



Rent Express Scheme Application Form



Stratford-on-Avon District Council

Housing Advice Team, Elizabeth House, Church Street, Stratford-upon-Avon. CV37 6HX

Telephone: 01789 260844/5 Facsimile: 01789 260895 Minicom: 01789 260747

Email: housingadviceteam@stratford-dc.gov.uk Website: www.stratford.gov.uk

If you find the text in this form difficult to read
we may be able supply it in a format better suited to your needs

PERSONAL DETAILS		
	Applicant	Partner/Applicant 2
Name		
Relationship to you	NOT APPLICABLE	
Current Address		
Postcode		
Nationality		
Date of Birth		
National Insurance Number		
Home Telephone Number		
Mobile Telephone Number		
E-mail Address		

OTHER MEMBERS OF YOUR HOUSEHOLD BEING HOUSED WITH YOU					
Surname	First name(s)	Sex M/F	Date of Birth dd/mm/year	Relationship to you	Economic status*

*For economic status state full-time or part-time employed, unemployed, retired, student, child.

IS A MEMBER OF YOUR HOUSEHOLD PREGNANT?		YES <input type="radio"/>	NO <input type="radio"/>
If YES, name of pregnant person		Expected Due Date dd/mm/year	

CURRENT LANDLORD / HOUSING

	Applicant	Partner/Applicant 2
Type of tenancy/ housing (e.g. lodger, tenant, co-owner, owner-occupier)		
Date moved to current address		
If tenant, name of current landlord		
Address of current landlord		
Are you related to the landlord?	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>
If YES, what is the relationship		

HOUSING DETAILS

Are you claiming benefits relating to housing costs at your current address?

YES NO

Have you, or a member of your household, been asked to leave your current accommodation

YES NO

If YES, when?

If you, or a member of your household, have been asked to leave your current accommodation please give information about the reason(s) why you have been asked to leave?

Is there any other reason why you or a member of your household need to leave your current accommodation?

YES NO

Have you or a member of your household been served with a notice, possession order or eviction warrant?

YES NO

If YES, please give further details below and provide the Housing Advice Team with a copy.

Do you or your partner owe rent arrears at a current or previous address?

YES NO

If YES, what is the current total amount of arrears?

Do you have an arrangement to repay the arrears?

YES NO

Do you or a member of your household own your own home or any other property?

YES NO

If YES, please give details

Are you looking for a joint tenancy with a partner/the joint applicant?

YES NO

CURRENT SUPPORT NEEDS

Please tick all the boxes that apply and specify which household member this applies to

Name of Household Member

Court case pending

Offending History

Drug / Alcohol Issues

Gambling Issues

Mental Health Issues

Physical Health Issues

Learning Difficulties

Care Leaver

Difficulties Reading or Writing

Communication Difficulties

Other reason

FURTHER INFORMATION

Please give further details if you have ticked any of the boxes of how any medical or other issues affect you and any help or support you might need in your own tenancy

DO YOU RECEIVE ANY SUPPORT? (e.g. from GP, Health Visitor, Social Worker, Probation Officer, Community Psychiatric Nurse, Support Worker)

Agency	Contact Name and number	Details of support

LOCAL CONNECTION TO STRATFORD-ON-AVON DISTRICT		
Local Connection	Applicant	Partner/Applicant 2
Work in Stratford-on-Avon District	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>
Give details of position, number of hours worked, date employment began, employer's name and address		
Close Relatives in Stratford-on-Avon District	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>
Give details of relationship to applicant 1 or 2, length of time they have lived in the district and their current address		
Other connection to Stratford-on-Avon District	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>
Special reasons for connection to district. If previous residence please give details and dates of previous addresses		

OTHER INFORMATION		
	Applicant	Partner/Applicant 2
Have you or any household members to be rehoused come from abroad to live in this country in the last 5 years?	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>
Have you had a Rent in Advance/ Rent Deposit/ Deposit Guarantee from Stratford District Council before?	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>
Have you had a Rent in Advance/ Rent Deposit/ Deposit Guarantee from another Council before?	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>
If YES specify which Council:		
Do you have any family or friends that can lend you money for a rent in advance/ rent deposit?	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>
Are you on Home Choice Plus?	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>
If 'Yes', please give application number:		
Do you have any pets?	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>
If YES, provide details:		

INCOME AND SAVINGS		
Earnings	Applicant (amount per month)	Partner/Applicant 2 (amount per month)
Take home pay		
Full or Part Time		
Benefits	Applicant (amount per month)	Partner/Applicant 2 (amount per month)
Specify any benefits, tax credits or pensions you are receiving		
Amount of Savings	Applicant	Partner/Applicant 2
Savings, Shares or Investments	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>
If YES, amount £		

EXPENDITURE AND DEBTS		
Priority Debts	Applicant	Partner/Applicant 2
Total priority debt amount		
Amount paying per month		
Non-Priority Debts	Applicant	Partner/Applicant 2
Total non-priority debt amount		
Amount paying per month		
Have you or your partner ever been declared bankrupt?	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>
If yes please provide details		

DETAILS OF THE PROPERTY YOU WISH TO RENT

Name of Landlord/Letting Agent	
Contact Name (if Letting Agent)	
Address of Landlord / Letting Agent	
Contact Telephone Number	
Address of Property	
Type of Property eg house / flat	
Number of Bedrooms	
Is the property self contained?	YES <input type="radio"/> NO <input type="radio"/>
Is the property furnished?	YES <input type="radio"/> NO <input type="radio"/>
Type of heating	
Is the heating fixed / permanent?	YES <input type="radio"/> NO <input type="radio"/>
Amount of rent requested	£
Any charges included in the rent (eg electricity, gas, water)?	YES <input type="radio"/> NO <input type="radio"/>
If YES, please provide further information	
Does the landlord require rent in advance?	YES <input type="radio"/> NO <input type="radio"/>
If YES, please specify amount of rent in advance required:	£
Does the landlord require a deposit?	YES <input type="radio"/> NO <input type="radio"/>
If YES, please specify amount of deposit required	£
Will the landlord accept a deposit guarantee?	YES <input type="radio"/> NO <input type="radio"/>
is the landlord asking for any administration fees?	YES <input type="radio"/> NO <input type="radio"/>
If YES, please specify total amount of administration fees required	£
Date property available from	
Proposed Tenancy Start Date	
(For back office use) Payment due date	
Are you related to the landlord?	
If YES, what is the relationship?	
LETTING AGENTS ONLY: What service are you offering the Landlord	

Landlord Declaration

I certify that all the information provided about this prospective tenancy on this form is correct and I have read the Rent Express Scheme Leaflet.

Landlord's Signature

PRINT NAME

Date (DD/MM/YYYY)

		/			/	2	0		
--	--	---	--	--	---	---	---	--	--

Applicant(s) Declaration

1. I/ We confirm that all questions have been answered fully and that information that I/ we have provided in connection with this application is true to the best my knowledge.
2. I/ We agree to disclose in writing to a member of the Housing Advice Team any change in my circumstances in so far as they relate to this application.
3. I/ We acknowledge that any assistance offered by the Council under the Rent Express Scheme is based on the information provided by me/ us in connection with this application.
4. I/ We acknowledge that any entitlement to assistance is conditional upon the terms of the Scheme, and I/ we can confirm that I/ we have read and understood the conditions of the Scheme.
5. I/ We acknowledge that if information provided by me/ us in connection with this application is subsequently found to be false or misleading, or if I/ we fail to declare any change in circumstances, that my/ our entitlement to assistance under the Scheme shall cease, that the Council may at its discretion require repayment of any sums paid either to me/ us or on my/ our behalf, and that I/ we are liable to prosecution.
6. I/ We give permission for the Council to make such enquiries as it considers necessary in connection with this application, including with data matching companies and credit reference agencies, for the purpose of checking the accuracy of the information that I/ we have given.
7. I/ We declare that my proposed tenancy of the property subject to this application will be a genuine commercial arrangement and to share with my/ our landlord details of any benefits relating to housing costs or Discretionary Housing Payment claim.
8. I/ We give permission for the Housing Advice Team to share the information provided with other organisations and statutory bodies to meet my/our housing needs.

Applicant 1 Signature

PRINT NAME

Date (DD/MM/YYYY)

		/			/	2	0		
--	--	---	--	--	---	---	---	--	--

Applicant 2 Signature

PRINT NAME

Date (DD/MM/YYYY)

		/			/	2	0		
--	--	---	--	--	---	---	---	--	--

HOW YOUR INFORMATION IS USED The way in which your information may be used and shared by the Council is set out in the Council's Full Privacy Notice / Fair Processing Notice. This is available via our website at <https://stratford.gov.uk/privacystatement>, or you can ask for a copy by writing to the Council at Legal Services, Stratford-on-Avon District Council, Elizabeth House, Church Street, Stratford-upon-Avon CV37 6HX