

# Wycombe Rent Deposit Guarantee Scheme

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## TENANT APPLICATION FORM

### DATA PRIVACY NOTICE

In order to help you to secure or sustain a tenancy, WRDGS needs to collect and store personal data (Data) about you.

WRDGS will collect Data about you when you complete this form, whenever we have a meeting or discussion about your case or when we record a change in your circumstances.

#### We collect Data:

- so that we can identify and contact you;
- so that we can assess your background and circumstances in order that we can offer you the most effective and appropriate help;
- to enable us to get help for you from partner agencies;
- and so that we can report our activities in an anonymised way to agencies that monitor the uptake of homeless services, to our funders and to the general public.

For these same purposes, we may also receive Data from other agencies on your personal circumstances relating to housing.

Most of the information that we have asked for is necessary for us to help you into accommodation and WRDGS has a legitimate interest in collecting this Data as we could not help you without it.

#### We will use this Data: to do some or all of the following:

- to determine whether you meet WRDGS eligibility criteria;
- to help you apply for benefits or accommodation;
- to challenge an unfair eviction;
- to work out other ways we could help you;
- and to contact you when we need to.

Other information may be collected because we have a legal obligation to do so. For example we need to hold documentary evidence included in the Government's Right to Rent Checklist in order to determine that you have the right to rent in the UK.

We have to request some Data in order to demonstrate that we are complying with equal opportunities legislation. This information is anonymised and used for statistical reporting to our funders, the general public and the Charity Commission – it is not shared in such a way that it can be linked back to you personally. This Data includes your race, ethnic origin and gender identification. On the form there is an option to choose "prefer not to say". If you enter this information rather than "prefer not to say" it is deemed that you grant WRDGS consent to use the information for statistics as just described.

#### WRDGS may have to share your Data:

- in order to serve your interests,
- for support from Wycombe District Council (in particular the Housing Benefits Department), the DWP, social services, accommodation providers, the police, the prison service, the probation service and other support agencies;
- to assist agencies that monitor the uptake of homelessness services,
- or otherwise if we are required to by law.

WRDGS will store your data using a company which provides safeguards as required by English Law.

Any of your Data which is held on paper will be stored in a locked filing cabinet in an office which is locked when left unattended by WRDGS staff. Data which is held electronically is held encrypted.

We will normally delete your Data when three years have passed since your last interaction with us. In order to comply with relevant legislation, or for other legitimate reasons, we may keep your Data for a longer period (e.g. to comply with the Government's Right to Rent rules, Data must be held for 1 year from the end of any tenancy which WRDGS helped you to secure).

**By signing this form, you give your consent for WRDGS to store, process and share your Data as described above.**

You may contact WRDGS to request to see all Data which we hold about you or to have it corrected. You may request to have your Data erased subject to our use of your Data under our legitimate interest or legal obligations but in these circumstances we may no longer be able to offer you some or all of our services. You may also withdraw your consent for us to store the statistical Data which we hold and it will be deleted. If you have a complaint about our handling of your Data, you may contact the Information Commissioner's Office (0303 123 1113, [casework@ico.org.uk](mailto:casework@ico.org.uk)).

The following must be signed by all applicants over the age of 18 before your application form can be processed.

I consent to my Data being used as described on page 1.

Name (applicant 1)..... Signature..... Date.....

Name (applicant 2)..... Signature..... Date.....

Name (applicant 3)..... Signature..... Date.....

If you HAVE NOT found a property and want to find out if you are eligible for the Scheme, please complete as much information as you can, sign above and return this form. We will contact you to see how we can help.

<b>Full Name:</b>	<b>National Insurance Number:</b>		
<b>Contact Address:</b> (if N.F.A. please state previous address)	<b>Home Tel:</b>		
	<b>Mobile Tel:</b>		
	<b>Email:</b>		
	<b>Date of Birth:</b>	<b>Male/Female</b>	

**OTHER OCCUPANT'S DETAILS:** Please insert details of everyone that will live with you in the new property.

Occupant's Name	Relationship to tenant	Date of Birth			N.I. Number	M/F

**BENEFIT STATUS** Please supply weekly total amounts for all occupants in receipt of benefit.

	1 <sup>st</sup> Occupant	2 <sup>nd</sup> Occupant	3 <sup>rd</sup> Occupant
<b>NAME OF OCCUPANT</b>			
Universal Credit – monthly amount	£		
Income Support	£		
Job Seekers Allowance	£		
Employment Support Allowance	£		
Disability Living Allowance / Personal Independence Payment	£		
Statutory Sick Pay	£		
Statutory Maternity Pay	£		
Working Tax Credit	£		
Child Tax Credit	£		
Carer's Allowance	£		
Local Housing Allowance	£		
Pension	£		
Pension Credits	£		
Child Support/Maintenance	£		
Child Benefit	£		

Any other income .....

**OCCUPANT'S INCOME** For everyone over 16yrs old – Please supply total weekly income.

NAME	FT employment	PT employment	Student
	£	£	£
	£	£	£
	£	£	£

Who referred you to us?	
Are you working with any Support Agencies? If yes, who are they?	
How long have you lived in Wycombe District Council Area? (Proof of 3 month local connection must be provided)	
How long have you been homeless or in housing need?	
Describe your present accommodation (if any), eg: Staying with relatives; Staying with friends; Hostel; Sleeping rough; Sofa surfing; Private rented (if so, type of property, type of tenancy, numbers of bedrooms). Other please state:	
Why do you need to find new accommodation?	
Have you ever rented before? (if so, please state address of previous properties)	
Have you contacted Wycombe District Council Housing Options team? (if so, name of your housing officer).	
Has Wycombe District Council made you intentionally homeless?	
Are you registered with Bucks Home Choice? If yes, which band?	

	Yes/No	How much?
Do you have any savings?		
Do you have any rent arrears?		
Do you have any Housing Benefit overpayments?		
Do you owe the Social Fund any money?		

Have you got the month's rent in advance required by landlords/agents? Yes / No

If no, how are you going to get it?

**If you HAVE already found accommodation please list the details below**

Address of property		
Monthly Rent	Rent in Advance Required	Deposit Required
£	£	£
Does the rent include?		
Gas?	Electricity?	Other?
Landlord's/Agent's name, address & telephone number		
Will you be sharing any facilities such as kitchen/bathroom/toilet?	Yes / No	
Have you spoken to the Landlord about accepting a guarantee of a deposit?	Yes / No	
Are you related to the Landlord?	Yes / No	If yes, please state how?

Is there any further information that you consider may help with your application?

To be completed by referring agency

AGENCY REFERRED:

CONTACT:

AGENCY ADDRESS:

TEL NO /EMAIL:

**Charitable Incorporated Organisation No. 1171222.**

To help us ensure that our Equal Opportunities Policy is fully and fairly implemented please COMPLETE THIS SECTION OF THE APPLICATION FORM.

Please Self Define Your Background / Identity: \_\_\_\_\_

Please also tick any appropriate box(s) below.

WHITE		MIXED		BLACK / BLACK BRITISH		ASIAN / ASIAN BRITISH	
White British	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>	Black British	<input type="checkbox"/>	Asian British	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Irish Traveller/ Gypsy/Romany	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Eastern European	<input type="checkbox"/>	Other Mixed Background	<input type="checkbox"/>	Other Black Background	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Any other white background	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Chinese	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Other Asian Background	<input type="checkbox"/>

Any other background \_\_\_\_\_

Prefer not to say

How would you describe your sexuality?

Heterosexual	<input type="checkbox"/>	Lesbian	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>	Gay	<input type="checkbox"/>
Unsure	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

Are you Transgender? Yes / No Prefer not to say

What is your religion?

None	<input type="checkbox"/>	Sikh	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
Christian	<input type="checkbox"/>	Hindu	<input type="checkbox"/>	Other	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

Do you or any member of your family consider yourself to have a disability? YES / NO

If yes, please tick the relevant box and let us know which family member(s) has the condition.

Prefer not to say	<input type="checkbox"/>	Psychological or emotional condition	<input type="checkbox"/>
Blindness/visual impairment	<input type="checkbox"/>	HIV positive/AIDS	<input type="checkbox"/>
Deafness/hearing impairment	<input type="checkbox"/>	Illiteracy	<input type="checkbox"/>
Wheelchair user/reduced mobility	<input type="checkbox"/>	Other	<input type="checkbox"/>
Learning difficulties	<input type="checkbox"/>		<input type="checkbox"/>

Please specify which family member is affected (if more than one family member) please provide name and condition for each: