## **Private and Confidential Checklist** for Current or Previous Landlord

APPLICANT  If you are living in rented accommodation (excluding Bolsover District Council Tenants) you will need to have this form			
completed by your current Landlord.  Failure to have this form completed will result in your	r applicatio	n not being considered for housing.	
Name:			
Name.	Addi	ess.	
Date of Birth: D D / M M / Y Y Y Y National Insurance Number:			
LANDLORD			
The above named person is applying to Bolsover District Council for rehousing and before they can be accepted on the waiting list this form needs to be completed by you and returned to the applicant or in the envelope provided.			
Name of Landlord:		Landlord's Address:	
Contact telephone number:			
The above named person has applied to Bolsover District Council for housing and has given your name as a referee.			
Please complete this confidential form in respect of a current/former tenant and either return the completed form to the applicant or in the envelope provided to Riverside Depot Mansfield Road Doe Lea, Derbyshire S44 5NY.			
Please keep this information secure whilst in your po	ssession.		
If you would like to give a verbal reference instead, please ring the Housing Department on 01246 593067.			
Please confirm the dates of the tenancy. From: D D / N	лм/үү	YY To: DD/MM/YYYY	
Is/was the above person named on this tenancy?	Yes	No	
Please confirm whether this is a sole or joint tenancy:	Sole	Joint	
	Sole	Joint	
Please confirm the type of tenancy that is/was held:  Does the applicant have any rent arrears (not housing bene	ofite arrears)	oither for their current rent account or for a former tenancy?	
Does the applicant have any rent arrears (not housing benefits arrears) either for their current rent account or for a former tenancy?  Yes  No			
If yes, please complete the questions overleaf.			
Have you served a Notice of Seeking Possession (NOSP) or instigated any type of legal action for rent arrears (not housing benefits arrears) against the applicant?  Yes  No			
How much are the arrears currently? £			
Is there a payment plan in place?	Yes	No	
Has the agreement been maintained?	Yes	No	
accordance with the Data Protection Act 19	998. We will ved. Please	Council will be held and treated in confidence in use the information you provide to help us assess note that this information may be requested by the ler the Data Protection Act 1998.	

## **OFFICE USE ONLY**

Application Reference Number:





















When was the payment plan set up?			
How much is the payment and frequency?			
What was the outcome of any legal action?			
Would you offer them another tenancy?  Yes  No			
Are you aware whether the applicant is suffering from abuse/harassment at their current address?			
If yes, please give reasons/details:			
Are you aware of any support needs in relation to the applicant or any members of their family?			
If yes, please give details including any known support workers:			
Has the applicant, tenant, members of their family or visitors ever breached their tenancy, caused any nuisance or significant			
damage to a property? Yes No  If yes, please complete the questions below:			
Have you served an NOSP or instigated any type of legal action at any time during the tenancy for anti-social behaviour or any			
other breach of tenancy? Yes No			
What was the outcome of any legal action?			
Have the applicant, tenant, members of their family or visitors ever committed acts of physical violence or verbal abuse against staff or other residents, resulting in a formal written warning or other action?			
Yes No			
Has the applicant abandoned their property?  Yes  No			
Have you issued a re-charge invoice to the applicant for any damage caused to the property or any re-chargeable works at the end			
of the tenancy? Yes No			
How much are the recharges currently? £			
Is there a payment plan in place?			
Has the agreement been maintained?			
When was the payment plan set up?			
How much is the payment and frequency?			
Please provide any further information in relation to the applicant that you feel may be relevant to their application:			
Name: Signed:			
Date: D D / M M / Y Y Y Y Designation:			



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