

Private and confidential  
Reference number



## Housing Application Form

Please complete all sections of the form

### Part one – your details

This part of the form should include everyone who will be living in the house with you

	Applicant 1	Applicant 2
Title		
Last name		
First name		
Date of birth		
National Insurance number (N.I number) You can find your NI number on your NI card, letters from social security/DWP or payslips		

### Please give details of your current housing circumstances

	Applicant 1	Applicant 2
Current address		
Date moved in		
Home phone number		
Mobile number		
Work number		
e-mail address		
Relationship to you		

**Current circumstances**

	Applicant 1	Applicant 2
What is your nationality?		
Are you a British citizen? Yes or no	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you are not a British citizen, under which passport do you travel?		
If you are not a British citizen what is your immigration status? (i.e. indefinite leave to remain or no recourse to public funds) You can find this out by information in your passport or immigration papers <b>You must provide original documentation</b>		
Has anyone on this application applied for housing, either as homeless or via the housing register in Spelthorne/Elmbridge/Runnymede?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If <b>Yes</b> please give the following details:  Date of application/s  Reference numbers (if known)  Borough/s applied		

**Please give details of all the people that would move into your new home with you**

Last name	First names	Sex F/M	D.O.B.	NI number	Nationality	Relationship to you	Place of work/school	Do they live with you now? Yes/No
			/ /					
			/ /					
			/ /					
			/ /					
			/ /					
			/ /					

**If they do not currently live with you please explain why and provide their current address**

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Do you want this application to be joint with Applicant 2? (If yes you will be offered a joint tenancy should you be given housing)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you or any other person that will be living with you pregnant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes please give name of person who is pregnant		
What date is the baby due?		
Does anyone on this application have any pets?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes please provide details		
Does anyone on this application have any contact with either: Social Services, Probation, Mental Health Services, Drug and Alcohol Services or Police (other than traffic offences) or have done so in the past five years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide details		

**Part two – your current housing circumstances**

Please tick the box that best describes your current housing circumstances

	Applicant 1	Applicant 2
Living with friends		
Living with relatives		
In hospital/prison/other institution (please give details)		
Living in hostel or Bed and Breakfast		
Council tenant		
Lodger		
NFA (No fixed abode)		
Owner or part owner		
Private rented accommodation (Assured Shorthold Tenancy)		
Privately rented accommodation (Not shorthold tenancy)		
Housing Association tenant (which housing association?)		
Housing provided with your job		
Other (please state)		

**Type of accommodation – Please tick the box that best describes the type of property that you currently occupy**

	Applicant 1	Applicant 2 (if not living together)
Bedsit/studio or room		
Boat		
Bungalow		
Caravan or mobile home		
Flat		
Hostel		
House		
Maisonette		
Other		

The following details are for Applicant 1, please provide details below of the rooms you and your current household have the right to use

	In the whole building	Just for you and your household	Rooms shared with other people
Bedrooms			
Living rooms			
Kitchen			
Bathroom			

Please give details of the sleeping arrangements in your current home

	Name of people sleeping there (even if they will not be moving with you)	Size of room (in metres)
Bedroom 1		
Bedroom 2		
Bedroom 3		
Bedroom 4		
Living room		
Living room 2/dining room		

If you currently live in a flat or maisonette, what floor are you currently living on?	
Is there a lift?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If there is a problem with your current home, if it is in "poor condition" or does not have "basic facilities" please give details here. For this information to be considered, supporting evidence must be provided by a relevant professional, e.g. an Environmental Health Officer.	
Is the property subject to a Compulsory Purchase Order?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the property due to be demolished?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part three – tenants**

Does anyone on this application currently have a tenancy with either a private landlord, housing association or council? If so please give details

	Applicant 1	Applicant 2
Landlord's name		
Landlord's Address		
How much is your rent?	£ Monthly/weekly	£ Monthly/weekly
Reason for not occupying it (if applicable?)		

**Part four – owner occupiers**

Do you or anyone on this application <b>own</b> or have <b>ever owned</b> a property in the United Kingdom or Abroad? (If “no” go to part 5)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, and the address is different from where you are currently living please give details		

**Please complete the following details if you own or have ever owned a property (this includes land or business premises)**

	Applicant 1	Applicant 2
When did you purchase the property?		
How much did you pay for it?		
Have you sold the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how much was it sold for?		
If yes, what year did you sell the property?		
Do you still own the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so how much is your outstanding mortgage?		
How much do you think the property is worth now?		
What are the monthly repayments? (If applicable)		
Are you behind with your payments?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how much do you owe?		
Reason for not occupying it (if applicable)		

**Part five – your previous accommodation**

Please list all of your previous addresses for the past five years. You will need to provide documented evidence of this such as tenancy agreements/mortgage statements/utility bills.

**Important: Applicants that have given up accommodation within the last five years that was suitable for their needs and by doing so, have knowingly worsened their housing circumstances will be placed in Band E (low or no housing need). Therefore any supporting information, about why you have moved, such as letters from the bank, landlord, social services should be submitted as soon as possible.**

Applicant 1	(1) Current address	(2) Previous address	Address (3)	Address (4)
Full Address				
Number of bedrooms				
Tenure (tenant, owner or living with friends/relatives)				
Date moved in				
Date moved out				
Reason left				
Landlord's name and address				

Applicant 2	(1) Current address	(2) Previous address	Address (3)	Address (4)
Full Address				
Number of bedrooms				
Tenure (tenant, owner or living with friends/relatives)				
Date moved in				
Date moved out				
Reason left				
Landlord's name and address				

Have you or anyone on this application ever rented from a Council or Housing Association? Yes or No If "yes" please fill in the section below.		Yes <input type="checkbox"/> No <input type="checkbox"/> If yes who? _____		
Full Address of property	Address (1)	Address (2)	Address (3)	Address (4)
Date from				
Date moved out				
Reason for leaving				
Landlord's name and address				

**Part six – Nuisance/Antisocial behaviour/Tenancy details**

Have you, any member of your household or person intending to live with you ever received a Notice Seeking Possession on any of the following grounds:

Rent arrears or Breach of Tenancy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Nuisance or annoyance to neighbours?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Illegal or immoral use of property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Deterioration in the condition of the property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tenancy obtained by a false statement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Subletting?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have answered "yes" or were evicted for any other reason please provide details here: Please use a separate sheet if necessary		

**Part seven – Your housing need**

Please tell us what types of property you would be prepared to consider by ticking the boxes

Bedsit or studio flat	<input type="checkbox"/>
Flat	<input type="checkbox"/>
Maisonette	<input type="checkbox"/>
House	<input type="checkbox"/>

Bungalow	<input type="checkbox"/>
Sheltered (with a warden/scheme manager)	<input type="checkbox"/>
Elderly Persons Housing	<input type="checkbox"/>
Supported Housing	<input type="checkbox"/>

<p>If you would like/need sheltered accommodation or supported housing please explain why here</p>	
<p>Please state the highest floor level you would consider living on: <b>without a lift</b></p>	
<p>Please state the highest floor level you would consider living on: <b>with a lift</b></p>	

What Borough(s)/areas would you be interested in living in (please tick)

**Spelthorne**

Any	<input type="checkbox"/>
Ashford	<input type="checkbox"/>
Ashford Common	<input type="checkbox"/>

Stanwell Moor	<input type="checkbox"/>
Staines	<input type="checkbox"/>
Stanwell	<input type="checkbox"/>

Laleham	<input type="checkbox"/>
Sunbury	<input type="checkbox"/>
Upper Halliford	<input type="checkbox"/>

Shepperton	<input type="checkbox"/>
Lower Sunbury	<input type="checkbox"/>

**Elmbridge**

Any	<input type="checkbox"/>
Walton	<input type="checkbox"/>
Hersham	<input type="checkbox"/>

Cobham	<input type="checkbox"/>
Esher	<input type="checkbox"/>
Dittons	<input type="checkbox"/>

Oxshott	<input type="checkbox"/>
Claygate	<input type="checkbox"/>
Molesey	<input type="checkbox"/>

Stoke D'Abernon	<input type="checkbox"/>
Weybridge	<input type="checkbox"/>
Oatlands	<input type="checkbox"/>

**Runnymede**

Any	<input type="checkbox"/>
Addlestone	<input type="checkbox"/>

Englefield Green	<input type="checkbox"/>
Egham	<input type="checkbox"/>

New Haw	<input type="checkbox"/>
Virginia Water	<input type="checkbox"/>

Chertsey	<input type="checkbox"/>
Rowtown/Ottershaw	<input type="checkbox"/>

Would you be interested in buying a home through shared ownership?

Yes

No

Why are you applying to this Local Authority for alternative housing?

Please use a separate sheet if necessary

**Part eight – Your employment, Income, Bank Accounts/Savings and Household expenses**

	Applicant 1	Applicant 2
Employer's name and address		
Hours worked per week		
What town do you actually work in?		
Is your employment permanent or temporary? (Please give details)		
Your job title		
If you consider yourself to be a key worker – please state occupation	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes occupation _____	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes occupation _____
How long have you worked there?		
Net earnings (after tax)	£ *per week/month	£ *per week/month
Income Support	£ *per week/month	£ *per week/month
Job Seekers Allowance		
Incapacity Benefit/Employment Support Allowance	£ *per week/month	£ *per week/month
Disability Living Allowance	£ *per week/month	£ *per week/month
Attendance Allowance	£ *per week/month	£ *per week/month
Housing Benefit	£ *per week/month	£ *per week/month
Carers Allowance	£ *per week/month	£ *per week/month
Mobility Allowance	£ *per week/month	£ *per week/month
Family Tax Credits	£ *per week/month	£ *per week/month
Working Tax Credits	£ *per week/month	£ *per week/month
Child Benefits	£ *per week/month	£ *per week/month
State Pension	£ *per week/month	£ *per week/month
Private Pension	£ *per week/month	£ *per week/month
Child Maintenance	£ *per week/month	£ *per week/month
Other Income	£ *per week/month	£ *per week/month
*please delete those that don't apply		

**Please give details of any Bank/Building Society Accounts etc**

	Applicant 1	Applicant 2
Accounts held with		
Other Savings/Investments		
Total Balance Held	£	£

**Please give details of your regular monthly outgoings (per household)**

	Applicant 1	Amount outstanding	Date commitment ends
Rent/mortgage payments	£ *per week/month	£	
Credit cards	£ *per week/month	£	
Loan repayments	£ *per week/month	£	
Child Support payments	£ *per week/month	£	
HP payments	£ *per week/month	£	

	Applicant 2	Amount outstanding	Date commitment ends
Rent/mortgage payments	£ *per week/month	£	
Credit cards	£ *per week/month	£	
Loan repayments	£ *per week/month	£	
Child Support payments	£ *per week/month	£	
HP payments	£ *per week/month	£	

**Part nine – Local connection**

To enable us to identify if you have a local connection to the area you must:

- currently live in Spelthorne, Elmbridge or Runnymede and have done so for at least six months out of the last twelve or three years out of the last five.
- have lived for five years or more continuously within Spelthorne, Elmbridge or Runnymede
- have immediate family (mother/father/brother/sister/son/daughter) who are currently living in Spelthorne, Elmbridge or Runnymede and have done so for at least five years or more.
- have a permanent job in Spelthorne, Elmbridge or Runnymede.

**Sufficient evidence must be provided by you before local connection can be considered. You will only be eligible for properties in the Borough/s where a local connection has been established.**

If your local connection to **any of the three boroughs** are due to close relatives please complete the following:

Names	Address	How long have they lived there?	Their relationship to you

**For office use only:**

Local connection established:

Spelthorne	<input type="checkbox"/>	Elmbridge	<input type="checkbox"/>	Runnymede	<input type="checkbox"/>
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Borough/s applicant has registered:

Spelthorne	<input type="checkbox"/>	Elmbridge	<input type="checkbox"/>	Runnymede	<input type="checkbox"/>
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**Part ten – Your health**

Please note that medical information will only be considered if it is supported by a relevant professional, e.g. doctor, consultant, health visitor, social worker and it is your responsibility to provide the relevant information. The Council cannot write to any outside agencies on your behalf.

Do you or anyone who is going to live with you have a medical condition or disability which should be taken into account?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If “yes” please state who	
Please state, giving as much detail as possible, what the medical condition is. (Please include any hospital admissions or outpatient treatment with dates)	
Please list any prescribed medication or treatment being used to treat the medical condition. (Please give dosage where possible and date you started taking the medication)	

**Please give details of your doctor or health professional**

	Applicant 1	Applicant 2
Doctor's – name		
Doctor's – address and telephone number		
Health visitor's – name		
Health visitor's – address and telephone number		
Social worker's – name		
Social worker's – address and telephone number		
Support worker's – name		
Support worker's – address and telephone number		
Probation worker's – name		
Probation worker's – address and telephone number		
Drug/alcohol worker's – name		
Drug/alcohol worker's – address and telephone number		
Other agencies – name		
Other agencies – address and telephone number		

Are you or anyone included in this application currently receiving any services to live independently in the community?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "yes" please indicate which services you are receiving		
Do you or anyone who will live with you use a wheelchair?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "yes" please state who		
Is the wheelchair used in the house?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you or anyone who will live with you have difficulty climbing stairs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "yes" please state who	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is ground floor accommodation needed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you or anyone who will live with you have any adaptations or aids to help with mobility? If "yes" please specify	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you or anyone who will live with you have a problem with mobility? If "yes" please specify E.g. breathlessness, walking, leg and back problems etc?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have mobility problems/health problems please state how rehousing you will help you or anyone who will be living with you		

<p>Are you an employee, councillor or committee member of Runnymede Borough Council, Spelthorne Borough Council, A2 Dominion Housing Group, Elmbridge Housing Trust, Thames Valley Housing Association, Metropolitan Housing Trust or London and Quadrant Housing Trust?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Are you a relative, partner or close friend of any employee, councillor or committee member of Runnymede Borough Council, Spelthorne Borough Council, A2 Dominion Housing Group, Elmbridge Housing Trust, Thames Valley Housing Association, Metropolitan Housing Trust or London and Quadrant Housing Trust?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Are you a contractor or supplier for Runnymede Borough Council, Spelthorne Borough Council, A2 Dominion Housing Group, Elmbridge Housing Trust, Thames Valley Housing Association, Metropolitan Housing Trust or London and Quadrant Housing Trust?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>If you answer yes to any of the above please give the name of who has a link to the above organisations and what that link is e.g. Bob Smith, my husband is an employee of Metropolitan Housing Trust</p>	

**All applicants must read this statement and sign confirming that it is understood what is expected from you, and from the Council/housing association.**

- The information given on this form is true. If it is later found that you have knowingly made a fraudulent application either by giving false information or by omitting relevant facts your application may be cancelled. In addition if you are rehoused on the basis of false information, it could lead to you losing your home.
- You will notify this organisation of any change in circumstances.
- You understand that the information in this form will be processed in line with the Data Protection Act 1998. For the purpose of the Act, this organisation is the “Data Controller” and so is responsible for the information we hold.
- You authorise this organisation to search information held by credit reference agencies.
- You authorise this organisation to seek information and obtain copies of relevant documents, and give permission for other parties who hold this information to provide it to us.
- You agree to meet the requests for information, such as requests to see tenancy agreements, notices, court papers, bank account details etc by the specified dates.
- All information you give on this form (and information resulting from contact with your landlord and/or employer) may be shared with the same but only in relation to this application.

This organisation is required Under Section 6 of the Audit Commission Act 1998 to participate in the National Fraud Initiative (NFI) data-matching exercise.

This organisation may be statutorily required to supply any information you provide, to other bodies exercising functions of a public nature for the prevention and detection of fraud.

Sensitive personal data such as racial or ethnic origin, offences (including alleged offences) and physical and mental disabilities are required under the Equal Opportunities Monitoring statute.

Any data provided may be disclosed in accordance with the Freedom of Information Act.

Signature \_\_\_\_\_  
(Applicant 1)

Signature \_\_\_\_\_  
(Applicant 2)

Date \_\_\_\_\_

Date \_\_\_\_\_

## Equal Opportunities

This organisation is committed to promoting equality and diversity. We are required to keep a record of the ethnic origin of everyone applying for housing. We monitor this information to make sure that housing is equally available to everyone. We keep this information confidential and it will not affect your housing application.

Please tick the box which you feel best describes the ethnic origin of your household as a whole. If you do not want to complete this section please tick the "I do not want to answer this section" box.

Asian	Asian or Asian British Bangladeshi	<input type="checkbox"/>	Please specify:
	Asian or Asian British Indian	<input type="checkbox"/>	
	Asian or Asian British Pakistani	<input type="checkbox"/>	
	Asian or Asian British Other	<input type="checkbox"/>	
	Asian Other	<input type="checkbox"/>	
Black	Black or British Black African	<input type="checkbox"/>	Please specify:
	Black or British Black Caribbean	<input type="checkbox"/>	
	Black or Black British Other	<input type="checkbox"/>	
Chinese		<input type="checkbox"/>	
Mixed	White and Black African	<input type="checkbox"/>	Please specify:
	White and Black Caribbean	<input type="checkbox"/>	
	White and Asian	<input type="checkbox"/>	
	White Other	<input type="checkbox"/>	
White	English	<input type="checkbox"/>	Please specify:
	Scottish	<input type="checkbox"/>	
	Welsh	<input type="checkbox"/>	
	Irish	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	
Are you a gypsy or a member of the travelling community?		<input type="checkbox"/>	
I do not want to answer this section		<input type="checkbox"/>	

We also are required to keep information about individual circumstances and would ask you to complete the following:

Marital Status	Single	
	Living with partner	
	Separated	
	Divorced	
	Widowed	
Sexuality	Heterosexual	
	Bisexual	
	Homosexual	
Religion		
I do not want to answer this section		

**Documents Required**

Your application form and copies of the required documents can be returned by post or handed in at the main reception desk at the Council Offices which is open 8.30am – 5.00pm Monday to Thursday and 8.30am – 4.30pm on Friday.

Please note that at the time of social housing (housing association property) being offered, **original** documents will need to be seen, so please keep them safe. If you wish to provide original documentation in the first instance, these should **not** be posted, as the Council cannot be held responsible for the loss of any original documentation sent in the post. However you can bring them into the main reception where they will be copied and then ‘stamped’ that the original documents have been seen.

**All applications are subject to credit checks**

<b>A. Proof of identity</b> (for all people/children that you want to be housed with you)	
Passport <b>or</b>	
Birth certificate <b>or</b>	
Driving Licence	
Full birth certificate for all children	

<b>B. Proof of eligibility</b> (if you are not a British Citizen)	
Passport	
Proof of immigration status (ie indefinite leave to remain/recourse to public funds)	
For European workers - proof of employment (contract, payslips)	
Workers registration documents (A_0 countries)	

<b>C. Proof of Pregnancy</b> (if applicable)	
Hospital booking letter or doctor's letter	

<b>D. Proof of responsibility for children who will be housed with you</b>	
Child Benefit <b>and</b>	
Full birth certificate <b>or</b>	
Residence order or other supporting documentation to confirm long term guardianship (if the parent or guardian is not on full birth certificate)	

<b>E. Proof of residence for the past three years</b> (one document for each of the last three years)	
Utility bills (gas, electric, water)	
Tenancy agreement	
Council Tax bill	
Benefit letter (from DWP confirming proof of benefit)	
Hospital/Doctors letter	

**F. Private Sector Tenancy** (if you are currently renting a property or room)

Copy of tenancy agreement

**G. Local Connection – under our allocations policy applicants with no local connection are placed in band D or E. You have to satisfy one of the following criteria to be prove if you do have a local connection with the borough.** The documents you have provided to prove your residence may also be used for local connection if applicable.

**1) You live in the borough now and have done so for six out of the last twelve months** (one document\* from the first month of residence and \_ document dated in the current month) **or**

**2) You have lived in the borough for three years out of the past five years** (one document\* from the last month and for each year) **or**

**3) You have five years previous residence in the borough** (one document\* for each of the five years)

**4) You have a family member who lives in the borough now and has done so for the last five years.** This includes mother, father, sister, brother and adult children only.

- One document\* from each of the last five years including one from the last month
- Birth Certificates for applicant and the family member concerned

**5) You work in the borough on a permanent or fixed term basis** • Contract of employment or employer’s letter on headed paper, stating your employment location

- Two payslips

**H. Proof of income**

Pay slips

Proof of benefit such as income support/JSA/ESA (on bank statement)

**I. Property ownership**

Details of property ownership: i.e. **current** valuation, mortgage statement

**or**, if the property has been sold within the last **three years**, completion statement and confirmation of how the money was accounted for afterwards.

\* Documents from the list below

- |   |                           |   |
|---|---------------------------|---|
| • Utility bills (gas, electric, water)                  | • Tenancy agreement       | • Council Tax bill                      |
| • Benefit letter (from DWP confirming proof of benefit) | • Hospital/Doctors letter | • Letter from school/college/university |

**These papers are very important. If you have difficulty reading them please contact Denise Morley on 01932 425610 who will try to provide a reading service, a large print version, or another format.**

If you need help to complete this form or require further information, please contact the relevant housing team by telephone, or in person at the Council Offices. Translation can be provided, but you may need to give us some time to arrange a translator. You can ask someone else to complete the form for you but you will still need to sign it.

**Runnymede Housing Allocations Team can be contacted at:**

Runnymede Borough Council  
Civic Offices  
Station Road  
Addlestone  
Surrey  
KT15 2AH

Telephone number: **01932 425831**

The application form needs to be **fully** completed and returned to the Council Offices. If any of the questions are not relevant or not applicable to your circumstances, please answer by stating N/A (not applicable) as this will ensure that we know that the question has not been missed.

**If any questions are left unanswered or you do not supply all supporting documents, your form will be sent back to you and your information will not be registered on the computer until it has been returned fully completed with all the questions answered.**

## Permission To Share Your Information

All the information you give **us in the Housing Benefit and Housing Services at Runnymede Borough Council** is confidential.

However, to give you the best possible service based on your needs, it may be necessary on occasion to share certain information about you, with external agencies.

Runnymede Borough Council follows strict rules regarding confidentiality and data protection and we would only share your information with other organisations that follow these rules.

We cannot share your information without your permission and we want to be sure that you understand what this means.

You have the right to refuse this permission; although this may affect the services we are able to offer you

You can change your mind at any time, whether your circumstances change or not

The Housing Benefit section will not give out any financial information to anyone listed below without your specific permission.

The Housing Benefit and Housing Services staff work with these organisations with whom we might need to share your information:

- Social services and related agencies;
- Experian checks
- NHS Staff;
- Your Doctor or associated Doctor's surgery staff;
- Housing Associations;
- Rent Start;
- Age Concern;
- Landlord (private);
- Runnymede Borough Council departments;
- Citizens Advice Bureaux;
- Voluntary Agencies.

The list is not exhaustive, and if there are other agencies we need to speak to we will explain to you who they are, and add it to the above list.

The following is another agency/organisation we wish to share information with

a) .....

If you permit us to share your information, please sign this form overleaf. Thank you.

**Customer declaration:**

I agree that Runnymede Borough Council Housing Benefit, Council Tax Services, Housing Services departments may share information they hold about me with each other and other organisations providing services and assistance to me. This is in accordance with the Data Protection Act 1998.

Signed ..... Date of Birth.....

Print Name ..... Address .....

.....

Postcode .....

Telephone Number .....

National Insurance Number .....

Date .....

**Staff Declaration:**

I have explained this form to (insert customer's name)

.....

To the best of my knowledge as a (insert your job title) .....

While employed by Runnymede Borough Council.

Signed .....

Print Name .....

Contact Details .....

Date .....