

J9 ACCOMMODATION

10 PINFOLD STREET, DARLASTON, WSIO 8SY

TEL: 0121 568 7400 FAX: 0121 526 2222 EMAIL: apply@j9accommodation.com

Application No:

ACCOMMODATION APPLICATION FORM INFORMATION ABOUT TENANT CLAIMING LHA (INCLUDING CLAIM TO BE TREATED AS VULNERABLE)

PLEASE READ CAREFULLY AND ANSWER AS COMPLETELY AS POSSIBLE. WE CHECK ALL APPLICANTS AGAINST VARIOUS CREDIT, HOUSING AND CRIMINAL DATABASES - SO PLEASE TAKE CARE TO ANSWER TRUTHFULLY - A POOR HISTORY DISCLOSED NOW MAY BE ACCEPTABLE, WHEREAS A RELEVANT FACT DISCOVERED DURING OUR CHECKS WILL ALMOST CERTAINLY RESULT IN REJECTION OF YOUR APPLICATION.

Completion of the application form, the Information about Tenant Form and this form does not mean you will be guaranteed acceptance. You are making an application for an indefinite license. Once your application is granted, you may stay as long as you like as long as the license fee is paid when due in full and on time and/or the license agreement is not breached in any other way. The Owner always reserves the right to end your license with seven days' notice.

You are required to give one-week notice should you wish to leave.

You agree that the information provided in the application form and the Information Tenant Form is true and correct. A false statement made knowingly or recklessly to induce the grant of accommodation may result in you being evicted and is a criminal offence.

"I agree to having my data stored for purposes of this application, & any tenancy and it will only be used to contact you by J9. If you refuse to agree to us holding this data, then we will be unable to continue with your application. We do not store any details of any criminal record or credit record once the information has been used to decide your application" Please tick this box to give your consent

NAME:

DATE:

LOCATION INTERESTED IN:

FOR OFFICE USE ONLY

SUCCESSFUL

UNSUCCESSFUL

TSD	
Address	
Weekly Rent	
Deposit	Received: Outstanding:
Rent	Received: Outstanding:

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ACCOMMODATION APPLICATION FORM

INFORMATION ABOUT TENANT CLAIMING LHA
(INCLUDING CLAIM TO BE TREATED AS VULNERABLE) (R 04/07/18)

Please circle your answers: **Yes** / No where applicable.

If you answer **No** move to next question

Applicant Details:

Name:	Telephone:		
D.O.B:	Age:	Mobile:	N.I. Number
Any previous names/maiden name:	Dependants/children/ages?		
Next of kin or person to be contacted in emergency:	Email address:		
Name _____			
Relationship _____			
Address _____			

Contact phone number _____			
To be verified.			

Present address: _____

Date moved in _____

What is the reason you want to move?

Landlord's name and contact number

Previous address: _____

Date moved in _____ Date Moved Out _____

Why did you move?

Landlord's name and contact number

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Reference

Please supply the name of someone we can ask for a character reference **(not a friend or family member)**.

A former employer, landlord, social worker etc is ideal.

Name _____

Relationship to you _____

Contact numbers: Work _____

Home _____ Mobile _____

Address _____

Guarantor

A guarantor is someone willing and able to cover any shortfall in your rent should you be unable to make payments.

Can you obtain a guarantor? YES/NO If yes, is this person in full time employment? YES/NO

Does this person own their own home? YES/NO

Name _____ Relationship _____ Tel: _____

Address _____

About your previous housing:

HAVE YOU EVER:

1. Have you ever held your own tenancy? YES/NO

2. Claimed Housing Benefit YES/NO

If so which Council was it and what date? _____

3. Been in rent arrears YES/NO

If so, how much? £ _____ Why were you in arrears?

At what address? _____

Did you clear the arrears? YES/NO

why not _____

Do you have any Housing Benefit over payments? YES/NO

Landlord name and contact number _____

1) Been evicted/asked to leave a property YES/NO

If so why?

2) Been in a hostel YES/NO

• If so where _____

• How long for? _____

• Date when you left the hostel? _____

• Why were you in the hostel? _____

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3) Been a J9 Tenant before YES/No - If yes -

What address? _____

4) Are you related to anyone or know anyone who works for J9 Yes/No

Name: _____

About your income/finances

1) Do you currently receive benefits? YES/NO

If yes, type of benefits received?

How much do you get £_____ per _____

Do you have any deductions for loans/overpayments etc £_____ per _____

What for? _____

Proof of benefits supplied Yes/No

2) Are you currently working? YES/NO -(if recently ceased employment please complete for reference purposes and give reason for finish):

- How many hours per week? _____
- Employer _____
- Job Title _____
- Employers address _____
- Name of works supervisor _____
- Work telephone number _____
- Length of time with employer _____ Salary £_____ pw/pcm
gross/take home

3) Do you have any major monthly expenses such as loans, hire purchase, car repayments, child support YES/NO

4) Do you have any County Court Judgments for nonpayment of debts/bills: YES/NO

5) Do you have a Bank/Post Office account YES/NO

If yes, name and address of holding branch

Do you have a cheque book? YES/NO

Do you have a credit card? YES/NO

How much money do you have towards first months rent and deposit (in cash or bank)?

£_____

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Fire:

Have you ever been in a property where a fire/gas explosion has occurred?
YES/NO

About yourself:

Have you ever:

- Been in prison YES / NO
- If so for what? _____
- How long was your sentence? _____
- How long did you serve? _____
- When were you released? _____
- Do you have a Probation Officer? YES / NO
- Name: _____ Phone Number or Office _____
- Have you ever received any of the following criminal penalties, if so please circle and provide brief details in space provided: Please Tick next to all that apply
- A police caution A suspended sentence Community service Been tagged
Other similar criminal penalty
- Are you planning on staying 6 months or more? YES / NO

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About your Health/ Ability to Cope

Do/Have you suffer(ed) from any of the following:

Drug Dependency:	Yes/No/Recovery	Are you on medication for this?	
Alcohol:	Yes/No/Recovery	Are you on a programme?	
Mental Illness	Yes/No	Do you have support?	
Learning Difficulties/Dyslexia	Yes/No	What type?	
Gambling Addiction	Yes/No	Are you on a programme?	
Could you be pregnant	Yes/No	When due?	
Prescribed Medication	Yes/No	What is it for?	

Do you think you need support to maintain your tenancy with any of the above? YES/NO IF SO PLEASE NOTIFY YOUR INTERVIEWER.

Have you been referred to us by:

Housing Options e.g. Sandwell, Walsall, Wolverhampton, Dudley

Social Services e.g. Sandwell, Walsall, Wolverhampton, Dudley

Give name-of person and organization referring and reason why you were referred:

Where did you hear about us?:

Example: Website, Spareroom, Gumtree, Zoopla, Flatmate Rooms, J9 Property Signs, Express and Star, B'ham Mail, A friend in J9 accommodation already - please supply name and property if known:

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APPLICANT'S CONSENT FORM

Allows us to request information about you

Name of officer dealing with this case:

Department

Address:

Telephone:

E-Mail:

Fax

AUTHORITY TO ACT FOR

Name

Address

Postcode

I hereby give my authority for J9 Accommodation to obtain information about me from other agencies relevant to my application, including health, housing circumstances and supporting financial information and any criminal convictions.

I understand that you may use or access any information I have provided in connection with my Housing Benefit claim or any other claim for Social Security Benefits that I have made or may make.

I also authorize J9 Accommodation to share evidence with other agencies if J9 Accommodation considers it appropriate in the circumstances.

Signed _____ Date _____

Signed _____ Date _____

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KEY FACTS

Name _____

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You are required to give one week notice should you wish to leave.

You agree that the information provided in the application form and the Information Tenant Form is true and correct. A false statement made knowingly or recklessly to induce the grant of accommodation may result in you being evicted and is a criminal offence.

If you are on a drug and/or alcohol related support programme and you consume alcohol and/or use drugs, have substances on you and/or in your accommodation, you have breached your licence agreement and you will be evicted.

The Local Housing Allowance is provided to pay the licence fee. Any Local Housing Allowance directly paid to you, has to be paid to the Owner immediately. On application a request is made to pay the Local Housing Allowance either directly to the Owner or the relevant credit union with request to pay the Allowance to the Owner. If you alter the agreed payment process, do not sign-on on a regular basis and/or cease to make the payments when due and subsequently have to be evicted, you will be reported to the council as being intentionally homeless.

Please note that when the council knows you have made yourself intentionally homeless, the council does not have the legal obligation to re-house you.

The Owner is a member of a default register and failure to pay your licence fee on time or other default will be registered and this may prevent you getting accommodation or credit in the future. By agreeing to a licence, you are agreeing to be registered should you default.

By signing this form you agree you have read and understood the above and agree that the information contained in this form, the Application form, the Information about tenant form and the License agreement may be shared with others. You give permission to any person representing J9 Accommodation to approach the reference mentioned in the Information about tenant form.

Print name _____

Signed _____

Date _____