرنے میں مدد دکر ہوتو براہ کرم دیے گئے خانے میں نشان لگائیں اور فارم کے سامنے اپنا نام، پتہ اور فون نمبر لکھ کر اسے سوک سینٹر کے استقبالیے پرواپس کر دیں۔



ASHFORD
BOROUGH COUNCIL

Working in partnership with:

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Sanctuary
Housing
South East

WEST KENT

Downland
HOUSING ASSOCIATION



ASHFORD
BOROUGH COUNCIL

Choice Based Lettings Housing Application Form

Ashford
best placed in Britain

Please complete this form if you would like to apply for housing with Ashford Borough Council or with a Housing Association with property in the Borough

Ashford Borough Council, Housing Services, Civic Centre, Tannery Lane, Ashford, Kent TN23 1PL

Kurmanji: Ev, formeke serilêdana xanî ye, ji bo bêtir agahiyê ji kerema xwe li paşiyê binêrin.

Pashto: دا د هستوگنځای د لاس ته راوړو فورمه ده، د لا زیاتو معلوماتو لپاره لطفاً د پاپی بل مخ ته پام وکړی.

Nepalese: यो एउटा बसोवास आवेदन फाराम हो, कृपया यो विवरणका लागि पछिस्तर हेर्नुहोस्।

Cantonese: 這是一份申請房屋表格，請看閱背頁以詳細節。

Polish: Jest to formularz wniosku o mieszkanie. Dalsze informacje podane są na odwrocie.

Urdu: یہ درخواست فارم ہاؤسنگ کے لیے ہے۔ مزید تفصیلات کے لیے براہ کرم اس کی پشت ماٹھ ہو۔

1. About you

Please tick a box to tell us if you are either:

A transfer applicant – a tenant of Ashford Borough Council or of a Housing Association and in a property in the Ashford Borough.

A housing waiting list applicant – anyone else who is seeking access to social housing.

2. Personal Details

	You	Your partner
Title	<input type="text"/>	<input type="text"/>
First Name	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Any other surname you have used	<input type="text"/>	<input type="text"/>
Gender (optional question)	Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/>
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	Postcode	Postcode

3. Would you like your letters sent to an address other than the one given above: Yes No

If yes please state the address:

Housing Act 1996 Section S161–162 If you are subject to immigration control, we may not be able to accept your application.

4. Are you, or your partner subject to immigration control? Yes No

If yes, you will need to provide us with a copy of your status papers. We will only be able to accept your application if:

- You have refugee status, or
- You have been granted exceptional leave to remain and not subject to a 'no recourse to public funds condition', or
- You have been granted indefinite leave to remain, not subject to any limitation or condition (settled status), unless you have obtained leave on the basis of a sponsorship undertaking and have been resident in the UK for less than five years (unless your sponsor has died).

A COPY OF THIS FORM IS AVAILABLE IN LARGER PRINT UPON REQUEST

5. Equal opportunities

Please tick [✓] the boxes that apply to you and your partner (if you have one). The Council wants to treat everybody equally. The information below is to help us make sure this happens.

White

You British Irish Any other background

Partner British Irish Any other background

Mixed

You White & Black Caribbean White & Black African White & Asian Any other mixed background

Partner White & Black Caribbean White & Black African White & Asian Any other mixed background

Asian or Asian British

You Indian Pakistani Bangladeshi Any other Asian background

Partner Indian Pakistani Bangladeshi Any other Asian background

Black or Black British

You Caribbean African Any other Black background

Partner Caribbean African Any other Black background

Chinese or other ethnic group

You Chinese Other ethnic background

Partner Chinese Other ethnic background

Travelling community

You Traveller Gypsy/Roma Traveller Irish Heritage New Traveller

Partner Traveller Gypsy/Roma Traveller Irish Heritage New Traveller

6. Religion (This section is optional)

You Buddhist Christian Hindu Jewish

Partner Buddhist Christian Hindu Jewish

You Islamic Sikh Other No religion

Partner Islamic Sikh Other No religion

7. Sexuality (This section is optional)

You Bisexual Gay Heterosexual Lesbian Other

Partner Bisexual Gay Heterosexual Lesbian Other

39. Are you or your partner a *keyworker?

Yes No

If yes please give details:

* A keyworker is a person whose job is essential to the borough or community (a further definition is contained in the Allocations Policy).

40. Statement of Applicant

I/We wish to be included on the Housing Register. I/We also confirm that the particulars given on this application are correct and that I/We will notify Housing Services of any changes in circumstances affecting this application. I/We understand that if re-housed on the basis of false information that has been supplied, Ashford Borough Council will take action to repossess the property.

Print Name:	Signed:
Print Name:	Signed:

41. Data Protection Act

Information contained on this form may be used by any of Ashford Borough Council's partner organisations and shared with other bodies for the prevention and detection of fraud.

42. Authorisation

I/We authorise Ashford Borough Council to seek and obtain further information from other parties relevant to this application. I/We understand that this may include a credit check using a credit referencing agency and that this information will be used to verify the information I/We have provided you with, including address history. The information we receive will not be used in any way that is incompatible with the purpose for which it is being disclosed.

Print Name:	Signed:
Print Name:	Signed:

Date:

Please ensure that you submit the following with your application:

- 2 documents as proof of identity for yourself and your partner, eg birth certificate, passport or driving licence (one of the documents must contain photo identification)
- A passport sized photograph for the main applicants
- Proof of identity for each person that wishes to be housed with you, eg birth certificate, passport or driving licence
- Proof of address eg utility bill, bank statement, tenancy agreement etc
- Proof that any children you wish to be housed with you are resident at your address
- Your two most recent pay slips and your P60 if you are employed or proof of benefits if you are not employed
- If you currently own property we will need to see information relating to the amount of financial interest you have in the property
- If you have owned property within the last six years we will need to see a copy of the financial statement relating to the sale of the property

If for any reason you are unable to complete this form yourself or provide us with any of the information requested please telephone 01233 330688 for further advice and assistance.



8. Your Nationality

Please tick [✓] the box that applies to you and your partner if you have one.

You	UK National resident in the UK	<input type="checkbox"/>	UK National returning from residence overseas	<input type="checkbox"/>				
Partner	UK National resident in the UK	<input type="checkbox"/>	UK National returning from residence overseas	<input type="checkbox"/>				
You	Czech Republican	<input type="checkbox"/>	Estonian	<input type="checkbox"/>	Hungarian	<input type="checkbox"/>	Latvian	<input type="checkbox"/>
Partner	Czech Republican	<input type="checkbox"/>	Estonian	<input type="checkbox"/>	Hungarian	<input type="checkbox"/>	Latvian	<input type="checkbox"/>
You	Lithuanian	<input type="checkbox"/>	Polish	<input type="checkbox"/>	Slovakian	<input type="checkbox"/>	Slovenian	<input type="checkbox"/>
Partner	Lithuanian	<input type="checkbox"/>	Polish	<input type="checkbox"/>	Slovakian	<input type="checkbox"/>	Slovenian	<input type="checkbox"/>
You	Bulgarian	<input type="checkbox"/>	Romanian	<input type="checkbox"/>	Other European Economic Area (EEA)* country	<input type="checkbox"/>		
Partner	Bulgarian	<input type="checkbox"/>	Romanian	<input type="checkbox"/>	Other European Economic Area (EEA)* country	<input type="checkbox"/>		
You	Any other country	<input type="checkbox"/>	Question refused	<input type="checkbox"/>				
Partner	Any other country	<input type="checkbox"/>	Question refused	<input type="checkbox"/>				

* EEA countries are: Austria, Belgium, Cyprus, Denmark, England, France, Germany, Greece, Ireland, Italy, Luxembourg, Malta, Netherlands, Portugal, Spain, Sweden, Iceland, Lichtenstein, Norway, Switzerland.

9. What is your first language? You Your Partner

10. What is your preferred language? You Your Partner

11. Contact details	You	Your Partner
Home Tel. No.	<input type="text"/>	<input type="text"/>
Work Tel. No.	<input type="text"/>	<input type="text"/>
Mobile Tel. No.	<input type="text"/>	<input type="text"/>
Email Address	<input type="text"/>	<input type="text"/>

12. National Insurance Number You Your Partner

13. What type of property do you live in?

If you are not currently living together please answer for the main applicant

Please tick **one** box below to show the type of property you live in:

House	<input type="checkbox"/>	Flat/Maisonette	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>
Caravan or mobile home	<input type="checkbox"/>	Bedsit	<input type="checkbox"/>	Hostel	<input type="checkbox"/>
Hospital or nursing home	<input type="checkbox"/>	Prison or remand centre	<input type="checkbox"/>	Hotel	<input type="checkbox"/>
If ticked Flat, which floor level?	<input type="text"/>	Do you have the use of a lift? Yes/No	<input type="text"/>	Do you have a combined kitchen & living room Yes/No	<input type="text"/>

Other (please give details)

How many bedrooms are there in your current property? How much rent do you pay per month?

13.

Do you and everybody who will be moving with you currently have the sole use of:

a bathroom?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	a kitchen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
a toilet?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	a garden?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
a living room?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you have public transport within 3 miles of your current home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

14. Current tenancy

Please tick **one** box below to show your current housing situation

	You	Partner
Tenant of housing association/trust *	<input type="checkbox"/>	<input type="checkbox"/>
Tenant of private landlord *	<input type="checkbox"/>	<input type="checkbox"/>
Hostel, refuge, bed & breakfast	<input type="checkbox"/>	<input type="checkbox"/>
Prison	<input type="checkbox"/>	<input type="checkbox"/>
Tied or services tenancy *	<input type="checkbox"/>	<input type="checkbox"/>
Armed forces accommodation	<input type="checkbox"/>	<input type="checkbox"/>
Tenant of Local Authority *	<input type="checkbox"/>	<input type="checkbox"/>
Temporary accommodation *	<input type="checkbox"/>	<input type="checkbox"/>
No fixed abode (NFA)	<input type="checkbox"/>	<input type="checkbox"/>

If NFA please provide details of where you sleep, wash and where your belongings are kept.

Owner/Occupier	<input type="checkbox"/>	<input type="checkbox"/>
Lodger with friends or family	<input type="checkbox"/>	<input type="checkbox"/>
Hospital or nursing home	<input type="checkbox"/>	<input type="checkbox"/>

*If you have ticked any of the **boxes** marked with an * please give the name and address of your landlord (if your landlord is a Housing Association please also provide a contact telephone number)

Has your landlord given you notice to vacate? Yes No If yes please provide a copy of your notice

If yes, what date does your notice end on?

38. Any Additional Information

Please provide us with any additional information that you think would be relevant to your application

35. Receiving and Giving Support

CareFirst/NHS Number

If you have an Adult Social Care or NHS assessment, please give the name, address and telephone number of your Care Co-ordinator below. If you have your 'Person Held Record' (the yellow file), this should include these details.

36. Receiving Support

Do you or anyone on the application need support for any of the following reasons? **You can tick more than one box**

Mental health problems	<input type="checkbox"/>	Drug/alcohol misuse	<input type="checkbox"/>	Domestic violence	<input type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	Learning disabilities	<input type="checkbox"/>	Physical disabilities	<input type="checkbox"/>
Sensory disabilities	<input type="checkbox"/>	Young person	<input type="checkbox"/>	Leaving care	<input type="checkbox"/>
Refugee	<input type="checkbox"/>	Other (please state)	<input type="text"/>		

Do you or anyone on the application receive any of the following support? **You can tick more than one box**

Social worker	<input type="checkbox"/>	Health visitor	<input type="checkbox"/>	Community psychiatric nurse	<input type="checkbox"/>
Occupational therapist	<input type="checkbox"/>	Support/resettlement worker	<input type="checkbox"/>	Special needs housing officer	<input type="checkbox"/>
Probation service	<input type="checkbox"/>	Other (please specify)	<input type="text"/>		

Please give the name, address and phone numbers of all the support you have ticked.

If you have a support need but do not have any of the services listed above, would you like to be referred to another agency that may be able to support you where you are or offer support if the council is able to find you somewhere to live? Yes No

Will you need assistance or support with bidding for properties via the choice based lettings scheme? Yes No

37. Giving Support

Do you or anyone on the application need to give support to someone else? Yes No

If yes please provide the name, address and relationship to the person who receives your support and the reason you need to support them (please provide supporting documentation/information).

15. Family details (You)

Please list below all the people that live with you now including yourself and indicate those that will be moving with you. Please tick if this person will be moving with you →

Title (Mr/Mrs/Miss/Ms)	First Name	Last Name	Date of Birth	Are they male or female?	Relationship to you	*Work Status (choose one code using key below)	<input checked="" type="checkbox"/>
			/ /		Applicant		
			/ /				
			/ /				
			/ /				
			/ /				
			/ /				

(Your Partner) if not currently living with you.

Please list below all the people that need to be rehoused – including yourself

Please tick if this person will be moving with you →

Title (Mr/Mrs/Miss/Ms)	First Name	Last Name	Date of Birth	Are they male or female?	Relationship to you	*Work Status (choose one code using key below)	<input checked="" type="checkbox"/>
			/ /		Applicant		
			/ /				
			/ /				
			/ /				
			/ /				
			/ /				

*Work Status (choose one code only)

- | | | |
|---|---------------------|------------------------------|
| 1 Full-time work (30hrs or more per week) | 5 Retired | 8 Long term sick or disabled |
| 2 Part-time work (less than 30hrs per week) | 6 Not seeking work | 9 Child under 16 |
| 3 Government training | 7 Full-time student | 0 Other |
| 4 Job Seeker | | |

16. Please tell us why you are applying to us for rehousing? (tick one box only)

Being decanted from my current home	<input type="checkbox"/>	Left home country as refugee	<input type="checkbox"/>
Discharge from prison or from longstay hospital or other institution eg care placement	<input type="checkbox"/>	Loss of tied accommodation	<input type="checkbox"/>
End of Assured Shorthold tenancy	<input type="checkbox"/>	Eviction or repossession	<input type="checkbox"/>
Current home unsuitable because of overcrowding	<input type="checkbox"/>	Under-occupation	<input type="checkbox"/>
Current home unsuitable because of poor condition	<input type="checkbox"/>	Can't afford rent or mortgage	<input type="checkbox"/>
Domestic violence	<input type="checkbox"/>	(Non-violent) relationship breakdown with partner	<input type="checkbox"/>
Asked to leave by family or friends	<input type="checkbox"/>	Racial harassment	<input type="checkbox"/>
		Other problems with neighbours	<input type="checkbox"/>
To move nearer to family/friends/school	<input type="checkbox"/>	To move nearer to work	<input type="checkbox"/>
To move to accommodation with support	<input type="checkbox"/>	To move to independent accommodation	<input type="checkbox"/>
		Other	<input type="checkbox"/>

30. Housing Choice

Areas of choice and local connection

Please write a '1' in the box to indicate your first area of choice. Tick [✓] the boxes to indicate any other areas that you would like to live in. (Your choices will not restrict you in any way in the future because we operate a choice based lettings scheme. Your choices do however help to inform future developments).

Aldington	*	<input type="checkbox"/>	Godmersham	*	<input type="checkbox"/>	Ruckinge	*	<input type="checkbox"/>
Appledore	*	<input type="checkbox"/>	Great Chart		<input type="checkbox"/>	Sevington		<input type="checkbox"/>
Ashford Town		<input type="checkbox"/>	Hamstreet	*	<input type="checkbox"/>	Shadoxhurst	*	<input type="checkbox"/>
Bethersden	*	<input type="checkbox"/>	Hastingleigh	*	<input type="checkbox"/>	Smarden	*	<input type="checkbox"/>
Biddenden	*	<input type="checkbox"/>	High Halden	*	<input type="checkbox"/>	Smeeth	*	<input type="checkbox"/>
Bilsington	*	<input type="checkbox"/>	Hothfield	*	<input type="checkbox"/>	South Ashford		<input type="checkbox"/>
Boughton Aluph	*	<input type="checkbox"/>	Kenardington	*	<input type="checkbox"/>	South Willlesborough		<input type="checkbox"/>
Brabourne	*	<input type="checkbox"/>	Kennington		<input type="checkbox"/>	Stanhope		<input type="checkbox"/>
Brook	*	<input type="checkbox"/>	Kingsnorth		<input type="checkbox"/>	Stone	*	<input type="checkbox"/>
Challock	*	<input type="checkbox"/>	Little Chart	*	<input type="checkbox"/>	St Michaels		<input type="checkbox"/>
Charing		<input type="checkbox"/>	Mersham	*	<input type="checkbox"/>	Tenterden		<input type="checkbox"/>
Charing Heath		<input type="checkbox"/>	Molash	*	<input type="checkbox"/>	Warehorne	*	<input type="checkbox"/>
Chilham	*	<input type="checkbox"/>	Newenden	*	<input type="checkbox"/>	Westwell	*	<input type="checkbox"/>
Crundale	*	<input type="checkbox"/>	Newtown		<input type="checkbox"/>	Willesborough		<input type="checkbox"/>
Eastwell	*	<input type="checkbox"/>	Old Wives Lees	*	<input type="checkbox"/>	Wittersham	*	<input type="checkbox"/>
Egerton	*	<input type="checkbox"/>	Pluckley	*	<input type="checkbox"/>	Woodchurch	*	<input type="checkbox"/>
			Rolvenden	*	<input type="checkbox"/>	Wye With Hinxhill	*	<input type="checkbox"/>

If you have ticked or written a '1' in any boxes marked with an * please state whether you have a connection to that area. For a local connection, you or your partner must meet one or more of the following criteria:

- Have lived in the Parish for the previous 5 years or more.
- Have lived in the Parish for a total of 7 years out of the previous 10 years
- Have been employed within the Parish for the previous two years in either a full-time job or part-time job of 10 hours per week or more
- Need to move into the Parish or an adjoining Parish to take up full-time employment where the role is pertinent to the local community
- Need to return to the parish to give or receive support to or from an immediate family member (an immediate family means a parent or parents, a child or children or a sibling or siblings)

If you have ticked any boxes please state the nature of your connection

Area	<input type="text"/>	Connection	<input type="text"/>
Area	<input type="text"/>	Connection	<input type="text"/>

Please provide any additional information at section 38. Include details of any ways that you participate in community activities in the rural areas.

21. Savings

	You	Partner
Do you have any savings or investments?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please state the total amount of savings or investments you have?	£ <input type="text"/>	£ <input type="text"/>
Have you sold a property or had your name removed from the deeds of a property within the last six years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How much money did you receive?	£ <input type="text"/>	£ <input type="text"/>

Please provide independent written confirmation of this, either from your solicitor or in the form of a final financial completion statement.

Health and Welfare

22. Disability

Are you or a member of your household registered disabled? Yes No

If Yes please state the person's name and their Disability Reference Number

Do you or any of your family members require any of the following facilities? Please tick

Accommodation suitable for a wheelchair user	<input type="checkbox"/>	Level Access	<input type="checkbox"/>
Ground floor accommodation	<input type="checkbox"/>	Downstairs toilet	<input type="checkbox"/>
Any other adaptations	<input type="checkbox"/>	Level Access Shower	<input type="checkbox"/>

Please provide details

Do you or any of your family members have difficulty getting up and down stairs? Yes No

If you have answered yes to any of the above questions please contact the Occupational Therapy Bureau on 0845 330 2967 to arrange a home visit, which will assist us with making a correct assessment of your application.

23. Medical Circumstances

Do you, or anyone who is to be rehoused with you, have a medical condition that is made worse by the current accommodation? Yes No

Name of person

Please state the name of the medical condition, if known and give details of how it is made worse by your present housing:

Please provide details of any medication taken for this condition:

Name and address of General Practitioner

24. Pregnancy

Are you, or any of the people mentioned in question 15 pregnant? Yes No

If 'Yes' who is pregnant? Name:

When is the baby due? Date:

We need independent confirmation of your expected date of delivery – which includes your name and address

25. Learning, Listening and Visiting You

Please consider these questions for you and your partner:

Writing to you: **You** **Partner**

Do you use any of the following? Audio Braille Large print Audio Braille Large print

Listening to you face to face:

Do you use an induction loop? Yes No Yes No

Do you use a British sign interpreter? Yes No Yes No

Listening to you on the telephone:

Do you use a textphone or typetalk? Yes No Yes No

If we visit you at your property do you have any special requirements?

Please knock loudly

Please give me a little longer to answer the door

Please use the front door

Please use the side door

Please use the back door

I require another person present during home visits e.g. a support worker (I understand I have to arrange this myself)

Listening and learning **You** **Partner**

Can you read English? Yes No Yes No

Do you have problems with understanding letters and forms in English? Yes No Yes No

Do you know an adult or another member of your household who can read English? Yes No Yes No

Can you speak English? Yes No Yes No

Do you know an adult or another member of your household who can speak English? Yes No Yes No

If English is not your first language, would you like details of English Language classes? Yes No Yes No

Do you need an interpreter when we speak to you or visit you at your property? Yes No Yes No

26. Sex Offenders Act

Have you, or any other applicant, been convicted under the Sex Offenders Act 1997 and placed on the Sex Offenders Register? Yes No

If yes, please give details and dates

27. Criminal Act

Have you, or any other applicant, been convicted of a criminal act? Yes No

If yes, please give details and dates

28. Previous Addresses

When did you move to your present address? You / / Your partner / /

Please give all the addresses you have lived at during the last 10 years starting with the most recent.

You * See Tenancy type choices at 14

Full address:

From / / To / /

Who was the Landlord/Owner? Tenancy Type*

Why did you leave?

Full address:

From / / To / /

Who was the Landlord/Owner? Tenancy Type*

Why did you leave?

Full address:

From / / To / /

Who was the Landlord/Owner? Tenancy Type*

Why did you leave?

Full address:

From / / To / /

Who was the Landlord/Owner? Tenancy Type*

Why did you leave?

Partner Continue on a separate sheet if necessary.

Full address:

From / / To / /

Who was the Landlord/Owner? Tenancy Type*

Why did you leave?

Full address:

From / / To / /

Who was the Landlord/Owner? Tenancy Type*

Why did you leave?

Full address:

From / / To / /

Who was the Landlord/Owner? Tenancy Type*

Why did you leave?

Full address:

From / / To / /

Who was the Landlord/Owner? Tenancy Type*

Why did you leave?

Continue on a separate sheet if necessary.

29. Have you or your partner ever had action taken against you for breach of tenancy, such as a Notice of Seeking Possession, Notice to Quit, Injunction or Anti-Social Behaviour Order?

You Yes No Your Partner Yes No

If yes, please give the date and details below