|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Application for Supported Housing or Support in Your Own Home | | | |
|  |  | | | |
| About Your Application | | | | |
|  | | | | |
| **How We Handle Your Application**  We will hold all information under the Data Protection Act 1998. We will keep the information you have given us to assist us in providing services to you. We will keep all your information confidential. You can ask for a leaflet to find out how we do this.  We must protect the public funds we handle, so we may use the information to prevent and detect fraud.  SP_Logo*Adullam Homes Housing Association Limited is a charitable Industrial and Provident Society.* | | | Please return this form to:   |  |  | | --- | --- | | 🖃 | Adullam Homes Housing Association  Walter Moore House  34 Dudley Street  West Bromwich  B70 9LS | | 🖁 | 0121 271 0789 | |  | | @ | [WMlettings@adullam.org.uk](mailto:WMApplications@adullam.org.uk) | | 💻 | [www.adullam.org.uk](http://www.adullam.org.uk) | | |
| If you would like this document in another language or format, or if you require the services of an interpreter, please contact us.  3 Arabic  3 French  3 Somali  3 Gujarati  3 Urdu  3 Polish  exc mark col | | | | |
|  | | | | |
|  | |  | |  |

|  |  |
| --- | --- |
| Section 1 – About You |  |
| **Your Details** |  |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Title** | **First Name** | **Last Name** | **Date of Birth** | **Gender (M/F)** | |  |  |  |  |  | | **Title** | **First Name** | **Last Name** | **Date of Birth** | **Gender (M/F)** | |  |  |  |  |  | | ★If you are living or want to live with a partner (of either the same or opposite sex) lease, also give their details. |
|  |  |
| |  | | --- | | **Please tell us about any other names you or your partner may have used in the past.** | |  | |  |
|  |  |
| |  |  | | --- | --- | | **Please tell us your National Insurance Number(s).** | | |  | | | **You** | **Your Partner (if applicable)** | |  |  | | ★If you do not know your National Insurance Number, please contact us. |
|  |  |
| **Please tell us about any children that currently live with you or will be living with you.** |  |
|  |  |
| |  |  |  |  | | --- | --- | --- | --- | | **First Name** | **Last Name** | **Date of Birth** | **Gender M/F** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |
|  |  |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Please tell us about the economic status of the person(s) applying.** | | | | | | |  | | | | | | | **Main** | **Joint** |  | **Main** | **Joint** |  | | ⬜ | ⬜ | Full Time Work | ⬜ | ⬜ | Part Time Work | | ⬜ | ⬜ | Full Time Student | ⬜ | ⬜ | Part Time Student | | ⬜ | ⬜ | Retired | ⬜ | ⬜ | Long Term Sick or Disabled | | ⬜ | ⬜ | Full Time Carer | ⬜ | ⬜ | Job Seeker | | ⬜ | ⬜ | Asylum Seeker or Refugee | ⬜ | ⬜ | Work-based Training or New Deal | | ★If, for example, you work part time and study part time please tick both boxes. |
|  |  |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Please tell us what income the person(s) applying receive.** | | | | | | |  | | | | | | | **Main** | **Joint** |  | **Main** | **Joint** |  | | ⬜ | ⬜ | Salary or Wages | ⬜ | ⬜ | Income Support | | ⬜ | ⬜ | Job Seeker’s Allowance | ⬜ | ⬜ | Disability Living Allowance | | ⬜ | ⬜ | Incapacity Benefit | ⬜ | ⬜ | Pension (Private or State) | | ⬜ | ⬜ | Other |  |  |  | | ★Please tick all the boxes that apply. |

|  |  |  |
| --- | --- | --- |
| **About Your Current Accommodation** | |  |
|  | |  |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Please tick the box that best describes where you live now.** | | | | | | |  | | | | | | | **Main** | **Joint** |  | **Main** | **Joint** |  | | ⬜ | ⬜ | Housing Association | ⬜ | ⬜ | Local Authority or Council | | ⬜ | ⬜ | Privately Rented | ⬜ | ⬜ | Prison | | ⬜ | ⬜ | Approved Probation Hostel | ⬜ | ⬜ | Homeless / Roofless | | ⬜ | ⬜ | Direct Access Hostel | ⬜ | ⬜ | In Hospital | | ⬜ | ⬜ | Living with Family or Friends | ⬜ | ⬜ | Short Life Housing | | ⬜ | ⬜ | Supported Housing | ⬜ | ⬜ | Homeless Hostel | | ⬜ | ⬜ | Residential Care Home | ⬜ | ⬜ | Children’s Home | | ⬜ | ⬜ | Foster Care | ⬜ | ⬜ | Bed & Breakfast | | ⬜ | ⬜ | Home Tied with Job | ⬜ | ⬜ | Other | | | ★If you are not sure which of these categories your home falls into, please contact us. |
|  | |  |
| |  |  | | --- | --- | | Please give us your current address and the address of your partner (if different or applicable). | | |  | | | **Your Address** | **Your Partner’s Address (if applicable)** | | |  | | --- | |  | |  | |  | |  | | |  | | --- | |  | |  | |  | |  | | |  | |
|  |  | |
| |  |  | | --- | --- | | We will also need the address and contact details of your current landlord(s). Please enter these below. | | |  | | | **Your Landlord’s Address** | **Your Partner’s Landlord’s Address (if applicable)** | | |  | | --- | |  | |  | |  | |  | | |  | | --- | |  | |  | |  | |  | | | ★If you have a Tenancy or License Agreement then your landlord’s details will be on it. If you don’t know them, please contact your landlord(s) to find out. | |
|  |  | |
| |  |  | | --- | --- | | **Please give us a contact number for your current landlord(s).** | | |  | | | **Your Landlord’s Phone Number** | **Your Partner’s Landlord’s Phone Number** | |  |  | |
|  |
| **If you need to move, please tell us why you want to leave your current accommodation.** |  | |
|  |  | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  | | --- | |  | |  | |  | |  | |  | | | ★If you need to move out by a certain date, please also write this here. | |
|  |  | |
| Are you (or your partner) currently registered and on any Local Authority or Housing Association waiting lists for accommodation? |  | |
|  |  | |
| **⬜ Yes ⬜ No ⬜ Not Sure** |  | |
|  |  | |
| **How We Can Contact You** |  | |
|  |  | |
| |  |  | | --- | --- | | Please tell us a phone number or number(s) where we can contact you. | | |  | | | **Landline** | **Mobile** | |  |  | | ★This section is important – we don’t want to leave you a message if it will put you in a difficult position. | |
|  |
| Is it OK to leave a message on these numbers?  **⬜ Landline Only ⬜ Mobile Only ⬜ Either Number ⬜ Please Don’t Leave a Message** |
| **Where You Have Lived Before** |  | |
|  |  | |
| Please give us details of your previous addresses for the past five years. These need to be the addresses for the main applicant. |  | |
|  | ★Please include as much of your previous address as you are able to, including the postcode if you know it.  ★Where you rented your home from a Local Authority or Housing Association, we just need the name of the organisation in the Landlord’s Details section.  ★You can continue on a separate sheet if you run out of space. | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Address | Landlord’s Details | Why Did You Leave? | Dates  (from – to) | Arrears | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |
|  |  | |
| Have you ever been a resident with or been supported by Adullam before? **⬜ Yes ⬜ No** |  | |
|  |  | |
| If you have worked with or lived with Adullam before, please tell us about this below. |  | |
|  |  | |
| |  | | --- | |  | |  | |  | |  | | ★Please give us dates where possible. | |

|  |  |
| --- | --- |
| Section 2 – How Can We Help You? |  |
| **Where You Need Help or Support** |  |
|  |  |
| |  |  |  |  | | --- | --- | --- | --- | | Please tick the areas you (or your partner) feel you need help or support in. | | | | |  | | | | | ⬜ | Claiming benefits | ⬜ | Finding employment | | ⬜ | Paying rent or bills | ⬜ | Mental Health problems | | ⬜ | Managing your money | ⬜ | Physical health or disability | | ⬜ | Problems with debt or rent arrears | ⬜ | Learning difficulties | | ⬜ | Household tasks & life skills | ⬜ | Offending | | ⬜ | Personal hygiene / presentation | ⬜ | Parenting | | ⬜ | Education or training | ⬜ | Relationships with family or friends | | ⬜ | Harassment or domestic violence | ⬜ | Feeling isolated or alone | | ⬜ | Problems with neighbours | ⬜ | Alcohol abuse | | ⬜ | Leisure activities or hobbies | ⬜ | Drug use | | ⬜ | Cultural or religious needs | ⬜ | Other (please tell us below) | | ⬜ | Finding suitable accommodation |  |  | | ★Please be as open as you can about the areas you need help in.  This helps us to build a picture of your needs so we can support you better. |
|  |  |
|  |  |
| **Please tell us about the areas you have ticked in more detail.** |  |
|  |  |
| |  | | --- | |  | |  | |  | |  | | ★You just need to provide a summary here. If you are invited to an interview we will talk about these areas in more detail. |
|  |  |
| **Further details will be completed during your interview:** |  |
|  |  |
| |  | | --- | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | ★Please don’t write anything in this section. It will be completed during your interview. |
| **We manage properties in the following areas, please tick which locality you preferred to be placed.**   |  |  |  |  | | --- | --- | --- | --- | | **Area Locality** | **PLEASE TICK** | **Area Locality** | **PLEASE TICK** | | Erdington |  | Small Heath/Sparkbrook |  | | Handsworth |  | Sheldon (Very limited) |  | | Hockley |  | Tipton (Very Limited) |  | | Kitts Green (Very limited) |  | Kings Heath |  | | Nechells (Limited) |  | Oldbury (Very Limited) |  | | Stechford (very limited) |  | Moseley |  | | Yardley (Limited) |  | West Bromwich |  | |  |
| **Your Special Needs or Requirements** |  |
|  |  |
| Do you consider yourself to have any physical health needs, mental health issues or learning difficulties? Please tick all that apply. |  |
|  |  |
| **⬜ Physical health needs ⬜ Mental health issues ⬜ Learning difficulties** |  |
|  |  |
| If you have ticked any of the boxes, please tell us about this. |  |
|  |  |
| |  | | --- | |  | |  | |  | |  | |  |
|  |  |
| **Further details will be completed during your interview:** |  |
|  |  |
| |  | | --- | |  | |  | |  | |  | |  | |  | |  | |  | |  | | ★Please don’t write anything in this section. It will be completed during your interview |

|  |  |
| --- | --- |
| **Are there any specific requirements related to religion, disability, age, gender, or sexuality that we should be aware of? Please include anything we can do to make your interview with us more accessible.** |  |
|  |  |
| |  | | --- | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | ★For example: dietary requirements or religious days that affect when you are available for interview.  If you have any physical access requirements please also tell us about these. |
|  |  |
| Further details will be completed during your interview: |  |
|  |  |
| |  | | --- | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | ★Please don’t write anything in this section. It will be completed during your interview |
| Please tell us about any other professionals or agencies who are currently working with you. |  |
|  |  |
| |  |  |  |  | | --- | --- | --- | --- | | **Agency** | **Worker’s Name** | **Their Address** | **Their Phone Number** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | ★Please provide as much information as you can in this section. We may need to contact other people working with you for background information.  ★Examples of people you might include here are social workers, psychologists, drug and alcohol workers, youth offending teams or advocates. |
|  |  |

|  |  |
| --- | --- |
| Section 3 – Background Information |  |
| **Criminal Record** |  |
|  |  |
| Please tell us about any criminal offences or sentences you have had, including those considered spent. |  |
|  | ★Please tell us in the spaces to the left whether or not the sentence has been spent by including the word ‘spent’ next to the offence.  ★Under the Rehabilitation of Offenders Act, any previous convictions will not necessarily affect whether or not we are able to offer you a place. |
| |  |  |  | | --- | --- | --- | | **Offence** | **Date** | **Sentence** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |
|  |  |
| **Further details will be completed during your interview:** |  |
|  |  |
| |  | | --- | |  | |  | |  | |  | |  | |  | |  | |  | |  | | ★Please don’t write anything in this section. It will be completed during your interview |
| **Emergency Contact Details** |  |
|  |  |
| Please give us the details of someone you would want us to contact in the event of an emergency. |  |
|  |  |
| |  |  |  |  | | --- | --- | --- | --- | | **Title** | **First Name** | **Last Name** | **Relationship to You** | |  |  |  |  | | **★This person does not need to be a member of your family.**  **★If you can, please provide us with a landline and mobile number.** |
|  |
| |  |  | | --- | --- | | **Their Address** | **Their Phone Number(s)** | | |  | | --- | |  | |  | |  | | |  | | --- | |  | |  | |  | | |
|  |  |
| **Other Information** |  |
|  |  |
| Please tell us anything else you wish to add that may support your application for housing or support. If you have run out of space on any previous questions you can add extra information here. |  |
|  |  |
| |  | | --- | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | ★Please include anything here that you feel would help us provide a better service to you.  ★If you need to, feel free to continue on a separate sheet of paper and attach this to your application. |

|  |  |
| --- | --- |
| Section 4 – Declarations |  |
|  |  |
| If you are being referred by an agency or professional that is supporting you, is it ok to let them know the outcome of your application?  **⬜ Yes, you can let them know. ⬜ No, please don’t let them know.** |  |
|  |  |
| **By signing this form, I agree to the following.**  **I confirm that the information I have given is true and correct and that I have not knowingly withheld any information which may affect my application. I understand that Adullam reserves the right to take action for possession of any accommodation or removal of any support if it has been gained by giving false information.**   |  |  | | --- | --- | | **Please sign here.** | | |  | | | **Signature** | **Date** | |  |  | | ★Please make sure you have completed all sections of the application form as fully as possible before you sign this form. |
|  |  |

|  |  |
| --- | --- |
| Comments on Interview (Office use only) |  |
| |  | | --- | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |
| Section 5 – Application Logging (for office use only) |  |
|  |  |
| **This section is for Office Use only and helps us process your application more efficiently. Please do not write anything in this part of the form.** |  |
| |  |  | | --- | --- | | **Application Received On:** |  | | **Application Taken By:** |  | | **Agency Referral Details Received?** | **⬜** | | **Supplemental Information Received?** | **⬜** | | **Application Logged On:** |  | | **Interview Arranged For:** |  | | **Applicant(s) Accepted?** | **⬜ Yes ⬜ No** | | **Equal Ops. Information Logged On:** |  | |  |

**This document was last revised on 02/02/2023.**

|  |  |
| --- | --- |
| Section 6 – Equal Opportunities Monitoring – Main Applicant |  |
| E-D_Big  Adullam is committed to Equality & Diversity. The answers to these questions are used for our monitoring purposes only and to ensure we are offering the right service to all our residents. You do not have to give us this information unless you are happy to do so. This section will be removed before your application is processed so you may have already answered these questions elsewhere.  If you are applying on behalf of more than one person, please complete one of these forms for each applicant.  Please tell us your gender.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | ⬜ | Male | ⬜ | Female | ⬜ | Rather Not Say |   Do you identify with the gender you were assigned at birth?   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | ⬜ | Yes | ⬜ | No | ⬜ | Rather Not Say |   Please tell us about your ethnic origin.   |  |  |  |  | | --- | --- | --- | --- | | ⬜ | White British | ⬜ | Asian or Asian British Pakistani | | ⬜ | White Irish | ⬜ | Asian or Asian British Bangladeshi | | ⬜ | White European | ⬜ | Asian or Asian British Indian | | ⬜ | Irish Traveller | ⬜ | Asian or Asian British Other | | ⬜ | Romany Gypsy |  |  | |  |  |  |  | | ⬜ | Black or Black British African | ⬜ | Mixed White & Black Caribbean | | ⬜ | Black or Black British Caribbean | ⬜ | Mixed White & Black African | | ⬜ | Black or Black British Other | ⬜ | Mixed White & Asian | |  |  | ⬜ | Mixed Other | |  |  |  |  | | ⬜ | Chinese British | ⬜ | Rather not say | | ⬜ | Other ethnic group not listed |  |  |   Do you consider yourself to have a disability? Please tick all that apply.   |  |  |  |  | | --- | --- | --- | --- | | ⬜ | Yes – Physical Disability | ⬜ | Yes – Multiple Disabilities | | ⬜ | Yes – Learning Disability | ⬜ | No Disability | | ⬜ | Yes – Mental Health Issues | ⬜ | Rather Not Say | | ⬜ | Yes - Sensory Impairment |  |  |   Do you consider yourself to follow a particular religion or belief? If so, how would you describe this?   |  |  |  |  | | --- | --- | --- | --- | | ⬜ | Christian (any denomination) | ⬜ | Muslim | | ⬜ | Hindu | ⬜ | Sikh | | ⬜ | Jewish | ⬜ | Buddhist | | ⬜ | No Religion or Belief | ⬜ | Rather Not Say | | ⬜ | Other (please tell us below) |  |  |  |  | | --- | |  |   How would you describe your sexual orientation?   |  |  |  |  | | --- | --- | --- | --- | | ⬜ | Heterosexual / Straight | ⬜ | Gay | | ⬜ | Lesbian | ⬜ | Bisexual | | ⬜ | Questioning / Other | ⬜ | Rather not say |   Please tell us your age.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | ⬜ | 16-19 | ⬜ | 20-29 | ⬜ | 30-44 | | ⬜ | 45-59 | ⬜ | 60-64 | ⬜ | 65+ | | ⬜ | Rather not say |  |  |  |  | | ★Your answers here will not affect whether or not we are able to offer you accommodation and/or support.  ★Any information given is treated with the strictest confidence.  ★A disability is defined under the Disability Discrimination Act as  **“A physical or mental impairment which has substantial and long term, adverse affect on a person’s ability to carry out normal, day to day activities.”** |
| Section 6 – Equal Opportunities Monitoring - Joint Applicant |  |
| E-D_Big  Adullam is committed to Equality & Diversity. The answers to these questions are used for our monitoring purposes only and to ensure we are offering the right service to all our residents. You do not have to give us this information unless you are happy to do so. This section will be removed before your application is processed so you may have already answered these questions elsewhere.  If you are applying on behalf of more than one person, please complete one of these forms for each applicant.  Please tell us your gender.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | ⬜ | Male | ⬜ | Female | ⬜ | Rather Not Say |   Do you identify with the gender you were assigned at birth?   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | ⬜ | Yes | ⬜ | No | ⬜ | Rather Not Say |   Please tell us about your ethnic origin.   |  |  |  |  | | --- | --- | --- | --- | | ⬜ | White British | ⬜ | Asian or Asian British Pakistani | | ⬜ | White Irish | ⬜ | Asian or Asian British Bangladeshi | | ⬜ | White European | ⬜ | Asian or Asian British Indian | | ⬜ | Irish Traveller | ⬜ | Asian or Asian British Other | | ⬜ | Romany Gypsy |  |  | |  |  |  |  | | ⬜ | Black or Black British African | ⬜ | Mixed White & Black Caribbean | | ⬜ | Black or Black British Caribbean | ⬜ | Mixed White & Black African | | ⬜ | Black or Black British Other | ⬜ | Mixed White & Asian | |  |  | ⬜ | Mixed Other | |  |  |  |  | | ⬜ | Chinese British | ⬜ | Rather not say | | ⬜ | Other ethnic group not listed |  |  |   Do you consider yourself to have a disability? Please tick all that apply.   |  |  |  |  | | --- | --- | --- | --- | | ⬜ | Yes – Physical Disability | ⬜ | Yes – Multiple Disabilities | | ⬜ | Yes – Learning Disability | ⬜ | No Disability | | ⬜ | Yes – Mental Health Issues | ⬜ | Rather Not Say | | ⬜ | Yes - Sensory Impairment |  |  |   Do you consider yourself to follow a particular religion or belief? If so, how would you describe this?   |  |  |  |  | | --- | --- | --- | --- | | ⬜ | Christian (any denomination) | ⬜ | Muslim | | ⬜ | Hindu | ⬜ | Sikh | | ⬜ | Jewish | ⬜ | Buddhist | | ⬜ | No Religion or Belief | ⬜ | Rather Not Say | | ⬜ | Other (please tell us below) |  |  |  |  | | --- | |  |   How would you describe your sexual orientation?   |  |  |  |  | | --- | --- | --- | --- | | ⬜ | Heterosexual / Straight | ⬜ | Gay | | ⬜ | Lesbian | ⬜ | Bisexual | | ⬜ | Questioning / Other | ⬜ | Rather not say |   Please tell us your age.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | ⬜ | 16-19 | ⬜ | 20-29 | ⬜ | 30-44 | | ⬜ | 45-59 | ⬜ | 60-64 | ⬜ | 65+ | | ⬜ | Rather not say |  |  |  |  | | ★Your answers here will not affect whether or not we are able to offer you accommodation and/or support.  ★Any information given is treated with the strictest confidence.  ★A disability is defined under the Disability Discrimination Act as  **“A physical or mental impairment which has substantial and long term, adverse effect on a person’s ability to carry out normal, day to day activities.”** |

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| --- | --- |
|  | **Adullam Homes Housing Association Limited**  **Application for Supported Housing or Support in Your Own Home** |

|  |  |  |
| --- | --- | --- |
| Section 7 – Agency Referral Details | |  |
|  | |  |
| If you are being referred by an agency that is supporting you, a worker from the agency needs to complete this section. They may want to return this separately to your application. | |  |
|  | |  |
| **Applicant Details** | |  |
|  | |  |
| |  |  | | --- | --- | | **Applicant’s Name** | **Applicant’s Date of Birth** | |  |  | | |  |
|  | |  |
| **Referrer Details** | |  |
|  | |  |
| |  |  | | --- | --- | | **Your Name** | **Agency** | |  |  | | |  |
|  | |  |
| |  | | --- | | **Contact Address** | | |  | | --- | |  | |  | |  | |  | | | |  |
|  | |  |
| |  |  | | --- | --- | | **Telephone Number** | **Fax Number** | |  |  | | |  |
|  | |  |
| |  |  | | --- | --- | | **Mobile Number** | **E-Mail Address** | |  |  | | |  |
|  | |  |
| **Your Work With The Applicant** | |  |
|  | |  |
| **What is your relationship with the applicant?** | |  |
|  | |  |
| |  | | --- | |  | |  | |  | |  | | |  |
|  | |  |
| **How long has your agency been working with the applicant?** |  |  |
|  | |  |
|  | |  |
| **Please give details of any risks to the applicant, staff or other residents that may be relevant.** | |  |
|  | |  |
| |  | | --- | |  | |  | |  | | |  |
|  | |  |
| **Will you continue to support the applicant if their application is successful? ⬜ Yes ⬜ No** | |  |
|  | |  |
| **If yes, for how long will you provide this support?** |  |  |
|  | |  |
| **Please give us any other information which may be relevant to this application.** | |  |
|  | |  |
| |  | | --- | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  |
|  | |  |
| **Declaration** | |  |
|  | |  |
| I, as the referrer, have to the best of my knowledge, disclosed all relevant information and have not knowingly withheld information that could in any way negatively affect the project, its staff, residents, or the well-being of the applicant. | |  |
|  | |  |
| |  |  | | --- | --- | | **Please sign here.** | | |  | | | **Signature** | **Date** | |  |  | | |  |