



PRINT OFF TO FILL IN AND POST BACK

APPLICATION FOR DEPOSIT GUARANTEE

Referral Via:

Office Use: Comments:

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.

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

If Yes, Name:

Organisation:

Tel:

Address:

Do you have any pets? Yes No

If Yes what sort?

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 Assured Shorthold Tenancy	<input type="checkbox"/>	Loss of job	<input type="checkbox"/>	Leaving prison	<input type="checkbox"/>
Parental eviction	<input type="checkbox"/>	Rent arrears	<input type="checkbox"/>	Leaving supported housing	<input type="checkbox"/>
Staying with friends/sofa surfing	<input type="checkbox"/>	Eviction	<input type="checkbox"/>	Leaving rehab/dry house	<input type="checkbox"/>
Problems with property	<input type="checkbox"/>	Relationship breakdown	<input type="checkbox"/>	Leaving hospital	<input type="checkbox"/>
Domestic abuse	<input type="checkbox"/>	Other violence/harassment	<input type="checkbox"/>		<input type="checkbox"/>
Other	<input type="checkbox"/>	<i>(Please give details)</i>			

Next of Kin Name:

Address:

Tel:

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 <input type="checkbox"/> F <input type="checkbox"/>	
		M <input type="checkbox"/> F <input type="checkbox"/>	

Are you employed? Yes No

Name and address of present or last employer:

Weekly/monthly earnings before tax/NI £

Tel:

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	£

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

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.

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:

Signed:
KeySteps Officer

Date:

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

KeySteps is the working name of WDGB Ltd
Registered in England as a Company Limited by Guarantee No: 7889611
Website: 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

Q1	What is Your Ethnic Origin?	
	White:	
	English	<input type="checkbox"/>
	Welsh	<input type="checkbox"/>
	Scottish	<input type="checkbox"/>
	Northern Irish	<input type="checkbox"/>
	Irish	<input type="checkbox"/>
	Gypsy or Irish traveller	<input type="checkbox"/>
	Any other white background*	<input type="checkbox"/>
	<i>*Please specify</i>	
	Mixed/Multiple Ethnic:	
	White and Black Caribbean	<input type="checkbox"/>
	White and Black African	<input type="checkbox"/>
	White and Asian	<input type="checkbox"/>
	Any other Mixed/multiple ethnic background*	<input type="checkbox"/>
	<i>*Please specify</i>	
	Asian/Asian British:	
	Indian	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>
	Chinese	<input type="checkbox"/>
	Any other Asian background*	<input type="checkbox"/>
	<i>*Please specify</i>	
	Black/African/Caribbean/Black British:	
	African	<input type="checkbox"/>
	Caribbean	<input type="checkbox"/>
	Any other Black/African/Caribbean background*	<input type="checkbox"/>
	<i>*Please specify</i>	
	Other Ethnic:	
	Arab	<input type="checkbox"/>
	Any other ethnic group*	<input type="checkbox"/>
	<i>*Please specify</i>	

Q2	Religion and Belief – do you identify as:	
	No religion	<input type="checkbox"/>
	Christian	<input type="checkbox"/>
	Buddhist	<input type="checkbox"/>
	Hindu	<input type="checkbox"/>
	Jewish	<input type="checkbox"/>
	Muslim	<input type="checkbox"/>
	Sikh	<input type="checkbox"/>
	Other*	<input type="checkbox"/>
	<i>*Please specify</i>	

Q3	Sexual Orientation – do you identify as:	
	Gay	<input type="checkbox"/>
	Lesbian/gay woman	<input type="checkbox"/>
	Bisexual	<input type="checkbox"/>
	Heterosexual	<input type="checkbox"/>
	Other	<input type="checkbox"/>
	Prefer not to say	<input type="checkbox"/>
	Other*	<input type="checkbox"/>
	<i>*Please specify</i>	

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	<input type="checkbox"/>
	Yes, limited a little	<input type="checkbox"/>
	No	<input type="checkbox"/>

Q6	Gender – are you:	
	Male	<input type="checkbox"/>
	Female	<input type="checkbox"/>
	Transgender	<input type="checkbox"/>
	Prefer not to say	<input type="checkbox"/>
	Other*	<input type="checkbox"/>
	<i>*Please specify</i>	