



REFERRAL FORM
INFORMATION ABOUT THE TENANT

Mr/Mrs/Ms/Miss Name: _____

Date of Birth: _____ Age: _____ National Insurance Number _____

Contact phone number(s): _____

Present Address: _____

Date moved in: _____

What is the reason you wish to move: _____

Landlords name and contact number: _____

Previous Address: _____

Date moved in: _____ Date moved out: _____

What was the reason you moved out? _____

Do you currently receive benefits? YES / NO If yes, type benefits received? _____

Are you currently working? YES / NO If yes how many hours per week do you work?



Have you ever:

Claimed Housing benefit: YES / NO If yes which Council was it and what date?

Been in Rent arrears: YES / NO If yes, how much? £_____

Why? _____

At which address? _____

Landlord name and contact number: _____

Been evicted: YES / NO If so why? _____

Been in prison: YES / NO If so for what? _____

Been in a hostel YES / NO If so where? _____

How long have you been in the hostel? _____

Date when you left the hostel: _____

Have you been referred by:

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



Do you suffer with any of the following?

- Drug Dependency YES / NO Are you on medication? _____
- Alcohol YES / NO Are you on a programme? _____
- Mental illness YES / NO Do you have support? _____
- Learning disabilities YES / NO State type? _____
- Dyslexia YES / NO Do you have any written proof? _____
- Gambling addiction YES / NO Are you on a programme? _____

Please give details of above and any written proof in support. It is **essential you provide verifiable information** such as name, addresses, telephone numbers and letters from professionals. Use the other side of the sheet if necessary.

Are you requesting that you are treated as vulnerable and that your LHA is paid directly to your landlord? YES / NO If yes please explain why? _____

- I certify the information I have provided on this sheet is true
- I request that I be treated as vulnerable for the purpose of claiming LHA and my LHA be paid directly to my landlord. If my LHA is not paid directly to my landlord and paid directly to me I am likely to misuse it and not pay my landlord so putting my tenancy at risk.

Print name _____ Signed _____

Date _____

- I believe the above should be treated as vulnerable and their LHA be paid directly to me. I accept that their LHA be paid directly to me.

Signed _____ Date _____

(Landlord)



Information about the tenant
(to be retained by New Options Housing)

Name: _____

Next of Kin or person to be contacted in emergency:

Name: _____ Relationship _____

Address: _____

Contact phone number: _____

Employers details:

Current employer: _____ Job Title _____

Employers address: _____

Name of works supervisor _____ Works telephone Number _____

Length of time with employer _____ Salary £ _____ pw/pcm

Reference:

Name _____ Relationship _____

Contact numbers: Work / Home _____ Mobile _____

Address: _____

Guarantor

Can you obtain a guarantor? YES / NO

If yes is this person in full time employment? YES / NO

Does this person own their home? YES / NO

If all of the above 3 questions are answered with YES:

Name _____ Relationship _____

Contact phone number _____ Address _____



Are you single? YES / NO

Do you have a partner? YES / NO

If yes, do you have any children? YES / NO

If yes please provide details

Bank account:

Do you have a bank account? YES / NO

If yes, name and address of the local branch

Sort Code _____ Account Number _____

Do you have a cheque book? YES / NO

Do you have a cheque guarantee card YES / NO

How much money do you have available today?

£ _____

Signed by service user _____

Dated _____