

APPLICATION FOR PRIVATE RENTED PROPERTY IN A SELECTIVE LANDLORD LICENSING AREA

PLEASE NOTE: Failure to complete this form correctly will result in the form being returned to you. The application process will only commence once a fully completed application is received. Any persons aged 18 or over must complete the application form. The outcome of the vetting will be given in writing to each applicant at the address provided on the form. **This does not constitute a 'Right to Rent' Check.**

Property applied for

Landlord or Managing Agent

Name

Address

Telephone Number

Email

Each applicant must provide identification from the following list.

Please provide TWO of the following documents. ONE of the documents must provide a full name and address and ONE of the documents must provide photo identification:

- Bank statements from the previous two months
- Benefit payment book
- Certificate of employment in HM forces or Merchant Navy
- Current passport
- Divorce/annulment papers
- EC / EEA identity card
- Home Office letter confirming current right of residence in the UK
- Life insurance policy
- Marriage certificate
- Medical card
- Payslip from your current employer dated within the last two months
- Photocard driving licence
- UK paper driving licence
- UK residence permit
- Utility bill dated within the last two months

PLEASE NOTE: If you were not born in the UK or are unable to provide identification that shows you are a British Citizen, you may be required to provide further documentation. **Please do not send original documents in the post.**

I.D. produced to be witnessed below by Private Sector Housing Team

Applicant 1: Documents produced above

Applicant 2: Documents produced above

Council Official

Date



Personal Details

	Applicant 1	Applicant 2	
Relationship to Applicant 1	N/A		
Title	Miss Mrs Mr Ms	Miss Mrs Mr Ms	
	Other:	Other:	
First name			
Surname			
If you have been known by another name, for example a maiden name or have changed your name, please give details.			
Date of birth			
National Insurance number			
Do you require additional support for any of the following? <i>(Please tick all that apply)</i>	Alcohol dependence	Alcohol dependence	
	Drug dependence	Drug dependence	
	Learning difficulties	Learning difficulties	
	Leaving care of the local authority	Leaving care of the local authority	
	Leaving hospital	Leaving hospital	
	Leaving prison	Leaving prison	
	Leaving supported housing	Leaving supported housing	
	Mental health	Mental health	
	Mobility	Mobility	
	Physical health	Physical health	
	Sensory issues - sight	Sensory issues - sight	
	Sensory issues - hearing	Sensory issues - hearing	
	Sensory issues - without speech	Sensory issues - without speech	
	Wheelchair user	Wheelchair user	



Do you have a support worker?

Yes

No

Yes

No

If yes, please provide agency
name and contact details

Which language do you prefer?



Current Address Details

Applicant 1

Applicant 2

House number or name

Address line 1 (Street)

Address line 2

Address line 3

Address line 4

Address line 5 (County)

Postcode

Date you moved into property

Home telephone number

Work telephone number

Mobile telephone number

Email address

Do you have any pets?

Yes

No

Yes

No

If yes, what kind and how many?

Landlord name (if applicable)

Landlord address line 1

Landlord address line 2

Landlord address line 3

Landlord address line 4

Landlord address line 5 (County)

Postcode

Landlord telephone number

Landlord Email address



Applicant 1**Applicant 2**

What type of accommodation do you have?

- | | |
|---|---|
| Asylum seeker service | Asylum seeker service |
| Bed and Breakfast/hostel | Bed and Breakfast/hostel |
| Caravan | Caravan |
| Council/Local Authority | Council/Local Authority |
| Emergency accommodation | Emergency accommodation |
| HM Forces | HM Forces |
| Housing Associations | Housing Associations |
| In hospital or long term care | In hospital or long term care |
| Living with family | Living with family |
| Living with friend | Living with friend |
| Sleeping rough | Sleeping rough |
| No fixed accommodation | No fixed accommodation |
| Owner occupier | Owner occupier |
| Private landlord | Private landlord |
| Relationship breakdown but in family home | Relationship breakdown but in family home |
| Residential care | Residential care |
| Supported accommodation | Supported accommodation |
| Tied accommodation provided by employer | Tied accommodation provided by employer |
| Other: | Other: |

Is your contact address the same as your current address?

- | | | | |
|-----|----|-----|----|
| Yes | No | Yes | No |
|-----|----|-----|----|

Contact name (if applicable)

Contact address

Postcode

Contact description

- | | | | | | |
|--------|--------|-----------|--------|--------|-----------|
| Parent | Family | Friend | Parent | Family | Friend |
| Work | Home | Solicitor | Work | Home | Solicitor |
| Other: | | | Other: | | |



Applicant 1**Applicant 2**

Are you moving from outside of the United Kingdom?

Yes No

Yes No

Do any of the following apply to you?
(If yes, please tick all that apply)

British Citizen

British Citizen

EEA national

EEA national

Non-British/EEA national
(tick one below):

Non-British/EEA national
(tick one below):

No time limit on your stay in the UK (Indefinite Leave to Enter or Remain, or Certificate of Entitlement to the Right of Abode);

No time limit on your stay in the UK (Indefinite Leave to Enter or Remain, or Certificate of Entitlement to the Right of Abode);

Limited leave to enter or remain (your permission to be in the UK is time-limited);

Limited leave to enter or remain (your permission to be in the UK is time-limited);

Non-EEA national who is living in the UK as a family member of an EEA national.

Non-EEA national who is living in the UK as a family member of an EEA national.

Has any housing related legal action been taken against you? For example, a notice of seeking possession.

Yes No

Yes No

If yes, what was this for?

Mortgage arrears

Mortgage arrears

Rent arrears

Rent arrears

Other housing related debt

Other housing related debt

Nuisance

Nuisance

Damage to property

Damage to property

Other anti-social behaviour

Other anti-social behaviour

Please provide details including address, time of action and date



Applicant 1

Applicant 2

Do you have any convictions other than spent convictions?

Yes No

Yes No

If yes, please provide full details including dates:

Court address

Sentence

PLEASE NOTE: If you have answered **YES**, authorisation must be given on page 14 for a police check.



Employment & Finances

Applicant 1

Applicant 2

At present are you:

Full-time employment

Full-time employment

Full-time student

Full-time student

In receipt of state pension

In receipt of state pension

Long-term illness and unable to work

Long-term illness and unable to work

On a government training scheme

On a government training scheme

Part-time employment (less than 20 hours)

Part-time employment (less than 20 hours)

Self-employed

Self-employed

Unemployed and seeking employment

Unemployed and seeking employment

Working from home

Working from home

Other

Other

Job title (if applicable)

Employer name

Employer address



Have you, or has any member of your household who is to be rehoused with you, any outstanding rent arrears, chargeable repairs or other housing related debt on your current or previous homes? **If yes, please provide details below:**

Yes

No

Applicant 1

Applicant 2

Other household member

Name

Address
from where
debt is

Debt from

Debt to

Landlord, bank
or financial
provider details

Debt amount

If you are in receipt of any state benefits please tick all that apply:

Applicant 1

Applicant 2

Attendance Allowance

Bereavement Allowance

Careers Allowance

Child Benefit

Child Tax Credits

DLA Higher Rate

DLA Lower Rate

Incapacity Benefit

Income Support

Job Seekers Allowance

Pension Credit

Personal Independence Payment

Severe Disability Allowance

State Retirement Pension

Universal Credit

Widow/Widower Benefit

Working Tax Credits

Attendance Allowance

Bereavement Allowance

Careers Allowance

Child Benefit

Child Tax Credits

DLA Higher Rate

DLA Lower Rate

Incapacity Benefit

Income Support

Job Seekers Allowance

Pension Credit

Personal Independence Payment

Severe Disability Allowance

State Retirement Pension

Universal Credit

Widow/Widower Benefit

Working Tax Credits



Housing History

Please provide details of all addresses you have lived in during the last five years, other than your current home.

Applicant 1

Applicant 2

Address and postcode

Date from - date to

Landlord name

Landlord address

Telephone number

Tenancy type:

Private rented Owner occupier

Living with family or friends

Housing Association Council

Other:

Private rented Owner occupier

Living with family or friends

Housing Association Council

Other:

Reason for leaving

Address and postcode

Date from - date to

Landlord name

Landlord address

Telephone number

Tenancy type:

Private rented Owner occupier

Living with family or friends

Housing Association Council

Other:

Private rented Owner occupier

Living with family or friends

Housing Association Council

Other:

Reason for leaving



Applicant 1

Applicant 2

Address and postcode

Date from - date to

Landlord name

Landlord address

Telephone number

Tenancy type:

Private rented Owner occupier

Living with family or friends

Housing Association Council

Other:

Private rented Owner occupier

Living with family or friends

Housing Association Council

Other:

Reason for leaving

Address and postcode

Date from - date to

Landlord name

Landlord address

Telephone number

Tenancy type:

Private rented Owner occupier

Living with family or friends

Housing Association Council

Other:

Private rented Owner occupier

Living with family or friends

Housing Association Council

Other:

Reason for leaving



Other household members (please complete details of everyone who will live in the house including anyone who is not currently living with you but will be when you move).

Full name Date of birth

Nationality Relationship to you

Full name Date of birth

Nationality Relationship to you

Full name Date of birth

Nationality Relationship to you

Full name Date of birth

Nationality Relationship to you

Full name Date of birth

Nationality Relationship to you

Full name Date of birth

Nationality Relationship to you

Full name Date of birth

Nationality Relationship to you

Full name Date of birth

Nationality Relationship to you



Declaration and Informed Consent

Data protection

The information that you have provided will enable Gateshead Council to process your application and determine an outcome in accordance with the vetting procedure and legislation.

I understand that the information I disclose to Gateshead Council on this and any other Housing application forms, and any information obtained about me by the Council from relevant agencies in connection with my application, is required for the purpose of assisting my application, and will be held in the strictest confidence, subject to required disclosure or sharing of information with other organisations that handle public funds for the purposes of preventing and detecting fraud and protecting public funds.

The information you have provided will be held safe and securely on both computerised and manual files. By signing the declaration you confirm that you have read and understood this section.

I understand that it is an offence to give false information or to withhold any information relevant to the application.

I understand that the Private Sector Housing Team will need to carry out inquiries concerning my character and conduct of any current or previous tenancy.

I understand it is my responsibility to notify the Private Sector Housing Team of any change in my circumstances during the application process.

I understand that I have completed this application accurately to the best of my knowledge and confirm that any information given by me is true and accurate.

I therefore authorise the Private Sector Housing Team, in order to obtain any relevant information in relation to my application, to make inquiries with:

The Police Probation services Social services Local authorities Home Office
Housing providers Health professionals Landlords Any other support agency

By signing the declaration you confirm that you have read and understood this section.

Your signature must be witnessed by a Council Officer from Private Sector Housing.

Applicant 1

Applicant 2

Your signature

Date

Council Officer (witness)

Designation



Police Check Authorisation

The reduction of crime and anti social behaviour remains a key priority area for the statutory Community Safety Partnership within Gateshead. We may request data/information for the purposes of vetting. Please sign below to agree to this check being carried out.

Applicant 1

Applicant 2

Your signature

Date

Council Officer (witness)

Designation

Consent to disclose to a third party

If you consent for information regarding your vetting outcome to be disclosed to any third party (e.g. potential landlord, Gateshead Housing Company, Police and Selective Licence Holder), please sign below.

Applicant 1

Applicant 2

Your signature

Date

Application and Informed Consent Checklist

This handy checklist will help you make sure you have provided all relevant information:

- Fully completed form
- Declaration and Informed consent signature
- Police Check Authorisation signature
- Relevant forms of identification
- Proof of your immigration status (where applicable to your application)

Failure to complete this form correctly will result in the form being returned to you. By not providing any relevant documents, this could result in a delay in processing your application. The application process will only commence once a fully completed application with relevant documentation is received.

Please note:

The outcome of the vetting will be given in writing to each applicant at the address provided on the form.

Contact information

Private Sector Housing Team, Gateshead Council, Civic Centre, Regent Street, Gateshead, NE8 1HH

Technical Officers 0191 433 3992/433 2660 Senior Support Officers 0191 433 3365/433 3907

Email: landlordvettings@gateshead.gov.uk

