

Application/interview



keyworker services accommodation

Length of stay: Date accommodation required:
Tenancy Type: Tenant Number:

Any information you provide that is false or misleading could mean you lose your home

How did you hear about L&Q key worker services?

Contact name (if agency)

Telephone No

Personal details

Name: Dr/Mr/Mrs/
Miss/Ms

Address

Post code

Gender: male/female

Date of birth

National Insurance No

Passport No

Home Tel. No

Mobile Tel. No

Work (daytime) Tel. No

E-mail address

Name and address of contact for emergencies

Telephone No.

For Office Use Only

New L&Q Address: _____

Family Details - (Those who will be living with you), only complete if applying for self-contained accommodation

Last name	First name	Male/ Female	Date of birth	Relationship to applicant

Your present home

Do you own your current home? YES/NO

Do you own any other home or property? YES/NO

If the answer is **YES** to this question please give the address.

If you are a tenant of a council, housing association or private landlord, please give their name.

List addresses where you have lived during the last 3 years. Next to each address, give the landlord's name or say if you owned it and the reason why you left:

Date	Address	Post Code	Name of landlord or if owned	Type of Accommodation	Reason for leaving

Income

Are you employed?

Job title

Place of work

Dept/ward

Line manager

Employing trust/authority

Payroll ref/personnel No

If agency staff please give details of agency and contact

Has a landlord ever taken action against you for:

Nuisance

YES/NO

Abandonment

YES/NO

Anti-social behaviour

YES/NO

Rent arrears

YES/NO

Other debts?

YES/NO

Please provide details of any action taken against you.

How will you pay your rent?

Direct Debit
(preferred method)

Debit/Credit Card

Swipe Card

Note: You will be expected to pay rent and service charge in advance to sign up and accepting keys.

Assistance

Does anyone in your home need support for any of the following reasons (tick as many as apply):

Physical disability Learning disability Mental health illness Drug/Alcohol misuse

Old age Sight impairment/disability Hearing impairment/disability Ill health

Please give details (name, address and telephone number) of anyone already providing support services to you or anyone that will be living with you? State the reason why they are providing this service. For example social worker, doctors and specialist agencies.

Offending behaviour

Has the applicant ever been convicted of a crime? If yes, please give details below.

YES/NO

Financial management & budgeting skills

Have you ever struggled to make rent payments?

YES/NO

Do you have a bank account?

YES/NO

Health

Is the applicant registered with a GP? (Please give details below).

Name

Address

Post code

EQUALITY & DIVERSITY MONITORING

L&Q is committed to equality, diversity and promoting equal access to our services.

The information you provide will only be used for monitoring purposes. If there is a joint tenant in your household then please include their details where asked.

If there is a question you feel uncomfortable answering, please tick “Refused” where appropriate.

All information will be kept strictly confidential and according to the Data Protection Act 1988.

You	Joint Tenant
<p>Please enter your date of birth</p> <input type="text"/>	<p>Please enter your date of birth</p> <input type="text"/>
<p>Please tick the box that describes your gender</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p>	<p>Please tick the box that describes your gender</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p>
<p>Please tick the box that describes your ethnicity</p> <p>a. White</p> <p><input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other</p> <p>b. Mixed</p> <p><input type="checkbox"/> White & Black <input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian</p> <p><input type="checkbox"/> Other</p> <p>c. Asian or Asian British</p> <p><input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Other</p> <p>d. Black or Black British</p> <p><input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other</p> <p>e. Chinese or other ethnic group</p> <p><input type="checkbox"/> Chinese <input type="checkbox"/> Gypsy/Romany/Irish Traveller</p> <p><input type="checkbox"/> Other</p> <p>f. Refused <input type="checkbox"/></p>	<p>Please tick the box that describes your ethnicity</p> <p>a.</p> <p><input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other</p> <p>b.</p> <p><input type="checkbox"/> White & Black <input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian</p> <p><input type="checkbox"/> Other</p> <p>c.</p> <p><input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Other</p> <p>d.</p> <p><input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other</p> <p>e.</p> <p><input type="checkbox"/> Chinese <input type="checkbox"/> Gypsy/Romany/Irish Traveller</p> <p><input type="checkbox"/> Other</p> <p>f. <input type="checkbox"/></p>
<p>Please tick the box that describes your nationality</p> <p>UK National</p> <p><input type="checkbox"/> Resident in UK <input type="checkbox"/> Returned from overseas</p> <p>European Economic Area (EEA)</p> <p><input type="checkbox"/> Bulgaria <input type="checkbox"/> Czech Rep. <input type="checkbox"/> Estonia</p> <p><input type="checkbox"/> Hungary <input type="checkbox"/> Latvia <input type="checkbox"/> Lithuania</p> <p><input type="checkbox"/> Poland <input type="checkbox"/> Romania <input type="checkbox"/> Slovakia</p> <p><input type="checkbox"/> Slovenia <input type="checkbox"/> Other EEA country</p> <p>Any other country <input type="checkbox"/></p> <p>Refused <input type="checkbox"/></p>	<p>UK National</p> <p><input type="checkbox"/> Resident in UK <input type="checkbox"/> Returned from overseas</p> <p>European Economic Area (EEA)</p> <p><input type="checkbox"/> Bulgaria <input type="checkbox"/> Czech Rep. <input type="checkbox"/> Estonia</p> <p><input type="checkbox"/> Hungary <input type="checkbox"/> Latvia <input type="checkbox"/> Lithuania</p> <p><input type="checkbox"/> Poland <input type="checkbox"/> Romania <input type="checkbox"/> Slovakia</p> <p><input type="checkbox"/> Slovenia <input type="checkbox"/> Other EEA country</p> <p>Any other country <input type="checkbox"/></p> <p>Refused <input type="checkbox"/></p>

Please tick the box that describes your religion

- Buddhist Christian Hindu
 Jewish Muslim Sikh
 Other None Refused

Please tick the box that describes your sexuality

- Bisexual Gay man Heterosexual
 Lesbian Other Refused

- Buddhist Christian Hindu
 Jewish Muslim Sikh
 Other None Refused

Please tick the box that describes your sexuality

- Bisexual Gay man Heterosexual
 Lesbian Other Refused

Your household composition

Please tick the box that describes the makeup of your household

- 1 Adult (aged under 60) 1 Adult (aged under 60)
 2 Adults (aged under 60) 2 Adults (at least 1 aged 60 or over)
 2 Parent family (at least 1 child aged 16 or under) 1 Parent family (at least 1 child aged 16 or under)
 Other (please specify)

- YES NO

If **YES**, then please enter the name of the person(s) with the support need next to the reason below

Support Reason	Full Name(s)
Wheelchair user	
Physical mobility	
Learning difficulties	
Mental health	
Drugs/alcohol	
Old age	
Sight/visual impairment	
Hearing impairment	
Speech	
Ill health	

Preferences

We are interested to know your preferences for receiving information from L&Q.

We will aim to meet your preferences when it is practical to do so. Most information sent to you can be translated upon request into a language or format of your choice by contacting L&Q Direct on **0800 015 6536**.

Language

- Can an adult member of your household speak English? YES NO
Can an adult member of your household read English? YES NO
Are you happy for L&Q to send you information in English? YES NO

If **NO**, please indicate your preferred language below

- | | | | | | |
|----------------------------------|----------------------------------|-------------------------------------|----------------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> Turkish | <input type="checkbox"/> Greek | <input type="checkbox"/> Somali | <input type="checkbox"/> Bengali | <input type="checkbox"/> Spanish | <input type="checkbox"/> French |
| <input type="checkbox"/> Urdu | <input type="checkbox"/> Tamil | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Russian | <input type="checkbox"/> Punjab | <input type="checkbox"/> Pashto |
| <input type="checkbox"/> Polish | <input type="checkbox"/> Amharic | <input type="checkbox"/> Italian | <input type="checkbox"/> Kurdish | <input type="checkbox"/> Arabic | <input type="checkbox"/> Other |

If Other please specify

Method

- Are you happy to receive information from us by E-mail? YES NO
- Are you happy to receive information from us by Text/SMS? YES NO

Contact requirements

- Do you need to receive information in any of the following ways? YES NO

If **YES**, please indicate your preference below

- | | | | |
|--|---------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Audio | <input type="checkbox"/> Braille | <input type="checkbox"/> Large print | <input type="checkbox"/> Minicom/Type |
| <input type="checkbox"/> Sign language | <input type="checkbox"/> Face to Face | <input type="checkbox"/> Interpreter | <input type="checkbox"/> Other (please specify) |

I agree to L&Q using the information I have given for assessing my housing application and managing my tenancy. From time to time L&Q may also be required to share this information with the Audit Commission, Benefits Agency or other bodies auditing or administering public funds, during exercises undertaken to help prevent and detect fraud. The information we hold will be held and processed in accordance with the Data Protection Act 1998 and any other relevant legislation.

Areas of choice & Housing Requirements:

Wexham Park Hospital (Berkshire)

Single room in shared flat **YES/NO**

Self contained unit **YES/NO**

1 bed flat 2 bed flat 2 bed house 3 bed house

High Wycombe Hospital (Buckinghamshire)

Single room in shared flat **YES/NO**

Self contained unit **YES/NO**

1 bed flat 2 bed flat 3 bed flat

King George Hospital (Goodmayes Essex IG3)

Single room in shared flat **YES/NO**

Self contained unit **YES/NO**

Studio 1 bed 2 bed 3 bed 4 bed 5 bed

Colindale (London NW9)

Single room in shared flat **YES/NO**

Self contained unit **YES/NO**

1 bed flat 2 bed flat 2 bed house 3 bed house

Please advise if you have any other housing requirements: (for example difficulty in stairs etc)

Car parking

Redbridge/High Wycombe/Wexham Park Hospital :

Parking is controlled by a parking company and all residents must apply for a permit at the relevant accommodation offices. (A monthly parking fee at Redbridge applies)

Do you have a car? **YES/NO**

Car registration

Please note that if you are being dropped off by someone then you will need to obtain a temporary permit from our on site office

Do you have any pets? **YES/NO**

If **YES** please give details:

Name and address of next of kin:

Work address:

Declaration

Are you related to a current or former Member or Officer of the L&Q? **YES/NO**

If **YES**, please give their name and tell us how you are related.

I agree to L&Q using the information I have given for assessing my housing application and managing my tenancy. From time to time L&Q may also be required to share this information with the Audit Commission, Benefits Agency or other bodies auditing or administering public funds, during exercises undertaken to help prevent and detect fraud. The information we hold will be held and processed in accordance with the Data Protection Act 1998 and any other relevant legislation.

I declare that the information given on this form is complete and to the best of my knowledge correct. I will inform L&Q of any change in my circumstances. Please note – any false information provided by you on this form may be used as grounds for possession of any home granted to you by London & Quadrant Housing Trust.

Signed (applicant)

Date

Line Manager

Office

Signed (on behalf of L&Q)

Date

Thank you, for completing your accommodation application form, please return to the appropriate office by post or fax. Details, as below:

Redbridge:

Nayyar Samson - Accommodation Manager

L&Q

Key Worker Services

Accommodation Office

North Residence

167 Barley Lane

Goodmayes

Essex IG3 8YA

Tel: 0844 406 9000 ext 6395

Fax: 0208 597 7937

Email: LQ-KWSRedbridge@lqgroup.org.uk

Wycombe & Totteridge Road

Carole Green

Accommodation Co-ordinator

Accommodation Office

L&Q

32 Opal Court

Wexham Street

Slough

Berkshire SL3 6LZ

Tel: 0844 406 9000

Email: LQ-KWSHighWycombe@lqgroup.org.uk

Wexham Park:

L&Q

Key Worker Services

Accommodation Office

32 Opal Court

Wexham Street

Slough

Berkshire SL3 6LZ

Tel: 0844 406 9000

Fax: 01753 553 242

Email: LQ-KWSWexham@lqgroup.org.uk

For office use only (to be completed at interview)

This part of the form is to be completed by an officer of L&Q, either at the office or in your home. The officer completing the form should check the details on the first part of the form.

Proof of identity

Name of applicant(s)	Proof of identification provided and copied?	Type of identification provided	Is further proof required and what arrangements have been made to provide this?
	Yes/No		
	Yes/No		

Proof of income

Name of applicant(s)	Proof of income provided and copied?	Is further proof required and what arrangements have been made to provide this?
	Yes/No	
	Yes/No	
	Yes/No	
	Yes/No	