

TENANCY APPLICATION FORM

The charity owns 76 houses in Greatham which are available to let to the general public.

Greatham, with its semi-rural location, proximity to Hartlepool, well-regarded primary school, and local facilities is seen as a good place to live, particularly for families.

There is a steady demand for our stock and between 4 and 6 become vacant each year. We allocate on the basis of the property's ability to provide a suitable home for the applicant and the suitability of the applicant as a good tenant.

When a property is empty we will inspect it and local contractors will carry out any necessary repairs and redecoration before the property is reallocated.

The rent levels vary depending on the size of the accommodation but are comparable to those charged by private landlords within the village and also the immediate area. Please complete this form as accurately as you can so that we can fully assess your requirements. If you require further advice or require a large print version or other format, please contact the Estate Office on 01429 870247



Section 1: Personal Details

Name of Applicant:		
Name of Joint Applicant: (if applicable)		
Date of Birth:		
Present Address:		
Post Code:		
Telephone Number:		
Email Address:		

Section 2: Employment Details

<p>Applicant 1</p> <p style="text-align: right;">Full-time <input type="checkbox"/> Part-time <input type="checkbox"/></p>	<p>Applicant 2 (joint applicant)</p> <p style="text-align: right;">Full-time <input type="checkbox"/> Part-time <input type="checkbox"/></p>
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Please indicate the number of bedrooms you would like and any other requirements:

2 bedrooms 3 bedrooms 4 bedrooms

Other requirements:

Please give details of all people who will live in the property (please put your own name first)

Name	Relationship to you	Please tick if under the age of 18

Section 4: Current Home

Where are you living now (please tick one)?

The Owner Buying the Property
 A tenant Living in lodgings or rooms
 Living with parents Other (please specify)

If you are currently a tenant, please provide the name and address of your Landlord:

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Section 5: Additional Details

Please provide the names and addresses of two referees who, if possible, should include your present Employer/Landlord/Building Society or Bank:

Reference 1:	Reference 2:

Do you or any of your household have any criminal convictions which are not spent?

Yes/No

If Yes please give details:

Please provide us with information to support your application :

Section 6: Privacy Statement

The information you provide on this form will be used solely for the purpose of assessing your application for an estate property.

- The data controller is the Hospital of God, a charitable company
- The purpose of holding this information is to enable the charity to process your application for an estate property
- The categories of personal data held are as provided by the applicant(s) on this form
- The information will be held safe and securely in paper format only
- The recipients of the data are the Officers of the Hospital of God
- The information provided will only be shared with third parties for the purpose of carrying out a credit check and/or the Deposit Protection Service (DPS)
- For successful applicants, the only information that will be retained following the allocation of a property will be the completed application form. All other data held will be destroyed
- For unsuccessful applicants the completed application form will be held for two years for further consideration
- Unsuccessful applicants have the right to withdraw their consent to have this information held but a withdrawal of consent will mean that we cannot consider further your estate property application.
- You may complain to the Information Commissioner's Officer if you are not happy with the way in which your data is held
- No automated processing of your data will take place

Signed: (Applicant) Date:

PLEASE NOTE: Your application will be acknowledged and held on file for a maximum of two years. There is no need to make further contact with the Director unless your circumstances change. If, in the meantime, you find other accommodation, please advise us so our records can be amended accordingly. You will need to complete a further application form after two years should you wish to remain on our housing list.

Completed applications should be returned to:

The Hospital of God, Estate Office, Greatham, Hartlepool. TS25 2HS

Telephone: Hartlepool (01429) 870247

Website: www.hospitalofgod.org.uk

Registered Charity No 1123540

Company No 6533385