

**Direct to Let Application**

Please complete and return this form by posting it to **Lettings Team, SYHA, 152 Rockingham Street, Sheffield, S1 4EB** or emailing it to **enquiries@syha.co.uk.** If you need help filling out the form, get in touch on 0114 2900 200.

If you complete this form SYHA will store and process your data in accordance with the requirements of our Data Protection Policy and in keeping with the Data Protection Act 1998 and General Data Protection Regulation (GDPR).

If you are applying for a joint tenancy give us details of both applicants below.

|  |  |  |
| --- | --- | --- |
| **Address(es) you are applying for:**  (Please note we **cannot** process your application unless it is for a specific address) | | |
|  | **Your Details** | **Joint Applicant Details** |
| Title | Mr Miss Mrs Ms | Mr Miss Mrs Ms |
| First name(s) |  |  |
| Last name |  |  |
| Date of birth (DD/MM/YY) |  |  |
| National Insurance number |  |  |
| Home telephone number |  |  |
| Work telephone number |  |  |
| Mobile telephone |  |  |
| E-mail address |  |  |
| Relationship to you | 🡪 🡪 🡪 🡪 🡪 🡪 |  |
| Are you a permanent resident of the EU? |  |  |
| Have you leave to remain in the United Kingdom? |  |  |

|  |  |
| --- | --- |
| **Your current address** | **Joint applicant address**  (if different from your address) |
| Can we write to you at this address?  Yes  No | Can we write to you at this address?  Yes  No |

**Your Household**

Give details below of **all the people** who live with you at the moment, even if they do not wish to move with you. (You do not need to include yourself or the joint applicant.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** | **First name(s)** | **Last name** | **Date of birth DD/MM/YY** | **Relationship to main applicant** | **Will they move with you?** |
|  |  |  |  |  |  |
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|  | | | | | |
| Are you expecting a baby? Yes  No  Please provide baby due date: | | | | | |
| **Details of any household pets** | | | | | |
| Please provide microchip numbers for dog (s): | | | | | |

Is there anyone who is not currently living with you, who would live with you if you moved?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First name** | **Last name** | **Current Address** | **Date of birth DD/MM/YY** | **Relationship to main applicant** |
|  |  |  |  |  |
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|  |
| --- |
| Please tell us why they do not live with you now: |

**Reasons you want to move**

Please tell us the reasons you want to move:

Do you require a property with any special features (for example hand rails, level access shower, wheelchair access)? Please give us details:

Where did you see the property/ies first advertised? **–** (Please circle all that apply)

SYHA Website Facebook RightMove Zoopla To Let Board

Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Where you live now**

|  |  |  |
| --- | --- | --- |
|  | **Your accommodation** | **Joint applicant’s accommodation**  (if they live at a different address) |
| Are you a tenant, owner occupier, staying with family/friends or other? |  |  |
| If the property is rented, what is the landlord’s address and telephone number? |  |  |
| Who is named on the tenancy? |  |  |
| How long have you been living here? |  |  |
| What type of property is it? E.g. House, bungalow, bedsit, flat or maisonette |  |  |
| How many bedrooms? |  |  |

**Previous accommodation**

Please give us details of where you have lived for the last 5 years, starting with your most recent address at the top.You can continue on a separate sheet if necessary.

|  |  |  |
| --- | --- | --- |
|  | **You** | **Joint applicant**  **(if different from the main applicant)** |
| Address |  |  |
| Who is the owner of the property? |  |  |
| Date moved in /out | From To | From To |
| Why did you leave? |  |  |
| Address |  |  |
| Who is the owner of the property? |  |  |
| Date moved in /out | From To | From To |
| Why did you leave? |  |  |
| Address |  |  |
| Who is the owner of the property? |  |  |
| Date moved in /out | From To | From To |
| Why did you leave? |  |  |
| Address |  |  |
| Who is the owner of the property? |  |  |
| Date moved in /out | From To | From To |
| Why did you leave? |  |  |

|  |  |  |
| --- | --- | --- |
|  | **You** | **Joint Applicant** |
| Do you have any rent arrears with any landlord, from either current or previous tenancies? |  |  |
| If yes, how much? | £ | £ |
| If yes, please give details of who you owe money to, the address the arrears relate to, and any repayment plans you have made: | | |

|  |  |  |
| --- | --- | --- |
|  | **You** | **Joint Applicant** |
| Have you ever been evicted, or threatened with eviction? |  |  |
| Have you or any member of your household ever been subject to any legal action or investigation regarding antisocial or violent behaviour? |  |  |
| Have you or any member of your household ever behaved, or been accused of behaving violently, abusively or anti-socially? |  |  |
| Have you any criminal convictions? |  |  |
| If you answered yes to any of the 4 questions above, please give details below: | | |

**Support details**

Please tell us if you (or the joint applicant) are currently receiving any support for example from a Social Worker, Community Psychiatric Nurse, Probation Officer or a family member?

|  |  |  |
| --- | --- | --- |
|  | **You** | **Joint applicant** |
| Name of person giving support |  |  |
| Contact address |  |  |
| Contact telephone number |  |  |
| Relationship they have with you |  |  |

**Your employment, income, expenditure, and rent**

We want to help you work out if you will be able to afford the move to a SYHA property and providing the following information will help us do this.

|  |  |  |
| --- | --- | --- |
|  | **Your Details** | **Joint Applicant Details** |
| Are you employed? (please state hours you work). |  |  |
| Please state if you are not employed or retired? |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Weekly money going out** | **£** | **Weekly money coming in** | **£** |
| Rent | £ | Your wages | £ |
| Council tax | £ | Your partner’s wages | £ |
| Gas | £ | Job seeker’s allowance | £ |
| Electric | £ | Income support | £ |
| Water | £ | Working family tax credit | £ |
| TV licence / Sky | £ | Child tax credit | £ |
| Mobile, telephone, broadband | £ | Pension | £ |
| Groceries – food, toiletries etc | £ | Disability living allowance | £ |
| Car insurance | £ | Incapacity benefit | £ |
| Petrol | £ | Child maintenance | £ |
| School meals | £ | Carer’s allowance | £ |
| Travel – bus, tram, petrol | £ | Housing benefit | £ |
| Clothing | £ | Child benefit | £ |
| Credit and store cards | £ | Non-dependent contributions | £ |
| Childcare costs | £ | Universal Credit | £ |
| Insurance – home, car, life | £ | Other………………………………….. | £ |
| Socialising – drinks, meals out, swimming, cinema etc | £ |  |  |
| Other …………………………………. | £ |
| Other………………………………….. | £ |
| **Total** | £ | **Total** | £ |

**What we need from you**

To help us assess your application we need to see proof related to some of your circumstances. Please work through the list below to see what you need to provide.

**If you do not provide the proof, we need we will not be able to process your application further.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Who needs to provide it** | **What we need** | **Examples of what you could provide** | Office use only(tick if received) |
| All applicants | Proof of your current address | A recent copy of a letter showing the name and address of the main and joint applicants. For example a utility bill, bank statement, benefits letter |  |
| All applicants | Proof of the National Insurance numbers | For example a benefits letter or wage slip |  |
| If you have children living with you | Proof that your children are living with you | A copy of your Child Tax Credit or Child Benefit letter |  |
| If you or someone moving with you is pregnant | Proof of the pregnancy | A copy of the first page of your ante-natal records or your MATB1 |  |
| If you are in rented accommodation | Proof of your tenancy | A tenancy check or rent statement from your landlord |  |
| If you have come to the UK & previously were a citizen of another country | Proof of the right to live in this country for all applicants | Leave to remain papers or visa |  |
| EU Citizen | Proof of your EU citizenship | Passport and ID card |  |

**Consent**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| By signing this form I consent to the following: | **Main applicant**  **Agree / Understand** | | **Joint applicant**  **Agree / Understand** | |
| * I give permission for SYHA to use the personal information supplied to process my housing application   (Please note that if you move into an SYHA property we will use information on this form for housing management purposes). | **Yes** | **No** | **Yes** | **No** |
| * I give permission that any information I have provided on this form can be checked with the provided organisations or individuals. | **Yes** | **No** | **Yes** | **No** |
| * I give permission to those organisations or individuals listed to disclose my personal and other information to SYHA at its request in support of this application. | **Yes** | **No** | **Yes** | **No** |
| * I understand if I/we do not give permission for SYHA to use my/our information as above SYHA will be unable to progress my/our application and I/we will not be considered for housing with SYHA. | **Yes** | **No** | **Yes** | **No** |
| I understand that I have the following rights with regard to any of my information: | **Yes** | **No** | **Yes** | **No** |

* I have the right to request that my information is no longer processed (unless we have a reason to proceed).
* I have the right to have my information transferred to another information holder (organisation or person).
* I have the right to have any information about me corrected should I discover it is inaccurate.
* I have the right to withdraw my consent at any time by contacting [dataprotection@syha.co.uk](mailto:dataprotection@syha.co.uk).
* I have the right to obtain (at no cost) all personal information that SYHA have about me.

**Confidentiality**

Your personal information is confidential and any information you share with SYHA will be kept by SYHA in accordance with the requirements of SYHA data protection policy and General Data Protection Regulation 2018 and only given to others with your permission.

Information may be shared without your permission in the following circumstances:

* If we are required to do so by law
* Risk of significant harm to you and/or someone else
* Child/adult protection concerns

**Declaration**

By signing below you are signing to confirm that:

* The details I/we have given on the attached form are correct.
* I/we understand that if I/we have deliberately given false or misleading information, this could lead to my/our application being cancelled and the loss of any future SYHA tenancy.

|  |  |  |
| --- | --- | --- |
| Main applicant signature |  | Date |
| Joint applicant signature |  | Date |

**Equality & Diversity Monitoring**

We ask you for this information to make sure that all applicants are treated fairly and that everyone receives a service that takes account of their needs. You do not have to fill out this section. If you choose not to answer these questions, it will not affect the service you receive.

|  |  |  |
| --- | --- | --- |
| **GENDER** | | |
|  | You | Joint Applicant |
| Male |  |  |
| Female |  |  |
| Prefer not to say |  |  |
| Another way:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

|  |  |  |
| --- | --- | --- |
| **SEXUALITY** | | |
|  | You | Joint Applicant |
| Straight/Heterosexual |  |  |
| Gay/Lesbian |  |  |
| Bisexual |  |  |
| Prefer not to say |  |  |
| Another way:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ETHNICITY** | | | | | |
|  | You | Joint Applicant |  | You | Joint Applicant |
| White British |  |  | Indian |  |  |
| White Irish |  |  | Pakistani |  |  |
| White Gypsy or Irish Traveller |  |  | Bangladeshi |  |  |
| Mixed / Multiple Ethnic Group |  |  | Chinese |  |  |
| Mixed White/Black Caribbean |  |  | Other Asian Background |  |  |
| Mixed White/Black African |  |  | Black African |  |  |
| Mixed White/Asian |  |  | Black Caribbean |  |  |
| Other mixed/multiple ethnic background |  |  | Black British |  |  |
| Any other Ethnic Group: |  |  |
| Arab |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | Prefer not to say |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NATIONALITY** | | | | | |
|  | You | Joint Applicant |  | You | Joint Applicant |
| UK National Resident in UK |  |  | Croatian |  |  |
| Czech |  |  | Irish |  |  |
| Estonian |  |  | Bulgarian |  |  |
| Hungarian |  |  | Polish |  |  |
| Latvian |  |  | Other European Economic Area (EEA) Country |  |  |
| Lithuanian |  |  |
| Slovakian |  |  | Any other nationality |  |  |
| Slovenian |  |  | Prefer not to say |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **RELIGION AND BELIEF** | | | | | |
|  | You | Joint Applicant |  | You | Joint Applicant |
| Buddhism |  |  | Judaism |  |  |
| Catholic |  |  | Protestantism |  |  |
| Christianity |  |  | Sikhism |  |  |
| Church of England |  |  | Other Faith or Belief |  |  |
| Hinduism |  |  | No Faith or Belief |  |  |
| Humanism |  |  | Prefer not to say |  |  |
| Islam |  |  | Unknown |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DISABILITY** | | | | | |
| **Do you consider yourself to have a disability?** | | | | | |
| You | Yes | No | Joint Applicant | Yes | No |
|  |  |  |  |  |  |

If yes to the above, please include details of your disability, please give more information if you would like (to allow us to make reasonable adjustments where possible):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TYPE OF DISABILITY** | | | | | |
|  | You | Joint Applicant |  | You | Joint Applicant |
| Low Literacy |  |  | Mental Health |  |  |
| Mobility |  |  | Learning Disability |  |  |
| Visual |  |  | Autistic Spectrum Disorder |  |  |
| Hearing |  |  | Other |  |  |
| Progressive Disability / Chronic Illness |  |  | Do not wish to disclose |  |  |

**Do you or anyone in the household require a wheelchair to access the following?**

Whole House  Essential Rooms  Not Applicable

|  |
| --- |
| **PREFERENCES** |

Do you, or anyone in your household, have any other support needs that we might need to be aware of? (e.g letters in large print, knock loudly, give extra time to answer the door?)

**How would you prefer we contact you?**Email  Telephone  Letter

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Can you speak English?** | | |  | **Can you read English?** | | |
| You | Yes | No |  | You | Yes | No |
| Joint Applicant | Yes | No |  | Joint Applicant | Yes | No |

If no, which language would you prefer, so we can accommodate where possible?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_