



Tick	Office use only	Details	Change of circumstances
<input type="checkbox"/>	Internal transfer:		
<input type="checkbox"/>	Direct:		
<input type="checkbox"/>	Nomination:		
<input type="checkbox"/>	Application No:		
<input type="checkbox"/>	Suspension:		
<input type="checkbox"/>	Designated band:		
<input type="checkbox"/>	Officer's signature:	Date:	
<input type="checkbox"/>	Manager's signature:	Date	

Application Form

About you

Question 1 - Your details

Address and postcode

You

Joint applicant

(for example your partner who will be on the tenancy with you)

Title
(for example Mr, Mrs, Ms or Miss)

Mr Mrs Ms Miss Mr Mrs Ms Miss

If you have a different title, please tell us here.

First name(s)

Surname

Date of birth

National Insurance number

Relationship to you

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

Home phone number

Work phone number

Mobile phone number

Textphone number

Email address

Who owns your current home e.g. landlord, parent, private landlord, building society?

Landlord name

Address

Phone number

Tenancy from

Do you or the joint applicant have a tenancy of any residential property? Yes No

Question 2 - Anyone who supports you?

If you currently live in supported accommodation, 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 Mr Mrs Ms Miss

First name

Surname

Address and postcode

Home phone number

Mobile phone number

Relationship to you

(for example, your son, support worker or friend)

What type of support do they give you?

About your household

Question 3 - Please tell us who will be moving with you

Please list all members of your household - who are living with you now and who will continue to live with you when you are rehoused.

First name	Last name	Are they male or female?	Date of birth	Their relationship to you
1 <input type="text"/>	<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
2 <input type="text"/>	<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
3 <input type="text"/>	<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
4 <input type="text"/>	<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
5 <input type="text"/>	<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
6 <input type="text"/>	<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
7 <input type="text"/>	<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
8 <input type="text"/>	<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
9 <input type="text"/>	<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
10 <input type="text"/>	<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

For all children under 16, who is the child benefit paid to?

Is this the main residence for all children listed? Yes No

Please list all members of your household who are not living with you now and who will live with you when you are rehoused.

First name	Last name	Are they male or female?	Date of birth	Their relationship to you
1 <input type="text"/>	<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
2 <input type="text"/>	<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
3 <input type="text"/>	<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

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First name	Last name	Are they male or female?	Date of birth	Their relationship to you
1 <input type="text"/>	<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
2 <input type="text"/>	<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
3 <input type="text"/>	<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

Are you a registered foster carer? Yes No

Do you have any pets to take with you? Yes No

If 'Yes' please give details. Please note: In some properties we operate a no pets policy.

Has anyone in the household, including you, ever served in the UK Armed forces as a regular or a reserve? (Excluding National Service) Yes-Regular Yes-reserve No Prefer not to say

If they've ever served as a regular, have they left within the last five years? Yes No Prefer not to say

Has anyone in the household, including you, been seriously injured or ill as a direct result of their time and activities serving as a regular or reserve? Yes No Prefer not to say

Does the household, including you, contain a pregnant woman? Yes No Prefer not to say

Getting in touch

Question 4 - Preferred contact

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 additional way. Please tick all the boxes that apply.

	You	Joint applicant		You	Joint applicant
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"/>
<input type="text"/>					

Question 5 - Giving you information

We will usually provide you with information by phone or letter. What additional ways would you like to receive information? Please tick all the boxes that apply.

	You	Joint applicant		You	Joint applicant
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	<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"/>	<input type="text"/>		

Question 6 - 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.

Please tell us the main language that you would like us to use to contact you in, if NOT English.

Preferred language		Preferred language	
Spoken	Written	Spoken	Written
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

More about you

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 7 - Your ethnic background

How would you describe your ethnic background?

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

Question 8 - Nationality

What is your country of origin?

	You	Joint applicant		You	Joint applicant
UK national, resident in UK	<input type="checkbox"/>	<input type="checkbox"/>	Poland	<input type="checkbox"/>	<input type="checkbox"/>
Estonia	<input type="checkbox"/>	<input type="checkbox"/>	Bulgaria	<input type="checkbox"/>	<input type="checkbox"/>
Lithuania	<input type="checkbox"/>	<input type="checkbox"/>	Czech republic	<input type="checkbox"/>	<input type="checkbox"/>
Slovenia	<input type="checkbox"/>	<input type="checkbox"/>	Latvia	<input type="checkbox"/>	<input type="checkbox"/>
Other European Economic Area (EEA) Country	<input type="checkbox"/>	<input type="checkbox"/>	Slovakia	<input type="checkbox"/>	<input type="checkbox"/>
UK national returning from residence overseas	<input type="checkbox"/>	<input type="checkbox"/>	Romania	<input type="checkbox"/>	<input type="checkbox"/>
Hungary	<input type="checkbox"/>	<input type="checkbox"/>	Any other Country	<input type="checkbox"/>	<input type="checkbox"/>
			Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

Question 9 - Religion

What is your religion?

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

Question 10 - Understanding the needs you or your household have (continue under Q18, if necessary)

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 e.g. cultural needs?

Question 11 - Gender Identity & Sexual orientation

Is your gender identity the same as the gender you were assigned at birth?

Yes No Prefer not to say

If 'No' please state opposite whether you are a Trans Woman or Trans Man?

	You	Joint applicant
Trans Woman	<input type="checkbox"/>	<input type="checkbox"/>
Trans Man	<input type="checkbox"/>	<input type="checkbox"/>

If No please state your current gender identity with additional options for "Other", "non binary", "Genderfluid"

	You	Joint applicant		You	Joint applicant
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"/>			

Question 12 - Disabilities

Do you or anyone living with you consider themselves to have a disability? Yes No

Disability	Household member affected (name please)
Uses a wheelchair	<input type="text"/>
Has problems getting around but does not use a wheelchair	<input type="text"/>
Is blind or has sight problems	<input type="text"/>
Is deaf or has hearing problems	<input type="text"/>
Cannot speak or has a difficulty with speech	<input type="text"/>
Has a learning difficulty	<input type="text"/>
Has mental-health problems	<input type="text"/>
Long-term health problems	<input type="text"/>
Prefer not to say	<input type="text"/>
Has a disability not mentioned above	<input type="text"/>

If any of the above contributes to the reasons you wish to be re-housed. Please provide details under 'Additional Information to support your application including Medical Information'

Question 13 - Adaptations

Do you require any special adaptations to your property? Yes No

Walk-in shower	<input type="checkbox"/>	Ramps	<input type="checkbox"/>	24-hour emergency 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 14 - Why do you wish to be rehoused?

Reason for housing - please tick the main reason you wish to be rehoused

<input type="checkbox"/> Permanently moved from another property owned by this landlord (Home)	<input type="checkbox"/> Domestic violence
<input type="checkbox"/> Left home country as a refugee	<input type="checkbox"/> (Non-violent) relationship breakdown with partner
<input type="checkbox"/> To move to independent accommodation	<input type="checkbox"/> Asked to leave by family or friends
<input type="checkbox"/> To move to independent accommodation from Stonham	<input type="checkbox"/> Racial harassment
<input type="checkbox"/> Loss of tied accommodation	<input type="checkbox"/> Other problems with neighbours
<input type="checkbox"/> End of Assured Short hold tenancy (private rented)	<input type="checkbox"/> Property unsuitable because of overcrowding
<input type="checkbox"/> Eviction or repossession	<input type="checkbox"/> Property too small
	<input type="checkbox"/> Property too large/under-occupying

Your financial and work status

Question 18 - You and the joint applicant's work status

Please tell us whether or not you and the joint applicant work?

Please tick the box that you think is most relevant.

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

You Name and address of employer

Joint applicant Name and address of employer

Question 19 - Benefits

Which of the following benefits do you (and your partner if they live with you) receive?

Please tick as many boxes as apply.

	You	Joint applicant		You	Joint applicant
I DO NOT receive any benefits	<input type="checkbox"/>	<input type="checkbox"/>	Carer's Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Universal Credit	<input type="checkbox"/>	<input type="checkbox"/>	Personal Independence Payment	<input type="checkbox"/>	<input type="checkbox"/>
Job Seekers Allowance	<input type="checkbox"/>	<input type="checkbox"/>	Disability Living Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Income Support	<input type="checkbox"/>	<input type="checkbox"/>	State Pension	<input type="checkbox"/>	<input type="checkbox"/>
Employment and Support Allowance	<input type="checkbox"/>	<input type="checkbox"/>	Pension Credit	<input type="checkbox"/>	<input type="checkbox"/>
Incapacity Benefit	<input type="checkbox"/>	<input type="checkbox"/>	Attendance Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Child Benefit	<input type="checkbox"/>	<input type="checkbox"/>	Housing Benefit	<input type="checkbox"/>	<input type="checkbox"/>
Child Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>	Council Tax Benefit	<input type="checkbox"/>	<input type="checkbox"/>
Working Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

Question 20 - Bank and building society accounts

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

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

Your current home

Question 21 - Please tell us about the type of home you live in

Type of property

Flat/Maisonette	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>
House	<input type="checkbox"/>	Hostel/Refuge/Supported accommodation	<input type="checkbox"/>
Bedsit	<input type="checkbox"/>	Housing Association/Local Authority	<input type="checkbox"/>
Bed and Breakfast	<input type="checkbox"/>		
Other (Please specify below)	<input type="checkbox"/>		

Number of bedrooms in the property

Number of bedrooms used

On which floor do you live?

Ground	<input type="checkbox"/>	Second	<input type="checkbox"/>
First	<input type="checkbox"/>	Third or above (please specify)	<input type="checkbox"/>

Is there a lift?

Yes No

Is either applicant

Owner/Occupier	<input type="checkbox"/>	Lodger	<input type="checkbox"/>
Private rented	<input type="checkbox"/>	Tenant in tied accommodation	<input type="checkbox"/>
Other (please specify below)	<input type="checkbox"/>		

Have you or a member of your household previously had a tenancy with Home (including Stonham, Nashayman, Home Scotland and Copeland Homes)?

Yes No

If 'Yes' please give details below of the name, address and dates of tenancy.

Previous addresses

Question 22 - Please give dates and details of your previous addresses that you and your joint applicant (if applicable) have lived in over the last 5 years. Please start with the earliest.

	You	Joint applicant
1. Previous address	<input type="text"/>	<input type="text"/>
Name and address of landlord	<input type="text"/>	<input type="text"/>
Tenancy dates	From <input type="text"/> To <input type="text"/>	From <input type="text"/> To <input type="text"/>
Reason for leaving	<input type="text"/>	<input type="text"/>
2. Previous address	<input type="text"/>	<input type="text"/>
Name and address of landlord	<input type="text"/>	<input type="text"/>
Tenancy dates	From <input type="text"/> To <input type="text"/>	From <input type="text"/> To <input type="text"/>
Reason for leaving	<input type="text"/>	<input type="text"/>
3. Previous address	<input type="text"/>	<input type="text"/>
Name and address of landlord	<input type="text"/>	<input type="text"/>
Tenancy dates	From <input type="text"/> To <input type="text"/>	From <input type="text"/> To <input type="text"/>
Reason for leaving	<input type="text"/>	<input type="text"/>

4. Previous address

Name and address of landlord

Tenancy dates

Reason for leaving

From To

Has either applicant had a previous tenancy terminated by a landlord or been subject to a County Court Order?

Yes No

If 'Yes' please give details

Please continue on a separate sheet if necessary.

Declaration

Question 23 - Immigration status

Did you or any of the persons applying with you come into the UK during the last five years?

Yes No

Are you or any of the persons applying with you subject to any immigration controls?

Yes No

Are you or the persons applying with you Asylum Seekers?

Yes No

Question 24 - Relationship to Home Group

Have you or the joint applicant, currently or in the past 12 months been:

• employed by Home Group?

Yes No

• involved in customer and client activities?

Yes No

• a Board Member of Home Group?

Yes No

Are you or the joint applicant closely connected to anyone who would fall into the categories listed above?

Yes No

If 'Yes' to any of the above, please give details below:

For office use only:

If 'Yes' to the above, please refer application to your line manager prior to banding.

Question 25 – Rejection and exclusion

We operate a rejection and exclusion policy, details of which can be provided upon request. This policy does not promote blanket exclusion and rejection approach as each application is judged on its own merit.

Does one or more of the following criteria apply or have they applied in the last two years to you, the joint applicant and/or any member of your household?

Harrassment, the use or threat of violence against any tenant, employee, Board member or Agent of Home or other housing provider or anyone else lawfully on one of their estates or properties. Yes No

Rent arrears (our approach is one of support and if you have had previous arrears we will consider the circumstances before making a decision). Yes No

Action taken because of Anti-Social Behaviour. Yes No

Legal action been taken against you for breaking the terms and conditions of a tenancy. Yes No

Have you or anyone on your application had any convictions in the last two years (convicted of a criminal offence, other than spent convictions under the Rehabilitation of Offenders Act 1974). This may not necessarily affect your application. Yes No

Have you ever been convicted of a criminal offence of violence, a sexual offence or involving illegal use/supply of drugs. This may not necessarily affect your application. Yes No

If 'Yes' to the above, please provide further details:

For office use only:

Informed consent

	You	Joint applicant
First name(s)	<input type="text"/>	<input type="text"/>
Last name	<input type="text"/>	<input type="text"/>
Current address	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>

By signing this form you are confirming that:

1. You understand that the information supplied on this form will be used to process your application for housing. As part of your application for housing, you understand that it may be necessary for us to request information from a previous or current landlord, mortgage lenders, local government departments, social workers, probation officers or the police. You hereby authorise and agree to us contacting any of the above to obtain such information as we feel is necessary.
2. The details given in this application are true. You understand that if you have knowingly or recklessly given false information, or withheld information in connection with this application, your home may be repossessed.

Please ensure that all sections of this form are completed. Partially completed forms will not be accepted. Both applicants must sign if this is a joint application.

You

Signature	<input type="text"/>
Print name	<input type="text"/>
Date	<input type="text"/>

Joint applicant

Signature	<input type="text"/>
Print name	<input type="text"/>
Date	<input type="text"/>

If this form has been filled in by someone other than the person(s) making the application.

Please tell us why you are filling in this form for the applicant.

I declare that as far as possible, I have confirmed with the person(s) applying that the answers I have written on this form are correct

Signature

Name Date

Relationship to the Applicant(s)

Translation service

If you need help to complete this form, or need any part of it to be translated or in another format, please contact your local office.

Please let us know if you would like an audio or large print version of this document.

Arabic

إذا رغبت بأن تحصل على كامل محتويات هذه الوثيقة أو احد أجزاء هذه الوثيقة مترجماً برايل أو على هيئة صوتية أو مطبوعاً بالخط الكبير، فيرجى الاتصال مع مركز خدمة الـ 0345 141 4663.

Chinese

您如果需要将本文件或者其中的一部分进行翻译，或者需要以盲文、声音、或者大号印刷体的形式显示，请您联系我们的‘顾客服务中心’，电话号码是 0345 141 4663.

Polish

Jeśli chciał(a)by Pan(i) uzyskać tłumaczenie tego dokumentu lub dowolnej jego części, czy też otrzymać jego wersję alfabetem Braille'a, audio lub dużym drukiem, prosimy o kontakt z naszym Centrum Obsługi Klienta (Customer Service Centre) pod numerem tel. 0345 141 4663.

Russian

Если вы хотели бы получить полный или частичный перевод этого документа, или он нужен вам шрифтом Брайля, в аудиоформате или крупным шрифтом, пожалуйста, свяжитесь с нашим Центром клиентского обслуживания по телефону 0345 141 4663.

Tamil

இந்த ஆவணத்தின் எந்த ஒரு பகுதியை மட்டுமோ அல்லது முழு ஆவணத்தையோ, உங்களுக்கு மொழிபெயர்த்தோ, பிரெய்ல் எழுத்து வடிவிலோ, ஒலி வடிவிலோ அல்லது பெரிய எழுத்து பிரசுரித்தல் செய்தோ தரவேண்டுமென நினைத்தால், தயவு செய்து வாடிக்கையாளர் சேவை மையத்தை 0345 141 4663 என்ற எண்ணில் தொடர்பு கொள்ளுங்கள்.

Portuguese

Se desejar que este documento ou qualquer parte do mesmo seja traduzido, ou em Braille, áudio ou letras grandes, entre em contacto com o nosso Centro de Atendimento ao Cliente através do número 0345 141 4663.

Welsh

Os hoffech chi i'r ddogfen hon neu unrhyw ran ohoni gael ei chyfieithu, neu os oes arnoch ei hangen mewn braille, sain, neu brint fawr, cysylltwch â'n Canolfan Gwasanaethau i Gwsmeriaid ar 0345 141 4663.

Urdu

اگر آپ اس دستاویز کا یا اس کے کسی حصے کا ترجمہ چاہتے ہیں، یا اگر یہ آپ کو بریل، چاہئے تو 0345 141 4663 پر ہمارے کسٹمر سروس سنٹر سے رابطہ کریں۔

Data Protection:

In order to help us deliver efficient services and to manage your relationship with us, we need to collect relevant personal details from you. We comply with the General Data Protection Regulation and Data Protection Act 2018 when dealing with personal data. This means that your personal data will be processed in accordance with the law.

Please note in some circumstances we may share your personal data with external third parties.

For more information on how we process your personal data, including on data security, data retention and lawful processing bases, please access our full privacy notice at: www.homegroup.org.uk/Privacy-Policy