

Eden Deposit Guarantee Scheme Application Form



Eden Deposit Guarantee Scheme Application Form

Name of Applicant:

Date of Birth:

Telephone Number:

Current Address:

..... Post Code:.....

Name of Second Applicant:

Date of Birth:

Telephone Number:

Current Address:

..... Post Code:

If less than 6 months at current address, please provide details of previous addresses up to 6 months:

Name	Address	Post Code

Email Address:

Reason for moving:



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Proof of ID (birth certificate, passport, driving licence etc. Please state and take a photocopy

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Are you registered on Cumbria Choice? If yes, please provide application number.

..... **If No, please complete an application form**

Have you, or anyone applying to be housed with you being given a deposit or rent in advance? If yes please provide full address and dates you moved in and out of the property

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Applicants Occupation

Employers Name and Address

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Second Applicants Occupation

Employers Name and Address

.....

.....



Proof of Income

What is your current household income (before tax) £ (please tick all that apply to you)			
	Income	Amount	Frequency
	Job Seekers (JSA)	£	
	Universal Credit	£	
	Income Support	£	
	Employment Support Allowance (ESA)	£	
	Disability Allowance (DLA) (care component)	£	
	DLA / PIP	£	
	Child Benefit	£	
	Child Tax Credits	£	
	Working Tax Credits	£	
	Employed earnings	£	
	Self-employed earnings	£	
	Other e.g. child maintenance, pension etc.	£	
	Other - please state	£	

Please provide bank statements for the last 6 months.



Do you have a Local Connection to Eden? Please tick all that apply

Resident in area for 6 of the last 12 months, or 3 out of the last 5 years	
Work in the Eden Area (please provide employment contract)	
Close family connections in area (please provide name, address and length of time in the Eden Area)	
Moving into area to take up a job offer (please provide contract of employment or job offer)	

Accommodation address for which you require a deposit guarantee

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Landlord's name:

Landlord's address:

Landlord's contact details (telephone number and email address)

Tel No: Email:

Length of tenancy:

Weekly/monthly rent (state which) £.....

Amount of deposit requested £.....

Amount of rent in advance requested £

Declaration:

I declare that all of the information provided on this application form is correct to the best of my knowledge at the time of signing.

Signed (Applicant)

Signed (2nd Applicant)

Signed (Housing Officer)

Dated

Please return to the Housing Advice Team, Eden Housing Association, Blain House, Bridge Lane, Penrith, CA11 8QU