



Rent Bond Guarantee Scheme Application Form

Referred by (please tick)	Housing options	Area Team	Homeless Advice Officer	Self referral	Homeless Advice Centre	Other source

Please ensure that you have completed all the applicable questions and completed the necessary personal details

Personal Details

Applicant Name	
Address	
	Post Code
	Contact Telephone number
Date of Birth	Age
NI Number	
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> cohabiting <input type="checkbox"/> Divorced / separated
Is your main language	<input type="checkbox"/> English <input type="checkbox"/> other (please specify)

Who else will live with you?

Name	Date of birth	Relationship
		Joint Applicant

Housing

What is your current housing status?

Own property - LA Tenancy	<input type="checkbox"/>
Own property – RSL Tenancy	<input type="checkbox"/>
Own Property – private rented tenancy	<input type="checkbox"/>
Own Property – tenancy secured through employment / tied house	<input type="checkbox"/>
Own property / owner occupier	<input type="checkbox"/>
Parental / family home / relatives	<input type="checkbox"/>
Friends / partners	<input type="checkbox"/>
Armed services accommodation	<input type="checkbox"/>
Prison	<input type="checkbox"/>
Hospital	<input type="checkbox"/>
Children’s residential accommodation (looked after by the local authority)	<input type="checkbox"/>
Supported accommodation	<input type="checkbox"/>
Hostel (unsupported)	<input type="checkbox"/>
Bed & breakfast	<input type="checkbox"/>
Caravan / Mobile Home	<input type="checkbox"/>
Long Term Roofless	<input type="checkbox"/>
Long Term “Sofa – Surfing”	<input type="checkbox"/>
Other	<input type="checkbox"/>

Are you registered on the Housing Register? REF.....	<input type="checkbox"/> yes <input type="checkbox"/> No
Have you made a homeless application to Perth & Kinross Council: If yes please give name of Homeless Officer:	<input type="checkbox"/> yes <input type="checkbox"/> No
What is the outcome of their decision:	

<p>Do you have a local connection to Perth & Kinross area:</p> <p><input type="checkbox"/> residing in area for 3 of the last 6 months (in exceptional circumstances this may be waived)</p> <p><input type="checkbox"/> working in the area</p> <p><input type="checkbox"/> close family connection in area with person who has lived there for 5 years</p> <p><input type="checkbox"/> Moving here to take up a job offer</p>

What is your previous tenancy history for the last 3 years?

Address	Dates you lived there	Were you tenant, owner, living c/o parents etc	Landlord contact details	Reasons you left address
	Current property			

Continue on separate sheet if required

Have you ever had any problems with a tenancy?

.....

Do you require support to assist you maintain a tenancy? yes No

If yes, what type of support would help you?

.....

.....

Do you have any pets? yes No

If yes please detail:

.....

(3) Financial and employment status

Are you employed?		<input type="checkbox"/> yes <input type="checkbox"/> No	
If you are employed please state your weekly / monthly wage (after tax and NI) £.....			
If you have a partner working what is their weekly / monthly wage? (after tax and NI)£.....			
Name and Address of Employer			
Do you or your partner receive any of the following benefits (please tick all that apply)		<input type="checkbox"/> yes <input type="checkbox"/> No	
You		Your partner	
<input type="checkbox"/> Job seekers allowance	Amount £	<input type="checkbox"/> Job seekers allowance	Amount £
<input type="checkbox"/> Income support	£	<input type="checkbox"/> Income support	£
<input type="checkbox"/> Incapacity benefit	£	<input type="checkbox"/> Incapacity benefit	£
<input type="checkbox"/> Working tax credit	£	<input type="checkbox"/> Working tax credit	£
<input type="checkbox"/> Childcare element	£	<input type="checkbox"/> Childcare element	£
<input type="checkbox"/> Child tax credit	£	<input type="checkbox"/> Child tax credit	£
<input type="checkbox"/> Carers allowance	£	<input type="checkbox"/> Carers allowance	£
<input type="checkbox"/> Child benefit	£	<input type="checkbox"/> Child benefit	£
<input type="checkbox"/> Disability Living Allowance	£	<input type="checkbox"/> Disability Living Allowance	£
<input type="checkbox"/> other (please specify)	£	<input type="checkbox"/> other (please specify)	£
.....	£	
.....		

Do you have any savings? (ie enough to be able to pay towards a deposit)	<input type="checkbox"/> yes <input type="checkbox"/> No
Will you be applying for Local Housing Allowance?	<input type="checkbox"/> yes <input type="checkbox"/> No

Do you have any financial Debts?

Rent Arrears	Amount Owed	Payment Arrangements
Council Tax Arrears		
Gas Arrears		
Electricity		
Credit /Store Cards		
Catalogue		
Overdraft		
Social Fund		
Loans		

(4) Support Details

Do you have any of the following working with you?

- Social Worker
- Tenancy Support Worker
- Drug & Alcohol Worker
- Criminal Justice Worker
- Psychiatric nurse
- Resettlement Worker
- Other...Specify

Please provide contact details

.....

Do you have any physical health problems please give brief details, including any involvement with health services and any main contact details?

Do you have or had any mental health problems please give brief details, including any involvement with mental health services and any main contact details?

Do you have or had any drug & alcohol problems please give brief details, including any involvement with Drug & Alcohol Team and any main contact details

Have you ever been in prison or remand in the past 5 years yes no
If yes please give details

Are you or any member of your family required to register (or have previously been required to register) with the Police under the Sex Offences Act 2003?

Ethnicity

- | | |
|--|---|
| <input type="checkbox"/> White: Scottish | <input type="checkbox"/> White: British |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> White: Other |
| <input type="checkbox"/> Black: (Scottish / British) African | <input type="checkbox"/> Black: (Scottish / British) Other Specify) |
| <input type="checkbox"/> Black: (Scottish / British) Caribbean | <input type="checkbox"/> Asian: (Scottish / British) Indian |
| <input type="checkbox"/> Asian: Pakistani | <input type="checkbox"/> Asian (Scottish / British) Bangladeshi |
| <input type="checkbox"/> Asian (Scottish / British) Chinese | <input type="checkbox"/> (Scottish British) Other |
| <input type="checkbox"/> Asian (Scottish / British) (Mixed) | <input type="checkbox"/> Not Known |
| <input type="checkbox"/> Other (Specify) | |
| <input type="checkbox"/> Refused | |

Citizenship

- EU Citizen
- UK Visa Holder
- Asylum Seeker
- Refugee
- Other please specify

Any other relevant information

.....

.....

.....

.....

.....

(5) Declaration

I agree that

I agree that

- My current / previous landlord(s) can be contacted for references
- My employer (current or previous), health visitor, social worker, or any other relevant person can be contact as a referee or for further information regarding my application.
- All information given by me is true
- If I supply any false information, or keep back any information my application will be cancelled
- I will inform Rent Bond Guarantee Scheme of any change in my circumstances.
- I understand that if I am given financial assistance because I have supplied false information or have withheld information, then the financial support may be withdrawn.
- I will make provision to save a cash amount that is equivalent to the value of the Bond and will transfer this amount to the landlord on or before the expiry date of the Bond if accepted onto the scheme.

Applicants SignatureDate.....

Joint applicants SignatureDate.....

Return to: Private Sector Access Team
Perth & Kinross Council
Housing Advice Centre
10-16 York Place
Perth
PH2 8EP