

Liversage Trust

For the people of Derby
Since 1529

T: 01332 348155
E: info@liversagetrust.org
www.liversagetrust.org

Liversage Trust, London Road,
Derby, DE1 2QW

Application for a Tenancy

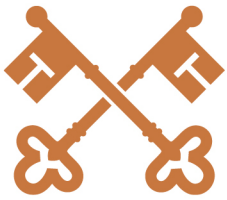
The Liversage Trust is an Almshouse Charity, but also operates as a private landlord, with 27 properties let on assured shorthold tenancies. If you would like to be considered as a tenant should one of our properties become vacant, please complete this form. Please provide as much detail as you can to tell us about your current circumstances and your preferences for rehousing.

1. Applicant's Personal Details			
Your name:		Date of birth:	
Partner's name: (if applicable)		Date of birth:	
Your current address and postcode:			
	Time at this address: Please provide dates		
Telephone:		Email:	

2. Family Members

Please provide details of family members currently living with you

Name	Relationship	Age	Will they be moving with you? (state either Yes or No)



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3. Previous Addresses over the last 5 years House number / street / town / postcode	How long did you live here? (state dates)	If rented - Who was your landlord? (name, address, telephone no)

4. Where you live now

Please give a simple description of the property you live in: (eg 1 bed 2nd floor flat with shared garden)

If you rent your current home:

Landlord's name, address and telephone number.

Please note we will contact your current landlord for a reference

How much is your current rent?
(state weekly or monthly)

How much notice do you have to give your landlord?

Is your rent paid up to date?
(please state either Yes or No)

Yes No

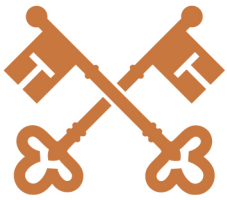
If no, please state the amount owed and the reason for arrears

If you own your current home:

What is the estimated sale value?

How much, approximately, is your outstanding mortgage?

What is your estimated timescale for moving? (state earliest date)



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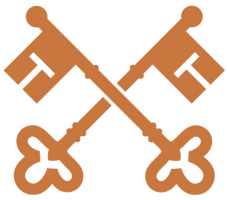
5. Why you want to move

Please give us as much information as possible to support your application, including any health or social circumstances you would like us to consider.

6. Where you want to move to

Estate:	Property type:	Please tick (✓) all those you would consider
Nottingham Road	1 Bed Flat (5 in total)	
	2 Bed Flat (7 in total)	
	3 Bed House (1 in total)	
	4 Bed House (8 in total)	

Please detail any specific requests (eg Ground Floor Flat); (eg one of the new flats in Liversage Arms);



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7. Financial Circumstances

	You	Your Partner
If you work:		
Name and address of your employer?		
What are your average weekly earnings?	£	£
If you receive benefits:		
What housing benefit do you receive? (full or part - if part - how much 4-weekly)	£	£
List below any other benefits you receive:		
	£	£
	£	£
	£	£
	£	£
Other income/assets:		
Total of any other regular income: (state if weekly, monthly or annual)	£	£
Total savings	£	£
Please state value of any other assets (eg second property)	£	£

8. Pet Ownership

Do you own a pet? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please tell us what your pet is and how old it is:
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13. References

Please provide details of someone who is not related to you, who you have known for at least 3 years, and who will act as a referee, if required:

Name:

Address:

Telephone:

Email:

14. Declaration

I declare that, as far as I know, the information given in this application form is true. I understand that any deliberately false statement or omission of material facts may result in action being taken against me. Appropriate checks will be made to validate this application. Failure to provide the required information may result in the application being rejected. A false declaration or failure to report any change in circumstances that affects the application may result in prosecution. Subsequent discovery that information on this application form is false may result in legal action to repossess any home we have let to you. I understand that no sub-letting is permitted under terms of a Liversage Trust tenancy and may result in legal action. I authorise Liversage Trust to undertake checks with any individual or organisation to validate my application.

Applicant's signature:

Date:

Partner's signature:

Date:



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Data Protection Statement

The information which you give when completing your application form will be used in accordance with the Data Protection Act 1998 and for the following purposes: to enable the Trust to create an electronic and paper record of your application; to enable the application to be processed; to enable the Trust to compile statistics, or to assist other organisations to do so, provided that no statistical information that would identify you as an individual will be published. The information will be kept securely, and will be kept no longer than necessary. Some details may be checked with relevant organisations but none will be disclosed for any inappropriate purpose. You may have access to your personal information on request.

Please return the completed form to:

The Liversage Trust
The Board Room
London Road
Derby
DE1 2QW

Email:

Telephone:

Fax:

info@liversagetrust.org

01332 348155

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