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| **APPLICATION FOR DEPOSIT GUARANTEE** | |
| ***Referral Via:*** | *Office Use: Comments:* |

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| **Your Full Name:** |  | | |
| **Partner/flatmate’s Name:** |  | | |
| **Current Address:** | | | |
| **Post Code:** | | **Tel**: | |
| **Email address:** | | | |
| **Your DOB**: |  | **Your N.I. No.** |  |
| **Partner/flatmate’s DOB**: |  | **Partner/flatmate’s NI. No**. |  |

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| **Do you have a Support Worker, Social Worker or Probation Officer?** **Yes**  **No** | |
| **If Yes, Name:** | |
| **Organisation:** | **Tel:** |
| **Address:** | |

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

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| **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:** |

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| **Briefly explain why you are homeless or in unsuitable housing:** | | | | | |
| End of Assured Shorthold Tenancy |  | Loss of job |  | Leaving prison |  |
| Parental eviction |  | Rent arrears |  | Leaving supported housing |  |
| Staying with friends/sofa surfing |  | Eviction |  | Leaving rehab/dry house |  |
| Problems with property |  | Relationship breakdown |  | Leaving hospital |  |
| Domestic abuse |  | Other violence/harassment |  |  |  |
| Other |  | *(Please give details*) | | | |

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| **Next of Kin Name:** |
| **Address:** |
| **Tel:** |

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| **Details of anyone else who will be living with you (in addition to any partner/flatmate)** | | | |
| **Name** | **Relationship to you** | **Gender** | **Date of Birth** |
|  |  | **M**  **F** |  |
|  |  | **M**  **F** |  |



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| **Are you employed? Yes**  **No** | |
| **Name and address of present or last employer:** | |
| **Weekly/monthly earnings before tax/NI** £ | **Tel:** |

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| **Information about your finances** | | | | | |
| **Universal Credit** | £ | **JSA** | £ | **DLA** | £ |
| **ESA** | £ | **WTC** | £ | **SMP** | £ |
| **CTC** | £ | **Child Benefit** | £ | **Child Care Costs** | £ |
| **Grant / Bursary** | £ | **Maintenance** | £ | **Income Support** | £ |
| **PIP** | £ | **Other** | £ | **Fines/Repayments** | £ |

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| **YOU MUST PROVIDE A WRITTEN REFERENCE FROM YOUR CURRENT LANDLORD OR SUITABLE ALTERNATIVE AS AGREED WITH KEYSTEPS** |

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| **BONDHOLDER TERMS AND CONDITIONS**   1. The tenant/s identified elsewhere 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. In certain circumstances if the tenant is in receipt of Housing Benefit, s/he will be asked to have it paid direct to the landlord. 3. On termination of the tenancy, the tenant agrees to immediately inform KeySteps by telephoning the KeySteps office on 01934 617617. 4. The tenant agrees to provide information direct to KeySteps within the specified period should there be a dispute at the end of the tenancy concerning any financial liability. 5. Where a Deposit Bond is issued to joint or multiple tenant/s, all tenants are jointly and individually liable for any claim made against their Deposit and any subsequent legal costs incurred by the Board in obtaining the original costs. 6. To satisfy our obligation to our funders, we must carry out a follow up visit to you approximately 4-6 weeks after the beginning of your tenancy to ascertain if there are any issues we can assist you with or if there are any problems with the property that need to be addressed with your landlord.  If you are not willing to participate in this procedure, we would have to notify your landlord that the deposit bond is being withdrawn. |

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| **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. | | | |
| **Signed:**  *Applicant* |  | **Date:** |  |
| **Signed:**  *Partner/flatmate* |  | **Date:** |  |

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| **Signed:**  *KeySteps Officer* |  | **Date:** |  |

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| **Please return this form to:**  **KeySteps, Rooms 1-2, St John’s Hall, Boulevard, Weston-super-Mare, North Somerset BS23 1NA.**  **Telephone: 01934 617617 Email:** [**office@KeySteps.org.uk**](mailto:office@KeySteps.org.uk)  **KeySteps** is the working name of WDGB Ltd  Registered in England as a Company Limited by Guarantee No: 7889611  Website: [www.KeySteps.org.uk](http://www.KeySteps.org.uk) CHARITY NUMBER: 1146111 |

*To find out what we do with the information you give us please visit our webpage: keysteps.org.uk/your-data/*

DIVERSITY MONITORING FORM

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 and to report anonymously to our funders.

**The completion of this form is optional and will not affect your application.**

**Please tick box if you agree to our use of this information**

*please tick*

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| **Q1** | **What is Your Ethnic Origin?** | | | | |
|  | **White:** | | | | |
| English | | | |  |
| Welsh | | | |  |
| Scottish | | | |  |
| Northern Irish | | | |  |
| Irish | | | |  |
| Gypsy or Irish traveller | | | |  |
| Any 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\* | | | |  |
| *\*Please specify* |  | | | |
|  | | | | |
| **Asian/Asian British:** | | | | |
| Indian | | | |  |
| Pakistani | | | |  |
| Bangladeshi | | | |  |
| Chinese | | | |  |
| 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\* | |  | | |
| *\*Please specify* |  |  | | |
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| **Q2** | **Religion and Belief – do you identify as:** | | |
|  | No religion | |  |
| Christian | |  |
| Buddhist | |  |
| Hindu | |  |
| Jewish | |  |
| Muslim | |  |
| Sikh | |  |
| Other\* | |  |
| *\*Please specify* |  | |
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| **Q3** | **Sexual Orientation – do you identify as:** | | |
|  | Gay | |  |
| Lesbian/gay woman | |  |
| Bisexual | |  |
| Heterosexual | |  |
| Other | |  |
| Prefer not to say | |  |
| Other\* | |  |
| *\*Please specify* |  | |
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| **Q4** | **How Old Are You?** | |
|  | Write in whole number e.g.36 |  |
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| **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 |  |
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| **Q6** | **Gender – are you:** | | |
|  | Male | |  |
| Female | |  |
| Transgender | |  |
| Prefer not to say | |  |
| Other\* | |  |
| *\*Please specify* |  | |
|  | | |