

# Lakeland Housing Trust

## RENEWAL of TENANCY APPLICATION FORM



- 1 Applicants **MUST** continue to be in housing need in South Lakeland.
- 2 Please print in **CAPITALS**
- 3 **ALL** questions must be answered. Write **NONE** where relevant.
- 4 Return the completed form to: **FAO: Helen Leach, Lakeland Housing Trust, 36 Finkle Street, Kendal, Cumbria LA9 4AB.**

|                   |            |
|-------------------|------------|
| Property Address: | Post Code: |
|-------------------|------------|

|          |  |  |
|----------|--|--|
| <b>1</b> | <b>About You</b>   | <b>Your Partner (if applicable)</b>  |
| 1.1      | Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> | Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> |
|          | Surname <input style="width: 95%;" type="text"/>   | <input style="width: 95%;" type="text"/>   |
|          | First names <input style="width: 95%;" type="text"/>   | <input style="width: 95%;" type="text"/>   |
| 1.2      | Date of birth <input style="width: 95%;" type="text"/>   | <input style="width: 95%;" type="text"/>   |
| 1.3      | Place of birth <input style="width: 95%;" type="text"/>  | <input style="width: 95%;" type="text"/>   |
|          | Post code <input style="width: 95%;" type="text"/>   | <input style="width: 95%;" type="text"/>   |
|          | Telephone and Mobile <input style="width: 95%;" type="text"/>  | <input style="width: 95%;" type="text"/>   |
|          | Email <input style="width: 95%;" type="text"/>   | <input style="width: 95%;" type="text"/>   |

1.4 List all children and other adults who will be living with you. Do NOT include yourself or your partner. If living less than full time with you mark 'X' in box.

| Full name | Birth date | Place of birth | Relationship to you | X |
|-----------|------------|----------------|---------------------|---|
|           |            |                |                     |   |
|           |            |                |                     |   |
|           |            |                |                     |   |
|           |            |                |                     |   |

1.5 Details of any pets

| Type of pet | Age | Breed of pet |
|-------------|-----|--------------|
|             |     |              |
|             |     |              |

**2 Present Occupation  
Employment/Self  
Employment Details**

You

Your Partner

2.1

Occupation

Employer's  
name &  
address

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |

2.2

Apart from your employment are you or your Partner involved in any local voluntary community activities? Give brief details:

|  |
|--|
|  |
|  |
|  |
|  |

**3 Financial Circumstances. This section MUST be completed in FULL.**

3.1 TOTAL WEEKLY household income from ALL wage earners before deductions. Evidence of income should be attached – This will be returned to you. If self Employed a copy of your latest financial accounts/tax return.

|   | You  | Your partner                               | Other wage earners                         |
|---|--|--|--|
| Earned income per WEEK                              | £ <input style="width: 80%;" type="text"/> | £ <input style="width: 80%;" type="text"/> | £ <input style="width: 80%;" type="text"/> |
| 3.2 <i>Other income per WEEK</i>                    |  |  |  |
| State Pension                                       | £ <input style="width: 80%;" type="text"/> | £ <input style="width: 80%;" type="text"/> | £ <input style="width: 80%;" type="text"/> |
| Occupational Pension                                | £ <input style="width: 80%;" type="text"/> | £ <input style="width: 80%;" type="text"/> | £ <input style="width: 80%;" type="text"/> |
| Benefits  | £ <input style="width: 80%;" type="text"/> | £ <input style="width: 80%;" type="text"/> | £ <input style="width: 80%;" type="text"/> |
|   | £ <input style="width: 80%;" type="text"/> | £ <input style="width: 80%;" type="text"/> | £ <input style="width: 80%;" type="text"/> |
|   | £ <input style="width: 80%;" type="text"/> | £ <input style="width: 80%;" type="text"/> | £ <input style="width: 80%;" type="text"/> |
| Any other income i.e<br>Rental or Investment Income | £ <input style="width: 80%;" type="text"/> | £ <input style="width: 80%;" type="text"/> | £ <input style="width: 80%;" type="text"/> |
| 3.3 Details of any savings                          | £ <input style="width: 80%;" type="text"/> | £ <input style="width: 80%;" type="text"/> | £ <input style="width: 80%;" type="text"/> |
| Help to buy ISA                                     | £ <input style="width: 80%;" type="text"/> | £ <input style="width: 80%;" type="text"/> | £ <input style="width: 80%;" type="text"/> |

3.4 Any others living with you, as listed in 1.4, who are in employment:

| Name | Employers Name | Employers Address |
|------|----------------|-------------------|
|      |                |                   |
|      |                |                   |
|      |                |                   |
|      |                |                   |
|      |                |                   |

**4 Other Property**

4.1 Do you or your partner own houses, or other property? If yes, please give details: Yes  No

Give address(es), approximate value and details, *if not, please enter "NONE"*  
*If more than one property, please give details on an additional sheet and attach.*

|  |
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|  |
|  |
|  |
|  |

Value of property £

Mortgage outstanding £

Monthly repayments £

Arrears (if any) £

4.2 If you are not living in a property you own, please explain why not:

|  |  |  |
|--|--|--|
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**5 Declaration**

Please note: all sections of this form must be completed and the Declaration MUST be signed before your application can be considered.

- 5.1 I/We certify that the information given on this form is true and accurate to the best of my/our knowledge.
- 5.2 I/We understand that any false information will invalidate this application and/or any tenancy granted as a result of it.
- 5.3 I/We agree to receive telephone calls and home visits from members or agents of Lakeland Housing Trust.
- 5.4 By signing this application I/We are agreeing to share the information contained in this form and any resulting personal information drawn upon by the external Referencing Company with the Trustees of the Lakeland Housing Trust.

|                     |                      |      |                      |
|---------------------|----------------------|------|----------------------|
| Tenant's signature  | <input type="text"/> | Date | <input type="text"/> |
| Partner's signature | <input type="text"/> | Date | <input type="text"/> |

*All information given within this application form will be treated in strictest confidence.*