



home

Charitable I&P Society Number. 22981R



Customer questionnaire

We are asking you and all of our customers for this information so that we can provide high-quality services that meet your needs.

We will also use the information you give us to make sure all our residents have equal access to our services. All questions are voluntary (you only have to answer the ones you want to) and we will treat the information you give us as confidential. We will only share your information with our partners and contractors when it would benefit you. Other than our partners and contractors, we will not share your information with anybody else.

Please read the guidance notes before you fill in this questionnaire. The notes will help you understand exactly why we are asking these questions. Answer as many questions as you are happy to.

If you would like help to fill in this form, or would like it in another language or format, such as on audio tape or in **large print**, please phone your local Home Group office on

Afghani (Pushto)	که اړتیا لری چې د دې کومه برخه وژباړئ ، هیله ده زموږ له مرکزي دفتر سره اړیکې ونیسئ .	Hindi	यदि आप इसमें से किसी अंश का हिन्दी अनुवाद चाहते हैं तो कृपया प्रकाशक से संपर्क करें।
Mandarin	如果您希望得到该文件任何部分的译文， 请与我们的总部联系	Somali	Haddii aad rabtid in qeyb ka mid ah kan la tarjumo, fadlan la xiriir daabacaha
Gujarati	જો તમારે આમાંના કોઈપણ ભાગનું ભાષાંતર કરવું હોય, તો કૃપા કરી પ્રકાશકનો સંપર્ક કરો.	Urdu	اگر آپ کو اس کے کسی حصے کے ترجمے کی ضرورت ہو تو براہ کرم ناشر سے رابطہ قائم کریں۔

About you

Question 1 Your details

Your tenancy or leaseholder reference number

Your address and
postcode

You

Joint tenant
or
leaseholder

Title (for example
Mr, Mrs, Ms or Miss)
If you have a different
title, please tell us here.

Mr Mrs Ms Miss

Mr Mrs Ms Miss

First name

Surname or family name

We can often provide you with a quicker service if we have all your main contact details.

Home phone number
(including the area code)

Work phone number
(including the area code)

Mobile phone number

Textphone number
(if this applies)

Email address

Question 2 Involving someone who supports you

If you have a support worker, family member, friend or carer who helps you and you would like them to help you in future when we contact you, please give us their name and contact details (including their phone number). Please ask their permission before giving us their details.

Title (for example
Mr, Mrs, Ms or Miss)
If you have a different
title, please tell us here.

Mr Mrs Ms Miss

What is their relationship
to you (for example, your
son, carer or friend)?

First name

Surname or family name

Address and postcode

Phone number
(including the area code)

Getting in touch

Question 3 The best way to contact you

How should we contact you? We will usually contact you by phone or letter. Please tell us if you would prefer to be contacted in any other way. Please tick all the boxes that apply.

	You	Joint tenant or leaseholder		You	Joint tenant or leaseholder
Email	<input type="checkbox"/>	<input type="checkbox"/>	Textphone	<input type="checkbox"/>	<input type="checkbox"/>
Text message	<input type="checkbox"/>	<input type="checkbox"/>	British Sign Language (BSL)	<input type="checkbox"/>	<input type="checkbox"/>
Home visit	<input type="checkbox"/>	<input type="checkbox"/>	Other (please tell us below)	<input type="checkbox"/>	<input type="checkbox"/>

Question 4 The best way to give you information

What is the best way to give you information? We will usually contact you by phone or letter. Please tick all the boxes that apply.

	You	Joint tenant or leaseholder		You	Joint tenant or leaseholder
Email	<input type="checkbox"/>	<input type="checkbox"/>	Large-print letter	<input type="checkbox"/>	<input type="checkbox"/>
Text message	<input type="checkbox"/>	<input type="checkbox"/>	Audio tape	<input type="checkbox"/>	<input type="checkbox"/>
Braille	<input type="checkbox"/>	<input type="checkbox"/>	Other (please tell us below)	<input type="checkbox"/>	<input type="checkbox"/>
CD	<input type="checkbox"/>	<input type="checkbox"/>			

Question 5 The languages you want us to contact you in

We will normally contact you in English by phone or letter. If you would prefer to be contacted in another language, please tell us the language you would like us to use to contact you. Unfortunately we are not able to translate all of our documents, but will try to make sure that important documents are translated for you.

Tell us the main language that you would like us to use to contact you.

You		Joint tenant or leaseholder	
Preferred language Spoken	Written	Preferred language Spoken	Written
<div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; height: 40px;"></div>

You and your household

In this section we ask for personal information that you may find sensitive. You can refuse to answer any particular question, but we would be grateful if you could answer as many questions as you can.

Question 6 People who live with you

Please tell us about any other people who live with you. Please make sure the number you give for each resident is the same in this question and the questions that follow (for example, if your daughter is 'resident 3' in question 6, make sure she is 'resident 3' in question 7).

Name	Are they male or female?		Date of birth	Their relationship to you
You	Male <input type="checkbox"/>	Female <input type="checkbox"/>	/ /	
Joint Tenant or Leaseholder	Male <input type="checkbox"/>	Female <input type="checkbox"/>	/ /	
Resident				
3	Male <input type="checkbox"/>	Female <input type="checkbox"/>	/ /	
4	Male <input type="checkbox"/>	Female <input type="checkbox"/>	/ /	
5	Male <input type="checkbox"/>	Female <input type="checkbox"/>	/ /	
6	Male <input type="checkbox"/>	Female <input type="checkbox"/>	/ /	
7	Male <input type="checkbox"/>	Female <input type="checkbox"/>	/ /	
8	Male <input type="checkbox"/>	Female <input type="checkbox"/>	/ /	
9	Male <input type="checkbox"/>	Female <input type="checkbox"/>	/ /	
10	Male <input type="checkbox"/>	Female <input type="checkbox"/>	/ /	
11	Male <input type="checkbox"/>	Female <input type="checkbox"/>	/ /	
12	Male <input type="checkbox"/>	Female <input type="checkbox"/>	/ /	
13	Male <input type="checkbox"/>	Female <input type="checkbox"/>	/ /	

Question 7 Disabilities

Do you or anyone living with you consider themselves to have a disability? Please tick all that apply. If your answer is 'no' please go to question 9. Please make sure that the information you give for each resident matches that in question 6 (for example, 'resident 3' in question 7 would be the same person as 'resident 3' in question 6).

	You	Joint tenant or leaseholder	3	4	Resident 5	6	7	8
Uses a wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has problems getting around but does not use a wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is blind or has sight problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is deaf or has hearing problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannot speak or has a difficulty with speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a learning difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has mental-health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-term health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a disability not mentioned above (please tell us below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 8 Adaptations

If you answered question 7, please tell us how we can make adaptations to your home to meet your needs. Please tick all that apply. We cannot guarantee that we will be able to make adaptations, even if you tell us you need them in this questionnaire.

Walk-in shower	<input type="checkbox"/>	Ramps	<input type="checkbox"/>	24-hour emergency personal-care call system	<input type="checkbox"/>
Grab rails	<input type="checkbox"/>	Door-entry system	<input type="checkbox"/>	Other (please tell us below)	<input type="checkbox"/>
Lever taps	<input type="checkbox"/>	Stairlift	<input type="checkbox"/>		

Question 9 Your ethnic background

How would you describe your ethnic background?

		You	Joint tenant or leaseholder		You	Joint tenant or leaseholder	
White	British	<input type="checkbox"/>	<input type="checkbox"/>	Other (please tell us below)	<input type="checkbox"/>	<input type="checkbox"/>	
	Irish	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="text"/>						
Mixed race	White and black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>	<input type="checkbox"/>	
	White and black African	<input type="checkbox"/>	<input type="checkbox"/>	Other mixed background (please tell us below)	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="text"/>						
Asian or Asian British	Indian	<input type="checkbox"/>	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>	
	Pakistani	<input type="checkbox"/>	<input type="checkbox"/>	Other (please tell us below)	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="text"/>						
Black or Black British	Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	Other (please tell us below)	<input type="checkbox"/>	<input type="checkbox"/>	
	African	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="text"/>						
Chinese or other ethnic group	Chinese	<input type="checkbox"/>	<input type="checkbox"/>	Other (please tell us below)	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="text"/>						
	<input type="text"/>						
Gypsy or traveller		<input type="checkbox"/>	<input type="checkbox"/>				
I prefer not to say		<input type="checkbox"/>	<input type="checkbox"/>				

Question 10 Religion

What is your religion?

	You	Joint tenant or leaseholder		You	Joint tenant or leaseholder
Christian	<input type="checkbox"/>	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	<input type="checkbox"/>	Sikh	<input type="checkbox"/>	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	<input type="checkbox"/>	Other (please tell us below)	<input type="checkbox"/>	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>					
I don't have a religion	<input type="checkbox"/>	<input type="checkbox"/>	I prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

Question 11 Any extra needs you or your household have

Do you or anyone living with you have any needs that you would like us to be aware of when we visit you at home or when you call into our office?

Question 12 Sexuality

How would you describe your sexuality?

	You	Joint tenant or leaseholder		You	Joint tenant or leaseholder
Bisexual	<input type="checkbox"/>	<input type="checkbox"/>	Heterosexual (straight)	<input type="checkbox"/>	<input type="checkbox"/>
Gay man	<input type="checkbox"/>	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>
Lesbian	<input type="checkbox"/>	<input type="checkbox"/>			

Your work situation

Question 13 Your and your household's work situation

Please tell us whether or not you and the people in your household over 16 years of age work? Please tick the box that you think is most relevant to each person in your household. Continue on a separate sheet if necessary and attach it to this questionnaire.

	You	Joint tenant or leaseholder	3	4	Resident		7	8
					5	6		
Works full-time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works part-time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is self-employed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is on government-supported training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is unemployed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is retired from work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is in full-time education at school, college or university	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is looking after family or the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is permanently sick or disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is doing something else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefers not to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 14 Benefits

Which of the following benefits do you (and your partner if they live with you) receive? Please tick as many boxes as apply to you and your partner.

	You	Joint tenant or leaseholder		You	Joint tenant or leaseholder
Income Support	<input type="checkbox"/>	<input type="checkbox"/>	Working Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>
Pension Credit	<input type="checkbox"/>	<input type="checkbox"/>	Child Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>
Housing Benefit	<input type="checkbox"/>	<input type="checkbox"/>	Employment and Support Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Council Tax Benefit	<input type="checkbox"/>	<input type="checkbox"/>	Jobseekers Allowance	<input type="checkbox"/>	<input type="checkbox"/>
State Pension	<input type="checkbox"/>	<input type="checkbox"/>	Disability Living Allowance or Attendance Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Incapacity Benefit	<input type="checkbox"/>	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>
Child Benefit	<input type="checkbox"/>	<input type="checkbox"/>			

Question 15 Income

If you work, how much is your (and your partner's if they live with you) weekly take-home pay? (This means your pay after tax). Do not include any state benefits you receive.

	You	Joint tenant or leaseholder		You	Joint tenant or leaseholder
Up to £99	<input type="checkbox"/>	<input type="checkbox"/>	£500 to £599	<input type="checkbox"/>	<input type="checkbox"/>
£100 to £199	<input type="checkbox"/>	<input type="checkbox"/>	£600 to £699	<input type="checkbox"/>	<input type="checkbox"/>
£200 to £299	<input type="checkbox"/>	<input type="checkbox"/>	£700 to £999	<input type="checkbox"/>	<input type="checkbox"/>
£300 to £399	<input type="checkbox"/>	<input type="checkbox"/>	£1,000 or more	<input type="checkbox"/>	<input type="checkbox"/>
£400 to £499	<input type="checkbox"/>	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

Question 16 Bank and building society accounts

Do you have a bank, building society, savings or cheque account?

	You	Joint tenant or leaseholder		You	Joint tenant or leaseholder
Yes	<input type="checkbox"/>	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>			

Our future services

Question 17 Housing you would like in the next five years

If you and your household would like to move home within the next five years, what would be your main choice of housing? Please tick one box only.

- | | |
|--|--------------------------|
| Transfer to another Home Group property | <input type="checkbox"/> |
| Rent from another housing association | <input type="checkbox"/> |
| Rent from a council or local authority | <input type="checkbox"/> |
| Rent from a private landlord | <input type="checkbox"/> |
| Buy the property you currently live in with a mortgage or by buying outright | <input type="checkbox"/> |
| Buy a property on the open market with a mortgage or by buying outright | <input type="checkbox"/> |
| Shared ownership (part-rent, part-buy), shared equity or leasehold | <input type="checkbox"/> |
| Sheltered housing or specialist accommodation for older people | <input type="checkbox"/> |
| I am happy with the housing I have now | <input type="checkbox"/> |
| Don't know | <input type="checkbox"/> |
| Other (please tell us below) | <input type="checkbox"/> |

Question 18 Services you would like us to provide

What services would you like us to provide that we may not at the moment? Please tick up to three boxes. We cannot guarantee that we will be able to provide all of these services.

- | | |
|--|--------------------------|
| Help with gardening (not shared gardens) | <input type="checkbox"/> |
| Help with shopping | <input type="checkbox"/> |
| Handyperson service | <input type="checkbox"/> |
| Personal care (such as help with dressing, cooking, and so on) | <input type="checkbox"/> |
| Advice on state benefits | <input type="checkbox"/> |
| Careers or job advice | <input type="checkbox"/> |
| Help with life skills (such as budgeting) | <input type="checkbox"/> |
| Help with access to the internet | <input type="checkbox"/> |
| Other (please tell us below) | <input type="checkbox"/> |

Question 19 Improvements you would like to see

Which aspects of your neighbourhood would you like to see improved? Please tick up to three boxes.

High-quality housing

Available jobs

How crime and vandalism is tackled

Parks and leisure facilities, such as sports centres

Local health services

Facilities for children and young people, such as youth clubs

Public transport

Schools and colleges

Shopping and business facilities

Other (please tell us below)

Question 20 Doctors and dentists

Are you and your household registered with the following?

NHS doctor (GP) Yes No

NHS dentist Yes No

Question 21 Internet access

Do you have access to the internet at your home? Yes No

Question 22 Getting involved in making decisions about our services

We are committed to involving our customer in the way we run our services. Would you or anyone else living with you be interested in receiving information about how they can get involved in making decisions about our services? Yes No

Thank you for filling in this form. If you have any comments about this form, please tell us below.



We will only use the personal information you give us in this questionnaire to monitor and improve the quality of our services, to make sure we provide equal opportunities and to make sure we can meet our legal responsibilities as a housing provider. We may share your information with our business partners. We promise to keep your information secure and confidential at all times. By signing and returning this form you give us permission to use your personal information (including sensitive personal information you have given us) for the reasons we have given above. If you have given information about another person on this form, you are confirming that the other person has agreed that you can give permission on their behalf for us to use their personal information (including sensitive personal information) for the reasons we have given above.

Please send this form to us in the Freepost envelope provided.

Your signature

Date

Joint tenant or leaseholder's signature

Date
