

SUITABILITY OF ACCOMMODATION

		33			
Reference num	ber				
Surname					
First name					
Date of Birth:					
Telephone Nur	nber				
NI No:		HB Claim N	o:		
Tenant address	i				
E Mail					
Members of the	e H/H:				
Name	Rela	tionship	DOB	School, Year/ Employment	

EDUCATION NEEDS							
Do you have any Stateme	ented/Sp	oecial N	leeds (Children	? Please include a	any additional information	on on
page 5 Yes □ No □							
	Details	of Scho	ools At	ttended l	by Dependent Chil	dren	
Title & Child's Name			Age	Year	Name of School and	d contact number	
				Group			
							+
How do they travel to school?							
Public Transport Walk	Car 🗌	Taxi 🗌	Other	r, please s	pecify		
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Do you have any children at critical school age? (Studyir		Y/N		yes, piea	ise provide details o	f child and school attende	:a:
GCSE / A-Levels)							
			L				
			soc	CIAL SER	VICES		
Are you or any of your ch	ildren kr	nown to	social	l service	s		
Yes No No		If yes ple	ease pro	ovide deta	ils:		
Name	Age	Social W	orkers/	name and	contact number	On the at Risk Regi	ster?
						Yes 🗌 No 🗌	
						Yes No	
						Yes No No	
						Yes No No	
						Yes 🗌 No 🗍	

	MEDICAL (CONDITION			
What is the nature of your Illness/	What is the nature of your Illness/disability				
Are you on any medication? Yes \(\subseteq \text{No } \subseteq \)		If yes please provide	e details:		
Do you receive specialist care? Yes No If yes please provide details of the care a	and location	Doctor's name and contact details:			
Is anyone else in you household on any	medication?	If yes please provide	e details		
Do they receive specialist care?		If yes please provide	e details		
Other special circumstances to remain in the borough: Do you or anyone else in your household get any other form of support? Yes No Details: Do you have a registered carer? Yes No Details: Do you have caring responsibilities? Yes No Details:					
RISK OF VIOLENCE					
Are you or anyone in your household at any risk of violence or abuse? Yes ☐ No ☐					
From Whom	What locations are	you at risk in	Details of Risk (who and what):		

FINANCIAL INF	ORMATION		
Are you receiving any of the welfare benefits below:		Amount PW	Proof Seen
Income Support	Y/N	£	Y/N
Disability Living Allowance /PIP	Y/N	£	Y/N
Job Seekers Allowance	Y/N	£	Y/N
Incapacity Benefit / Employment Support Allowance	Y/N	£	Y/N
Child Tax Credits	Y/N	£	Y/N
Working Tax Credits	Y/N	£	Y/N
Housing Benefit	Y/N	£	Y/N

Child benefit		Y/N	£		Y/N
Maintenance		Y/N	£		Y/N
Carers Allowance		Y/N	£		Y/N
Any other income please specify		Y/N	£		Y/N
Contributions from other household members (or the amount which might reasonably be expected to be contributed by other household members)		Y/N	£		Y/N
E	XPENDITURE	1			
Car insurance	£	P	w	£	PM
Rent	£	P	W	£	PM
Road tax	£	P	W	£	PM
Breakdown cover	£	P	W	£	PM
Parking	£	P	W	£	PM
Bus/train fares	£	P	W	£	PM
Taxis	£	P	W	£	PM
Satellite/digital TV	£	P	W	£	PM
Home phone	£	P	w	£	PM
Internet/broadband	£	P	W	£	PM
Mobile phone	£	P	W	£	PM
Gas/Water/Electricity	£	P	W	£	PM
Household shopping	£	P	W	£	PM
				£	PM

SAVINGS AND OTHER ASSETS			
Type of asset (eg saving, premium bonds, shares)	Where asset is held (eg name of bank)	Amount	
TOTAL SAVINGS/ASSETS			

DEBTS				
Debt/arrears (eg rent arrears, loans, Magistrates' fines)	Who is owed the debt/arrears	Amount		
Judgement Debt				
Housing Benefit overpayment				
Loans				

Store Cards	
Credit Cards	
Bank/overdraft	
TOTAL DEBTS	

LIST OF EXEMPTIONS			
If the tenant is receiving any of the welfare benefits below then they will be exempt from the Benefits Cap	Name of person receiving	Amount PW	Proof seen
Working Tax Credits		£	Y/N
War Widows		£	Y/N
Disability Living Allowance (PIP)		£	Y/N
Attendance Allowance		£	Y/N
Industrial injuries benefit		£	Y/N
ESA (Support Component)		£	Y/N

EARNED INCOME Are you or anyone in your household working? Y/N			
Name of person working	Hours worked PW	Salary PW	Proof seen
		£	Y/N

Please give full details of any employment claimed above				
Please indicated nature of employment: Permanent □ Temporary □ Self Employed □				
Name of Employer				
Job Title/Position Held				
Address details				
Length of employment				
Work related travel costs				

If Self Employed please provide further details of any relevant additional information in the section at the end of this form including the nature of the work, when accounts were last filed, together with the company registration details etc.

Caution

The London Borough of Brent is actively committed to the detection and prevention of fraud and will also prosecute those who commit fraud. All clients are reminded that under s214 of the Housing Act 1996 it is a criminal offence to knowingly or recklessly make a statement which is false or to withhold relevant information. Under the Counterfeit forgery Act 1981 it is a criminal offence to hold and /or use false or counterfeit documents such as passport, immigration document, National Insurance number or bank cards etc.

Signature	Print Name	dated
Spouse/Partner Signature	Print Name	dated

Additional Supporting Information: