

# 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:

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

……………………………………………………………………………………

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

…………………………………………………………………………………………………..

…………………………………………………………………………………………………..

Applicants Occupation ……………………………………………………………………….

Employers Name and Address ……………………………………………………………..

…………………………………………………………………………………………………..

…………………………………………………………………………………………………..

Second Applicants Occupation ……………………………………………………………..

Employers Name and Address ……………………………………………………………..

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## 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 | £ |  |

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 for which you require a deposit guarantee

Address:

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**