

Wycombe Rent Deposit Guarantee Scheme

The Office, 2nd Floor, The Hub, Easton Street, High Wycombe, Bucks HP11 1NJ.

Tel: 01494 528557 Email: info@wycrent.org.uk Web: www.wrdgs.org.uk

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 Buckinghamshire 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).

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.

Full Name:	National Insurance Number:		
Contact Address: (if N.F.A. please state previous address)	Home Tel:		
	Mobile Tel:		
	Email:		
	Date of Birth:	Gender	

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	Gender

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

	1 st Occupant	2 nd Occupant	3 rd Occupant
NAME OF OCCUPANT			
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 the Buckinghamshire Council Area? (Proof of 2 years 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 Buckinghamshire Council Housing Options team? (If so, name of your housing officer).	
Has Buckinghamshire 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 or No

If no, how are you going to get it?

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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 or No, please state.....		
Have you spoken to the Landlord about accepting a guarantee of a deposit? Yes or No		
Are you related to the Landlord? Yes or 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		White & Black Caribbean		Black British		Asian British	
White Irish		White & Black African		Caribbean		Indian	
Irish Traveller/ Gypsy/Romany		White & Asian		African		Pakistani	
Eastern European		Other Mixed Background		Other Black Background		Bangladeshi	
Any other white background						Chinese	
						Other Asian Background	

Any other background _____

Prefer not to say

How would you describe your sexuality?

Heterosexual		Lesbian	
Bisexual		Gay	
Unsure		Prefer not to say	

Are you Transgender? Yes or No Prefer not to say

What is your religion?

None		Sikh		Muslim	
Christian		Hindu		Other	
Buddhist		Jewish		Prefer not to say	

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		Psychological or emotional condition	
Blindness/visual impairment		HIV positive/AIDS	
Deafness/hearing impairment		Illiteracy	
Wheelchair user/reduced mobility		Other	
Learning difficulties			

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