 Hope into Action Accommodation Referral Form

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| --- | --- |
| **About this form**  This form helps us decide whether the applicant is suitable for our supported accommodation.  **Who fills it in?**  **The referring party (referrer) with the applicant’s input if possible**. Section 11 may be filled in by the referrer alone. The form must be completed **fully**; if a section is not relevant, please state N/A instead of leaving blank. If you are a church referrer we may call to discuss things further.  OR  An **applicant themselves.** If something does not apply to you, please write N/A in that section. Self referrals take more time, as we seek information and references. You can choose whether you’d like to fill in Section 11 for yourself or not.  **What happens next?**   * We will let you know we have received the application. * If eligible, the applicant will be invited for initial interview. After this they may be invited for further assessment. Please be aware that this process can take several weeks. * The referring party and/or referee will be informed of the outcome. * Please note that housing may not be available immediately. Applications may be held on file until vacancies arise.   **What if the applicant is not accepted?**  The referring agency and/or applicant will be informed, giving reasons for the decision. | **Please include reference to the following documents where relevant:**   * Mental Health Diagnoses * CPA (Care Plan Approach) * MAPPA (Multi-Agency Public Protection Arrangements) * MARAC (Multi-Agency Risk Assessment Conference) * Risk assessment (including OASys/safercustody or equivalent) * Pre-sentence report and list of previous convictions including spent convictions * Prescribed medication sheets * Two references preferably one personal (such as a minister) and one professional (such as offender manager or employer)   ***If these documents are available we will need them before interviews can take place. If the above are not available, we require written information equivalent in nature***   * Any other information which you feel will support the application   **Please return this form to:**  angela.short@hopeintoaction.org.uk |

|  |  |  |  |
| --- | --- | --- | --- |
| OFFICE USE ONLY | City receiving referral: | Date received | If no vacancies, keep on file until (6 months from date received) |
|  |  |  |
| Name of HIA team member receiving referral | Date acknowledged to referrer/ applicant | Would the applicant like this shared with other HIA cities? |
|  |  |  |

## Applicant declaration & consent

|  |  |  |  |
| --- | --- | --- | --- |
| I confirm that the information I have given is correct. I understand that if any information I have provided is found to be false you may withdraw any offer of housing, or if I have already moved into a Hope into Action property you may take legal action, which may result in you asking me to move out.  I understand that withholding any information which raises the risk element of my assessment may also result in me losing my accommodation and support.  I give permission for you to obtain further information from other relevant agencies, which may include Probation, Social Services, local authority housing departments, local authority housing benefit departments, the Police, Local Authority and benefit agencies, amongst others.  Under the Data Protection Act 1998 we are required to obtain consent to share information about you with other agencies and organisations who may be involved in providing services to you. You have a right to prevent this and therefore you do not have to consent if you don’t want your information shared. However, it may be difficult to provide you with the services you need if you do not give your consent.  Please also read and sign the ‘Permission to Exchange Information’ document at the end of this form and ensure you understand our Privacy Policy. | | | |
| Signed (applicant) |  | Date |  |
| Print name |  | | |

## Applicant details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full name |  | | | | |
| Previous names |  | | | | |
| Address |  | | | | |
| Postcode |  | Home phone number | | |  |
| Mobile number |  | | | | |
| N.I. number |  | | Nationality/ethnicity |  | |
| Right to remain ID (if required) |  | | Do they have ‘right to rent’?[[1]](#footnote-1) | No Yes | |
| UK/ European Passport Number |  | | Other ID seen |  | |
| Date of birth | Age | | | | |
| Gender identity | Male  Female  Trans  Fluid or non-binary | | | | |
| Are you the same sex you were at birth and is this the same as your gender identity as above?[[2]](#footnote-2) | No  Yes  Prefer not to say | | | | |
| Please note your EW and F&S volunteer maybe a different gender to you, please note if this may be difficult for you | That’s fine This may be an issue (please explain) | | | | |
| Do you need someone to sign for you? | No  Yes | | | | |
| Do you need information in Braille? | No  Yes | | | | |
| Do you have any mobility issues? | No  Yes  If yes, please give details: | | | | |
| Do you need an interpreter? | No  Yes  If yes, which language?: | | | | |
| Where would you like to be housed? (if ‘anywhere’ this form may be shared with other HIA locations) |  | | | | |
| Would you be prepared to move to another city | No  Yes | | | | |

## Next of kin details

|  |  |
| --- | --- |
| Name |  |
| Relationship to you |  |
| Address |  |
| Phone number |  |
| Are we able to contact them in emergency or if we have concerns\*? (If not who would you like us to contact?) |  |

## Children and dependants

|  |
| --- |
| Do you have (or have you had) any children?  Yes  No  Are they ‘dependent’? (are you the primary care giver who gets the child benefit etc)  Yes  No  Do they live with you?  Yes  No  Do you have other dependants? (eg: someone you care for who is reliant on you?)  Yes  No  Are / could you be pregnant or expecting a baby at the moment?  Yes  No  Please give details for any ‘Yes’ boxes ticked above: |

## Pets

Animals are not permitted at HIA houses, do you have an pets?

Yes No

## \*We may need to contact them should you abandon the property or leave us whilst still owing money for example

## Applicant’s Support needs

Hope Into Action provide SUPPORTED accommodation. Please tick as many boxes as you like, whether they are areas in which you feel you NEED support or are CURRENTLY RECEIVING support in: (This will create your action plan, so please be honest and only tick the areas in which you are WILLING to address)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Tenancy | Keeping your room/home safe, clean and tidy |  | Learning how to cook |  |
| Warnings or evictions |  | Arranging repairs |  |
| Crime | Offending behaviour |  | Violent / aggressive or threatening behaviour |  |
| Health – substance misuse | Drug reduction programme |  | Alcohol problems |  |
| Health – physical & mental | Getting a doctor |  | Depression |  |
| Exercise |  | Hygiene |  |
| Disability issues |  | Mental health & wellbeing (includes counselling, specialist support or general improvements) |  |
| Meaningful use  of time & volunteering | Volunteering |  | Interests / hobbies |  |
| Short courses for leisure |  | ‘Giving back’ |  |
| Employment, education, training | Employment |  | Training |  |
| Education |  | Job applications & CVs |  |
| Literacy / numeracy |  | Gaining basic qualifications (e.g. English, Maths) |  |
| Social & family relationships, inc. support networks | Family links (this may include drawing closer or pulling away depending on their influence) |  | Making new friends (and positive influences) |  |
| Re-establishing or maintaining contact with children |  | Gaining custody or contact of children |  |
| Other social networks |  | Isolation |  |
| Finance & budgeting | Paying rent / bills |  | Claiming benefits |  |
| Budgeting |  | Clearing debts |  |
| Diversity | Cultural needs |  | Religion / faith |  |
| Sexual orientation |  |  |  |
| Other | Domestic abuse |  | Legal matters not related to offending |  |
| Gambling |  | Help with language |  |

|  |
| --- |
| Please state any other areas in which you need support: |

## Current accommodation details

|  |  |  |
| --- | --- | --- |
| No fixed abode  Rough sleeping  Sofa surfing  Friends / family  Parental home | Rehab unit  Prison  Hospital  Foster care  Bed & breakfast | Private rented  Council tenancy with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Housing association tenancy with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Hostel provided by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supported housing with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## Housing History

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever lived in shared accommodation? (Not including friends / family) | | | No  Yes | |
| If yes, what was your experience like? | | | | |
| Have you ever lived in independent accommodation? | | | No  Yes | |
| If yes, please give details, including dates, type of housing and **reason for loss of tenancy** | | | | |
| Where have you lived for AT LEAST the past five years? (Include any hospital or prison stays) | | | | |
| Address | From | To | | Reason for leaving |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
| Have you ever been evicted? | | | | No  Yes |
| If yes, was the eviction for any of the following reasons:  Because you were violent  Because you were harassing someone  Because of non-payment of rent  Because you were drug taking / dealing  Because of noise nuisance  Because of ASB | | | | No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes |
| Which local authority do you have the greatest local connection with? |  | | | |
| Are you on a local authority housing register? | No  Yes  If yes, which one? | | | |
| If yes, please include a copy of the housing application and bidding/homelink number: |  | | | |
| Have you applied to any other supported housing? | No  Yes  If yes, give details of agencies and responses received. | | | |

1. Offending history – if none, please tick and move to section 5**:**  Please state applicant’s current sentence or give details of most recent sentence.

|  |  |
| --- | --- |
| Prison | Offence:       Length of sentence:       Prison number:  Likely release date and type of release:  Name and address of prison:  Offender manager / probation details: |
| Community Order  Suspended Sentence Order | Offence:  Please tick all that apply:  Unpaid Work  Prohibited Activity  Specified Activity  Exclusion  Programme  Curfew  Residence  Supervision  Attendance Centre  Mental Health Requirement  Drug Rehabilitation  Alcohol Treatment  Start date:       Finish date: |
| Licence | Offence:  Young Offender  Extended Licence  Home Detention Curfew  Life Licence Start date:       Finish date: |

## Please provide details of past offences, crimes or investigations:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have any history of the following: | Tick all that apply  Arson: Yes  No  Risk to children: Yes  No  Sex offences: Yes  No  Offense against vulnerable adults: Yes  No  Violence (ABH/ GBH/ DA etc) : Yes  No  Child Protection Issues: Yes  No  Supply of Illegal Drugs: Yes  No | | | |
| Are you registered (or have you ever been registered) under the sex offenders Registration Act (1997)? | | | | Yes  No |
| Are you or do you think you may be on the barred list for working with children or vulnerable adults? | | | | Yes  No |
| Are you on a MARAC. If Yes, please give details of IDVA: | | | | Yes  No |
| Are you on a MAPPA. If Yes, please give details of level: | | | | Yes  No |
| Please give details of previous offences, charges or convictions (or attach list of previous convictions)  \*Please note you are not legally required to inform us of spent convictions[[3]](#footnote-3) but we value honesty so we can ensure the best support for you | Date | Offence(s) | Sentence received or decision made | |
|  |  |  | |
| Please list any court cases/police investigations pending/ongoing, TIC or state none |  | | | |

## Substance use

Substance users must be stable or addressing their drug / alcohol misuse in a planned approach via support services. This is because of the difficulty managing health and safety problems caused by chaotic substance users in shared residential environments.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you using, abusing or have you ever used, any of the following?  Alcohol  Amphetamines (speed)  Cannabis  Cocaine  Crack Cocaine  Crystal Meth  Ecstasy  Heroin  Opiates/Opiods  Ketamine  ‘Legal highs’, i.e. New Psychoactive Substances (NPSs)  Methadone  Prescription medication  Solvents  Tranquillisers  Other (please specify) | Current | Previous | Never |  |
| Please tell us about your previous and current drug use E.g. how much did you use, how often, when was the last time, triggers or reasons for drug use | | | | |
| Do you carry a Narloxone Pack? | No  Yes | | | |
| Are you on or awaiting any drug or alcohol treatment programme? | No  Yes  If yes, please give details of agency and programme: | | | |
| In a typical week how many units of alcohol do you drink? (if you’re unsure about ‘units’ please state what and how much you drink)  Please tell us about your current and previous alcohol use E.g. how much, how often, when was the last time, any triggers you’re aware of | | | | |

## Physical, Mental Health and Wellbeing

|  |  |
| --- | --- |
| Are you registered with a GP?  No Yes  If yes, please provide name and address: | |
| Do you have any concerns about your: Mental / emotional health & wellbeing  Medical / physical health | No  Yes  Previously  No  Yes  Previously |
| If yes or previously, please provide details  (this might include treatment received, medication taken, symptoms etc.) | |
| If you suffer from mental health issues how would we know you are becoming unwell (describe attitudes, behaviour, etc): | |

## Meaningful use of time and employment

|  |
| --- |
| Please write something about the things you have done, currently do, and/or would like to do to occupy your time: |
| Employment, education, training |
| Sport, music, arts, other hobbies and talents |
| Literacy / numeracy needs, including help with language |

## Social Networks / family and friends

|  |  |
| --- | --- |
| Please give some details about your **social** networks, **both positive and negative** | |
| Family links | Peers / friends |
| Domestic Abuse | Other Faith groups/clubs |
| Do you feel Isolation / loneliness | Any other social networks we should be aware of (eg gangs you’re trying to avoid etc) |

## Financial situation

|  |  |  |
| --- | --- | --- |
| What is your current income? (tick all that apply) | Universal Credit (UC)  Jobseeker’s Allowance (JSA)  Employment Support Allowance (ESA)  Disability Living Allowance (DLA)  Personal Independence Payment (PIP) | Working Tax Credits (WTC)  Child Tax Credits (CTC)  Income Support (IS)  Wages  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| How much do you receive and how often? On what day? |  | |
| Do you have any rent arrears? | No  Yes If yes, please give details, including the amount owed, and any agreements you have made to repay them | |
| Do you have any other debts? (e.g. Loans from friends, Council Tax, benefit overpayments, payday or personal loans, credit cards, catalogues) | No  Yes If yes, please give details, including the amount owed, and any agreements you have made to repay them | |

## Your goals, interests and motivation

|  |
| --- |
| Are there any skills or interests you would like to develop? What would you like to see happen over the next two years of your life?    How would a place with HIA help you? Please include anything else about yourself or your situation which may be helpful to Hope into Action staff when considering your suitability. |
| Please place a cross on the line to show how strong your **desire** is to change.  0 5 10  I have no desire to change I really want to try I’m completely committed  Can you give us an example of how you have implemented positive change in your life:  Please place a cross on the line to show how **able** you feel to make the necessary changes.    0 5 10  There’s no way I can do it I think I can do it with support I’m completely able to do it on my own  In what area(s) of your life, will you benefit from our support the most? |

## Other agencies

If you are receiving help from any other person or agency, please list them here (e.g. doctor, social worker, Probation officer, community psychiatric nurse, advocate, family, friend etc.). Hope into Action may contact them as part of our assessment process to discuss your housing and support needs. It is essential Hope into Action has this information to ensure we can offer appropriate accommodation and support.

|  |  |  |  |
| --- | --- | --- | --- |
| Name(s) | Job title & agency | Contact address | Telephone & email address |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Risk of harm assessment / Safety issues \*Referrer can choose to complete this either with the applicant present or not. PLEASE INCLUDE ANY AGENCY RISK ASSESMENTS WITH THIS APPLICATION

|  |  |
| --- | --- |
| **Referrer**, please indicate whether you consider the applicant to present a risk in any of the following categories:  \*If you can not give an educated answer please state so and we will contact alternative sources | To self  To the community  Towards staff  Towards previous victims  Towards other tenants  From others |
| Is there any history of the following (prosecuted or otherwise): | |
| **By** the client?  Physical abuse  Mental abuse  Sexual abuse  Racial abuse  Verbal abuse  Intimidation/Bullying  Damage to property | **Towards** the client?  Physical abuse  Mental abuse  Sexual abuse  Racial abuse  Verbal abuse  Intimidation/Bullying  Damage to property |
| Where a risk of harm is identified, please give details, considering the following factors:   * What will increase / reduce the risk? What type of harm is likely to occur? * How severe would this be? How likely is this to happen? * What is the consequence of the applicant living in a Hope into Action property? * What is your assessment based on? | |
|  | |

## Referrer’s details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | | | |
| Job title |  | | | |
| Address |  | | | |
| Postcode |  | | Contact number |  |
| Email address |  | | | |
| Relationship to Applicant  How long have you known them?  How often do you see them? Will this continue once they are housed? | | *(please include whether it’s a personal or professional capacity)* | | |
|  | | |
|  | | |

## Referrer’s assessment

|  |  |  |  |
| --- | --- | --- | --- |
| What is the current housing situation of the applicant? Why do they need supported housing? | | | |
|  | | | |
| Why do you feel Hope into Action would be a suitable supported housing option for the applicant?  Your assessment should include information about the following points:   * Risk of harm * Offending history/ likelihood of re-offending * Behaviour traits * Attitudes (especially on cultural / racial diversity, gender, sexual orientation) * Motivation to address support needs * Attendance and engagement with support agencies, e.g. Probation, drug/alcohol agencies * Any other information that would be helpful to staff assessing suitability of the applicant | | | |
|  | | | |
| What is your knowledge of the applicant’s suitability to live in shared supported accommodation with other tenants who may be vulnerable? (If you don’t know him/her well enough to make informed comments, please state this.) | | | |
|  | | | |
| What is the current and future level of contact you plan to have with the applicant? | | | |
|  | | | |
| I confirm that, to the best of my knowledge, the information contained within this application is truthful, accurate and as complete as possible. | | | |
| Signed (referrer): |  | Date: |  |

# Permission to exchange Information Agreement

***To be read and discussed by Empowerment Worker before signing***[***[1]***](https://euc-word-edit.officeapps.live.com/we/wordeditorframe.aspx?ui=en-US&rs=en-GB&wopisrc=https%3A%2F%2Fenablingthechurch.sharepoint.com%2FWorkspace%2F_vti_bin%2Fwopi.ashx%2Ffiles%2F9180ba987ed047cd8223f5d0fd0d9d42&wdenableroaming=1&wdfr=1&mscc=1&hid=937BC3A0-F01E-6000-C9A6-CE97A86C4930.0&uih=sharepointcom&wdlcid=en-GB&jsapi=1&jsapiver=v2&corrid=4ef1afc7-1536-e3f4-cd12-d6474bd7ef73&usid=4ef1afc7-1536-e3f4-cd12-d6474bd7ef73&newsession=1&sftc=1&uihit=docaspx&muv=1&cac=1&sams=1&mtf=1&sfp=1&hch=1&hwfh=1&dchat=1&sc=%7B%22pmo%22%3A%22https%3A%2F%2Fenablingthechurch.sharepoint.com%22%2C%22pmshare%22%3Atrue%7D&ctp=LeastProtected&rct=Normal&wdorigin=ItemsView&wdhostclicktime=1688552105164&wdprevioussession=4ef1afc7-1536-e3f4-cd12-d6474bd7ef73&instantedit=1&wopicomplete=1&wdredirectionreason=Unified_SingleFlush#_ftn1)***:***

To provide a service, agencies need to exchange information. This can include councils, doctors, housing providers, specialist services, Job Centre Plus, Social Services and so on.

1. Time is saved if you give ***general permission*** to exchange information. You can request to change the agreement at any time.

Alternatively:

1. You may want to ***exclude some agencies*** or prefer us to ***ask each time*** we contact people.

Even with permission we will not pass on information unnecessarily, and ***will not disclose personal information to family, friends or other private individuals*** without your express permission (ideally written). In some limited situations, for example; if there is an order from a court, a Safeguarding or criminal activity concern or if there is an urgent matter of public safety – information may be passed on without asking.

Please also be aware that both the Church Leader and ‘Friendship & Support Group’ may be privy to information, to enable them to support you better. Likewise, if you should disclose something to them that they feel we (as your Empowerment Worker and landlord) need to know, they are within their rights to pass this information on to us.

If you would like a matter to remain confidential between yourself and the Hope into Action, please let your Empowerment Worker know. Confidentiality and human rights laws dictate that a matter can’t and shouldn’t stay confidential if your safety (or the safety of others) is threatened, if a child’s safety is involved or if it is a matter of National Security.

## AGREEMENT

Hope into Action will hold personal information about you in line with the Privacy Notice (attached).

Please sign below if you agree we can exchange information about you. You may alter parts you do not agree with. You can revoke your consent at any time by notifying us of your wish to do so. If you revoke your consent, please be aware we may no longer be able to provide you with support services and accommodation.

**1. Agencies providing services**

I agree that agencies providing welfare/support services may exchange information about me. I understand that this may include organisations such as probation, housing, Social Services, advice agencies, my church Friendship and Support Group and Church Leader, councils, Job Centre Plus and other relevant bodies.

**2. Doctors and other health workers**

I agree that my doctor(s) and other health workers may give information about myself to agencies helping with my housing and other problems.

**3. I would like to specify that Hope Into Action should NOT share any personal information about me with**

**……………………………………………………………………………………………………………………**

**I would like to give the following instructions:**

**……………………………………………………………**

* I understand that personal information will only be passed to agencies able to keep that information secure within General Data Protection Regulations guidelines (GDPR) and other applicable data protection laws.

* I understand that, I have a right to access records and other personal information about me which are kept by HIA UK and a right to have my personal information deleted or the use of it restricted (on the grounds specified by law).

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witnessed by Empowerment Worker:

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[[1]](https://euc-word-edit.officeapps.live.com/we/wordeditorframe.aspx?ui=en-US&rs=en-GB&wopisrc=https%3A%2F%2Fenablingthechurch.sharepoint.com%2FWorkspace%2F_vti_bin%2Fwopi.ashx%2Ffiles%2F9180ba987ed047cd8223f5d0fd0d9d42&wdenableroaming=1&wdfr=1&mscc=1&hid=937BC3A0-F01E-6000-C9A6-CE97A86C4930.0&uih=sharepointcom&wdlcid=en-GB&jsapi=1&jsapiver=v2&corrid=4ef1afc7-1536-e3f4-cd12-d6474bd7ef73&usid=4ef1afc7-1536-e3f4-cd12-d6474bd7ef73&newsession=1&sftc=1&uihit=docaspx&muv=1&cac=1&sams=1&mtf=1&sfp=1&hch=1&hwfh=1&dchat=1&sc=%7B%22pmo%22%3A%22https%3A%2F%2Fenablingthechurch.sharepoint.com%22%2C%22pmshare%22%3Atrue%7D&ctp=LeastProtected&rct=Normal&wdorigin=ItemsView&wdhostclicktime=1688552105164&wdprevioussession=4ef1afc7-1536-e3f4-cd12-d6474bd7ef73&instantedit=1&wopicomplete=1&wdredirectionreason=Unified_SingleFlush#_ftnref1) Note for EWs – please always offer to read this document aloud for tenants to confirm understanding.

Please also ensure they have access to a copy of the privacy notice too – found here: [Data Privacy Notice for tenants 20190109.docx (sharepoint.com)](https://enablingthechurch.sharepoint.com/:w:/r/Workspace/_layouts/15/Doc.aspx?sourcedoc=%7BF4332F41-B278-4415-9C6A-6ABCE5B059F1%7D&file=Data%20Privacy%20Notice%20for%20tenants%2020190109.docx&action=default&mobileredirect=true) (ie: in a House Folder at the property). For franchise tenants the privacy notice is here: [Data Privacy Notice for franchisee tenants 20190515.docx (sharepoint.com)](https://enablingthechurch.sharepoint.com/:w:/r/Workspace/_layouts/15/Doc.aspx?sourcedoc=%7B0929F908-B144-4FFB-8994-E7D7F946090A%7D&file=Data%20Privacy%20Notice%20for%20franchisee%20tenants%2020190515.docx&action=default&mobileredirect=true)

1. Please refer to list of required ID and documentation for further clarification [↑](#footnote-ref-1)
2. We apologise if this question seems insensitive, but we have ‘male’ and ‘female’ homes and want to ensure if homed, you are comfortable with what’s offered [↑](#footnote-ref-2)
3. See <https://unlock.org.uk/court-makes-clear-spent-convictions-shouldnt-taken-account-housing-applications/> for further information [↑](#footnote-ref-3)