



LIVING RENT

ADDITIONAL ASSISTANCE APPLICATION FORM

- Please complete the form in BLOCK CAPITALS in BLUE or BLACK ink or word processor.
- Tick the appropriate boxes to answer the questions and state detail as required.
- Please make sure you have filled in your application form correctly and have answered all the questions which apply to you.
- Your form will be sent back to you if it is not correctly filled in. This will delay your appeal being processed.
- If you have difficulty in filling in this form contact your Housing Manager.

Title:	Surname:	Forename(s):	
Date of birth:		Tenancy number:	
Home Tel:		Mobile:	
Address:			
		Postcode:	
Email:			

WHO LIVES IN YOUR HOUSEHOLD?

Surname	Forename	Date of Birth	Relationship to you	Education/Employment Status

SECTION 1: INCOME

1. INCOME DETAILS

Give your household weekly household income gross and net. Multiply monthly income by 12 and divide by 52. Where your income varies from week to week, please give an average over the last 5 weeks. This information must be repeated for all registered members of your household over the age of 16 *(Re-print or photocopy this page for additional sheets)*

Income from employment	Per Week (£)
Gross earned income:	£
Net Income after Tax and NI (X):	£

Other deductions at source (give detail in box at section 3)	£
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If you and/or your partner are in receipt of any of the following benefits/income, please state how much you receive:

Income from benefit payments/pensions etc.	Per Week (£)
Universal Credit:	
Income based Job Seekers Allowance:	
Contribution based Job Seekers Allowance:	
Income Support:	
Child Benefit:	
Personal Independence Payments (PIP):	
Child Tax Credit:	
Working Tax Credit:	
State Retirement Pension:	
Housing Benefit/Local Housing Allowance:	
Other state benefit: (please specify e.g. DLA)	
Military Service Pension:	
Retirement pension from employer/pension scheme:	
Other income (Maintenance, interest on savings etc.)	
Total additional income: (Y) <i>(i.e. all listed above, also MUST include interest on savings)</i>	
Total Income: (X + Y) <i>(net earned plus unearned)</i>	

War Pension:*	
War Disability Pension: (percentage.....%)*	

*War pension & war disability pension is required, however this will not be calculated as part of your income

Do you receive Housing Benefit/Housing Allowance?	YES / NO
If YES, is it for all or part of the rent:	ALL <input type="checkbox"/> PART <input type="checkbox"/>

If you claim any of the above State Benefits, please give address of the Benefits Office making payments:

SECTION 2: SAVINGS AND INVESTMENTS

How much money do you have in any bank/building society/savings accounts and investments? (note 5)	£
How much money do you have in any investments (i.e. ISA/shares etc.)	£

SECTION 3: ADDITIONAL INFORMATION

Please enter below any further information you think is important to be considered when assessing your application. If you need to write more please add a blank sheet.

SECTION 4: DATA PROTECTION ACT 2018 / DATA COLLECTION

In accordance with the Data Protection Act, your computer record is only made available to those having a need to know. No personal information will be released to anyone outside this group. You have the right to ask for a copy of your information, and for a description of how we are using it and who we may give it to.

We would be most grateful if you would sign below as having read and understood the above and that you agree the personal information provided may be held in computerised form for use as described.

Signed **Date**

SECTION 4: DECLARATION

It is important that you are honest in your application. Appropriate checks will be made to validate this application. Failure to provide the required/requested information may result in the application being rejected. A false declaration or failure to report any change in circumstances will be considered a serious error.

Subsequent discovery that information on this application form is false may result non-renewal of your tenancy.

I confirm that, as far as I know, the information I have given in connection with this application for additional assistance is correct. I will inform Haig immediately if there is any change in my circumstances.

I authorise Haig Housing to undertake checks with any organisation to validate my application.

Your signature: **Date:**

Please send the completed form to:

**HAIG HOUSING, ALBAN DOBSON HOUSE, GREEN LANE
MORDEN, SURREY. SM4 5NS**