

GLENDALE GATEWAY TRUST HOUSING APPLICATION FORM

PLEASE USE CAPITAL LETTERS

PLEASE RETURN COMPLETED FORMS TO:

The Glendale Gateway Trust, the Cheviot Centre, 12 Padgepool Place, Wooler NE71 6BL

***Please mark the envelope 'Accommodation'**

YOUR DETAILS

First Name: _____

Last Name: _____

Date of Birth: _____

Current Address:

_____ **Postcode:** _____ **Date**

you moved here: _____

Previous Address (s) (please provide last two)

1. _____

Date moved in: _____ **Date moved out:** _____

Reason for leaving:

2. _____

_____ **Date moved**

in: _____ **Date moved out:** _____

Reason for leaving:

Male **Female**

Contact Details:

Phone

Home

Work

Mobile

Email

Current Landlord Details

Name & Address of landlord (if rented)

Postcode: _____

Tel: _____

Employment Status

Employed **Self Employed** **Unemployed** **Long Term Sick** **Retired**

Seeking Work **Full Time Carer** **Student**

If you intend to share with another adult please complete their details below

YOUR PARTNERS DETAILS

First Name:

Last Name:

Relationship:

Date of Birth:

Current Address:

_____ Postcode: _____ Date
moved here: _____

Previous Address (s) (please provide last two)

1. _____

Date moved in: _____ Date moved out: _____
2. _____

Date moved
in: _____ Date moved out: _____

Male Female

Contact Details:

Phone

Home

Work

Mobile

Email

Current Landlord Details

Name & Address of landlord (if rented)

Postcode:

Tel:

Employment Status

Employed Self Employed Unemployed Long Term Sick Retired

Seeking Work Full Time Carer Student

Which would you prefer?

ONE Bedroom

Two Bedroom

Either

Please tick this box if your rent will be paid via the benefits system

REFERENCES

Please give details of two people who can provide references for you:

1. Name _____ Address _____

_____ Tel: _____

2. Name _____ Address _____

_____ Tel: _____
