



APPLICATION FOR DEPOSIT GUARANTEE

Referral Via: _____

Office Use: Comments: _____

Your Full Name: _____

Your partners Name: _____

Current Address: _____

Post Code: _____ Tel: _____

Email address: _____

Your DOB: _____ Your N.I. No. _____

Partners DOB: _____ Partners NI. No. _____

Have you ever been in the care of a Local Authority? Yes/No _____

Do you have a Probation Officer/ Social Worker or Support Officer? Yes/No _____

If yes, name: _____ Contact Number: _____

Address: _____

Do you have any pets? **Yes/No** If **Yes** what sort? _____

Do you need help with getting furniture **Yes/No** _____

Have you previously had a WDGB bond? **Yes/No** Have you been given Notice **Yes/No**

On what address was the WDGB Bond issued? _____

PLEASE GIVE THE LAST 2 ADDRESSES YOU LIVED IN, OTHER THAN THE ONE ABOVE		
1. Address:	Landlord:	Date moved out:
2. Address:	Landlord:	Date moved out:

Briefly explain why you are homeless or in unsuitable housing:				
End of AST	Parental Eviction	Staying with friends/sofa surfing		
Relationship Breakdown	Domestic Abuse	Other Violence/Harassment		
Mortgage Arrears	Leaving Care	Leaving Hospital		
Leaving Rehab/Dry House	Leaving Prison	Other	Details	
Rent Arrears	Eviction			

Next of Kin: _____

Address: _____

Tel number: _____

Are you employed? Yes/No*
 Name and address of present or last employer: _____

 _____ Tel: _____
 Weekly/monthly earnings before tax/NI: £ _____

Information about your finances:

Income Support: £ _____ JSA: £ _____ SMP: £ _____
 ESA: £ _____ WTC £ _____ DLA: £ _____
 CTC: £ _____ Child Benefit: £ _____ Child Care Costs: £ _____
 Grant/Bursary: £ _____ Maintenance: £ _____
 Other: £ _____
 Do you have either fines or a loan to deduct from the above? Yes/No*
 If yes, how much: _____

Details of anyone else who will be living with you:

Name:	Male/Female	Date of Birth	Relationship to you

TERMS AND CONDITIONS

- 1) The tenant(s) identified on this document agree/s to accept full financial responsibility for any rent arrears incurred as a result of the creation of the said tenancy and any damages to the property named.
- 2) On termination of the tenancy the tenant agrees to immediately inform the WDGB.
- 3) The tenant agrees to provide information direct to WDGB within 7 days should there be a dispute at the end of the tenancy concerning any financial liability.
- 4) Where a deposit guarantee bond is issued to joint or multiple tenants all tenants are jointly and severally liable for any claim made against their guarantee and subsequent legal costs incurred by the board in obtaining the original costs.
- 5) It is expected that you will make regular contributions to your bond savings account.
- 6) It is in your own interest to inform WDGB on termination of your tenancy to receive refund of your bond savings.
- 7) **YOU MUST PROVIDE A WRITTEN REFERENCE FROM YOUR CURRENT LANDLORD OR SUITABLE ALTERNATIVE AS AGREED WITH WDGB.**

Declaration by applicant(s):

I have read the terms and conditions provided by WDGB and agree to abide by them. I confirm that all the details entered are correct, and no false information has been knowingly given.

Signature(s): _____ Date: _____

Signature(s): _____ Date: _____

Please Return this form to: KeySteps

Room 1/2, St John's Hall. The Boulevard, Weston-super-Mare, North Somerset BS23 1NA. Telephone: 01934 617617 Fax: 01934 641463 Email: office@KeySteps.org.uk

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Diversity Monitoring Form

In order to ensure that we do not directly or indirectly discriminate against people on the basis of their ethnicity, gender, sexual orientation, age, disability or religion or belief, we would kindly ask you to complete the following short questionnaire.

The information we collect will be confidential and will only be used to enable us to monitor and improve the delivery our services.

The completion of this form is optional

Q1 What is your ethnic origin?

White

**English *Welsh *Scottish *Northern Irish*

****please circle as appropriate***

Irish
Gypsy or Irish traveller.....
Any other white background
*If other White background,
please specify*

Mixed/Multiple ethnic

White and Black Caribbean
White and Black African
White and Asian
Any other Mixed/multiple ethnic background
*If other Mixed/multiple ethnic
background, please specify*

Asian/Asian British

Indian
Pakistani
Bangladeshi
Chinese
Any other Asian background
*if any other Asian background
please specify*

Black/African/Caribbean/Black British

African
Caribbean
Any other Black/African/Caribbean background
Please specify

Other ethnic

- Arab
- Any other ethnic group.....
- If other ethnic background, please specify

Q2 Religion and Belief

Do you identify as:

- No religion
- Christian.....
- Buddhist.....
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion, please specify

Q3 Sexual orientation

Do you identify as:

- Gay
- Lesbian/gay woman
- Bisexual.....
- Heterosexual.....
- Other.....
- Prefer not to say

Q4 How old are you?

Write in whole number e.g.36

Q5 Are your day- to-day activities limited because of a health problem or disability, which has lasted, or is expected to last, at least 12 months?

- Yes, limited a lot
- Yes limited a little
- No

Q6 Are you

- Male
- Female
- Transgender.....
- Prefer not to say