

# PORT SUNLIGHT VILLAGE TRUST

## ACCOMMODATION APPLICATION FORM



**Port Sunlight**  
VILLAGE TRUST

**PLEASE NOTE THAT A £50 ADMINISTRATION FEE IS PAYABLE WHEN SUBMITTING YOUR APPLICATION, WITH £25 REFUNDABLE UPON SIGNING A TENANCY AGREEMENT**

APPLICANT:	Title ..... First Name ..... Middle Name ..... Surname ..... Date of Birth ..... Address ..... ..... Post Code ..... Telephone Number: Work ..... Home ..... Mobile ..... Email..... NI Number.....																									
JOINT APPLICANT:	Title ..... First Name ..... Middle Name ..... Surname ..... Date of Birth ..... Address ..... ..... Post Code..... Telephone Number: Work ..... Home ..... Mobile ..... Email ..... NI Number.....																									
DETAILS OF OTHERS WHO WILL RESIDE IN THE PROPERTY:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">SURNAME</th> <th style="width: 25%;">FIRST NAMES</th> <th style="width: 10%;">SEX M or F</th> <th style="width: 15%;">Date of Birth</th> <th style="width: 25%;">RELATIONSHIP TO YOU</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4.</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	SURNAME	FIRST NAMES	SEX M or F	Date of Birth	RELATIONSHIP TO YOU	1.					2.					3.					4.				
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2.																										
3.																										
4.																										

Are all the above living at your present address? YES/NO

If NO, give details of where they are living now .....

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Are you or any other members of your family disabled? YES / NO

If yes, will adaptations to your home be required? YES / NO

Please specify.....

.....

.....

NEXT OF KIN:

Name: .....

Address .....

.....Post Code .....

Tel. No.....

**PRESENT ACCOMMODATION:**

Owner Occupier (mortgage) MONTHLY £

Weekly Rent paid £

Have you any current arrears? (Please state amount) £

Are you in receipt of Housing Benefit? (Please state weekly amount) £

**LANDLORD:**  
Or person to whom you pay the rent (if Owner/Occupier please state at 1.)

1. Name .....

Address .....

.....Post Code .....

2. How long have you lived at your address? .....

3. If less than 3 years, give your previous address .....

.....

INCOME:	In all cases give details of gross annual income	Salary/wages £	Pension	Benefits	TOTAL
1. Applicant					
2. Joint Applicant					





Do you have any connections with the Village?	..... ..... ..... ..... .....
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**IMPORTANT INFORMATION - DATA PROTECTION NOTICE**

In considering your application we will apply for a credit search via a Credit Reference Agency. They will add to your record details of our search and your application and this will be seen by other organisations that make searches. However, this footprint will be non-detrimental to your ability to gain credit in the future.

We will then use a credit scoring in making our decision when assessing your application.

It is important that you give us accurate information. We will also check your details with fraud prevention agencies.

You have a legal right to receive details of the Credit Reference and Fraud Prevention Agencies from whom we obtain information. Please apply to us in writing if you wish to receive a copy of any information we hold about you. A fee will be payable.

**Signature**

**I confirm that the aforesaid information is, to the best of my knowledge and belief, true and correct. I have no objection to any information I have supplied being verified by whatever means are deemed necessary.**

**APPLICANT**

Print name ..... Signed ..... Date .....

**JOINT APPLICANT**

Print name ..... Signed ..... Date .....

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**PLEASE ENSURE ALL SECTIONS HAVE BEEN COMPLETED AND RETURN TO:**

**Port Sunlight Village Trust  
 23 King George's Drive  
 Port Sunlight  
 Wirral  
 CH62 5DX**

**If you have any questions regarding this application or would like support to complete the form please contact our Housing Officer on 0151 644 4805**