

3 Your Family

- 3.1 If you are living with a partner or spouse what is his or her name?
- 3.2 List any people (children, partner etc..) who are dependent on you
- 3.3 Who will be living in the new property with you?

4 Income

		YOU		YOUR PARTNER	
4.1	Are you employed? If YES give name of employer(s)	YES	NO	YES	NO
4.2	Are you self – employed?	YES	NO	YES	NO
4.3	Take home pay per week	£			
	or per month	£			

Please provide proof of earnings, preferably for the last six months.

4.4	Is your employment permanent?	YES	NO	YES	NO
	temporary?	YES	NO	YES	NO
	fixed contract?	YES	NO	YES	NO
	If YES until what date?				
	Other?	YES	NO	YES	NO

If YES give details here

5 Benefits

- 5.1 Are you or your partner receiving any of the following benefits?

		YOU		YOUR PARTNER	
	Income support	YES	NO	YES	NO
	Job seekers allowance, Or bridge allowance (age 16-17)	YES	NO	YES	NO
	Child benefit	YES	NO	YES	NO

Working Tax Credit (Inland Revenue)	YES	NO	YES	NO	
Incapacity benefit		YES	NO	YES	NO
Disability benefit		YES	NO	YES	NO
Maternity benefit		YES	NO	YES	NO
Other? Please specify		YES	NO	YES	NO

6 Connections with Stamford

6.1 What is your connection with Stamford?

7 General

7.1 Have you ever been convicted of a criminal offence?

If YES give details

YES	NO
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7.2 Are you on bail?

YES	NO
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If YES what is the date of your next court appearance?

7.2 Have you approached any of the following Agencies or Organisations?

CAB	YES	NO
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Letting Agents	YES	NO
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DSS	YES	NO
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Housing Associations	YES	NO
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Local Authority Housing Dept.	YES	NO
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Social Services	YES	NO
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8 Declaration

I hereby certify that the information given is true to the best of my knowledge and belief and I understand that if I have given any false information SRGS will seek to recover any money advanced.

Signed

Dated

Witnessed by

Address of witness

9 Reference

Please include the name address and telephone number of a local person who is willing to give you a reference

When you have completed this form send it to:

The Secretary
SHYP Trust
Christ Church
Green lane
Stamford
Lincs.
PE9 1HE

SHYP Trust**RGS APPLICATION FORM Part 2****8 New Accommodation**

8.1 Address you hope to move to

8.2 Landlord or Letting Agents Details : name address telephone number

8.3 Is an agency fee payable?

8.4 What type of tenancy is being offered

Assured shorthold (6 months or more) YES NO

Licence to occupy (shared accommodation) YES NO

Other (please give details below) YES

9.5 What is the rent? £ per week

£ per month

8.6 What other bills do you have to pay?

Heating YES NO

Lighting YES NO

Water Rates YES NO

Council Tax YES NO

Service Charge (if YES how much and often) YES NO

8.7 Is the landlord seeking a deposit and/or holding deposit for the rent or other reason before moving in?

If YES how much and what for YES NO

8.8 Do you know if the rent has been assessed for benefit purposes?

YES NO DON'T KNOW

9.8 Is the accommodation

Furnished

Unfurnished

Part Furnished

8.9 If the accommodation is not fully furnished can you provide the furniture?

YES

NO

8.10 When do you hope to move in?

9 Declaration

I hereby make an application for financial assistance from SRGS

I certify that the information given is true to the best of my knowledge

Signed

Dated

10 Method of Repayment of Loan from SHYP Trust

The money advanced to you under the RGS will be an interest free loan which you will be required to repay by instalments and in a frequency and in a time scale to be agreed.

In the event of defaulting on payments the Trustees reserve the right to pursue any outstanding debt through the courts.

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