

44 GARNETT TOWER.

Property Reference No.	U217012770297.
Tenancy Reference No.	



Why we want to know:

Kensington and Chelsea TMO is committed to improving its services and ensuring that everyone is provided with excellent service in the way that they need it. The Royal Borough of Kensington and Chelsea is a community of people from many backgrounds and with different needs. As far as possible we want to provide a service tailored to individual needs. In order to do this we are asking every tenant to provide us with information about themselves by completing this questionnaire with the help of a TMO Officer.

The questionnaire should only take approximately 30 minutes to complete.

Upon receipt of the completed questionnaire we will transfer this information to our computer database and you can be assured that your information will be kept securely and remain confidential at all times.

This questionnaire is printed in English. However, if you are unable to understand any of this information please tell the Tenancy Management Officer assisting you with your form, so that they can look into making suitable arrangements for interpretation.

Thank you

Kensington and Chelsea TMO

Section A. Your Contact Details

1. ADDRESS	
44 GLENFELL TOWER LANCASTER WEST ESTATE Postcode: LONDON W11	
Tenant 1	Tenant 2 (Joint Tenant)
	Relationship to Tenant 1: (please state)
Present: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Present: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name: TULUFAT YILMAN	Name:
2. DATE OF BIRTH	
██████████	____/____/____
3. CONTACT DETAILS	
Home telephone: _____	
Work telephone: _____	Work telephone: _____
Mobile telephone: ██████████	Mobile telephone: _____
Email address: _____	Email address: _____
Preferred method of contact	
Work <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input checked="" type="checkbox"/> Email <input type="checkbox"/>	Work <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Email <input type="checkbox"/>
4. EMERGENCY CONTACT DETAILS FRIEND	
Name: MISS AEEB GIRMAY	Name: _____
Telephone number: ██████████	Telephone number: _____
5. NEXT OF KIN CONTACT DETAILS	
Name: _____	Name: _____
Telephone number: _____	Telephone number: _____

Section B. Your Property Details

6. PROPERTY DETAILS	
Type of property:	Flat <input checked="" type="checkbox"/> Maisonette <input type="checkbox"/> House <input type="checkbox"/> General needs <input type="checkbox"/> Sheltered accommodation <input type="checkbox"/>
Do you have a garage and/or shed?: <i>(if so please provide details of any allocated number/letter and the location)</i>	
Type of Tenancy:	[Redacted]
Number of bedrooms: <u>1</u>	Tenancy start date: <u>1/04/96.</u>
Has your property been adapted? <i>(if yes, please provide details)</i>	

7. KCTMO MEMBERSHIP		
	Tenant 1	Tenant 2
<i>Already Member.</i> Have you applied for KCTMO Membership?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you like to be a member of KCTMO?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Membership form completed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section C. Demographic Information

8. ETHNIC BACKGROUND

How would you describe your ethnic background? (Tick where appropriate)

	Tenant 1	Tenant 2
White		
British		<input type="checkbox"/>
Irish		<input type="checkbox"/>
Spanish		<input type="checkbox"/>
Portuguese		<input type="checkbox"/>
Other (please specify)		
Black or Black British		
Caribbean		<input type="checkbox"/>
African		<input type="checkbox"/>
Other (please specify)		
Asian or Asian British		
Indian		<input type="checkbox"/>
Pakistani		<input type="checkbox"/>
Chinese		<input type="checkbox"/>
Bangladeshi		<input type="checkbox"/>
Other (please specify)		
Mixed		
White & Black Caribbean		<input type="checkbox"/>
White & Black African		<input type="checkbox"/>
White & Asian		<input type="checkbox"/>
Other (please specify)		

11. SEXUAL ORIENTATION		
	Tenant 1	Tenant 2
Straight/heterosexual		<input type="checkbox"/>
Gay/homosexual		<input type="checkbox"/>
Lesbian		<input type="checkbox"/>
Bisexual		<input type="checkbox"/>
Other <i>(please specify - optional)</i>		<input type="checkbox"/>
Prefer not to say		<input type="checkbox"/>

12. EMPLOYMENT		
<i>Which of the following describes your circumstances?</i>		
	Tenant 1	Tenant 2
Full time employment		<input type="checkbox"/>
Part time employment		<input type="checkbox"/>
Self-employed		<input type="checkbox"/>
Unemployed (available for work)		<input type="checkbox"/>
Full time education		<input type="checkbox"/>
Government supported training		<input type="checkbox"/>
Unable to work		<input type="checkbox"/>
Looking after family at home		<input type="checkbox"/>
Retired		<input type="checkbox"/>
Voluntary work		<input type="checkbox"/>
Doing something else <i>(please specify)</i>		

13. INCOME AND PAYMENTS

What is your main source of income and how much do you receive?

	Tenant 1	Tenant 2
What is your main source of income?	[REDACTED]	<input type="checkbox"/> Salary <input type="checkbox"/> Savings <input type="checkbox"/> Pension <input type="checkbox"/> Disability benefits <input type="checkbox"/> Jobseeker's Allowance <input type="checkbox"/> Income Support <input type="checkbox"/> Employment Support Allowance <input type="checkbox"/> Working Tax Credit <input type="checkbox"/> Child Tax Credit
How much is your total income?	£ _____ per week £ [REDACTED] per month	£ _____ per week £ _____ per month
Are you currently in receipt of Housing Benefit?	[REDACTED]	[REDACTED]
Have you declared all of the income you or your household receive above?	[REDACTED]	Yes <input type="checkbox"/> No <input type="checkbox"/>
If your answer to the question above is no, please provide details of any other income.	[REDACTED]	
Do you own or have an interest in any other property in the UK or abroad?	[REDACTED]	Yes <input type="checkbox"/> No <input type="checkbox"/>
If your answer to the question above is yes, please provide details of the address and income.		


Do you have a bank account?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have a Post Office account?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you currently pay your rent by direct debit?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no, do you have the facility to set up a direct debit?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you been given a direct debit form?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have access to the internet at home?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have access to the internet by using a mobile device or tablet?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no, are you able to access the internet elsewhere?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Section D. About You and Your Needs

14. ABOUT YOUR NEEDS		
	Tenant 1	Tenant 2
Do you have any particular needs? (If you do not please proceed to question 18)		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
15. DISABILITY (please tick where applicable)		
<i>According to the definition of disability provided in the Equality Act 2010, a person has a disability if: they have a physical or mental impairment and the impairment has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.</i>		
	Tenant 1	Tenant 2
Do you consider yourself to have a disability? (If not please proceed to question 17)		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a support worker? (If yes, please provide the name and contact details for your support worker)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you like us to make a referral to a Support Agency?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any other support needs? (If so, please specify) e.g. mental health, drug and alcohol issues	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you currently receive Floating Support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

VISUALLY IMPAIRED OR BLIND		
I am blind/have a visual impairment	<input type="checkbox"/>	<input type="checkbox"/>
I need essential information in Braille	<input type="checkbox"/>	<input type="checkbox"/>
I need information on audio tape	<input type="checkbox"/>	<input type="checkbox"/>
I need information in large print	<input type="checkbox"/>	<input type="checkbox"/>
I need a deaf/blind interpreter (using touch)	<input type="checkbox"/>	<input type="checkbox"/>

HEARING OR SPEECH IMPAIRED		
I have a hearing impairment	<input type="checkbox"/>	<input type="checkbox"/>
I have a speech impairment	<input type="checkbox"/>	<input type="checkbox"/>
Send text messages instead of phoning me	<input type="checkbox"/>	<input type="checkbox"/>
Send emails instead of phoning me	<input type="checkbox"/>	<input type="checkbox"/>
Contact me using Typetalk	<input type="checkbox"/>	<input type="checkbox"/>
I need a sign language interpreter	<input type="checkbox"/>	<input type="checkbox"/>
I need to lip read (please ask staff to face me when speaking)	<input type="checkbox"/>	<input type="checkbox"/>
Knock loudly when visiting my property	<input type="checkbox"/>	<input type="checkbox"/>
I need a hearing loop	<input type="checkbox"/>	<input type="checkbox"/>
<i>If you have any other support needs in relation to a disability, please provide details in this space:</i>		
PHYSICAL DISABILITY		
I have a physical disability	<input type="checkbox"/>	<input type="checkbox"/>
I need longer to answer the door	<input type="checkbox"/>	<input type="checkbox"/>
I use a wheelchair	<input type="checkbox"/>	<input type="checkbox"/>
I can only get to upper floors if there is a lift	<input type="checkbox"/>	<input type="checkbox"/>
LEARNING DISABILITY		
I have a learning disability	<input type="checkbox"/>	<input type="checkbox"/>
I need help with reading	<input type="checkbox"/>	<input type="checkbox"/>
I need help with writing	<input type="checkbox"/>	<input type="checkbox"/>
I need information in picture/symbol format	<input type="checkbox"/>	<input type="checkbox"/>

16. LANGUAGE NEEDS		
	Tenant 1	Tenant 2
Do you have any language support needs?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
What language/s do you speak?		
What language/s do you read?	<input type="checkbox"/>	<input type="checkbox"/>
I have my own language support (family/friends who can translate)	<input type="checkbox"/>	<input type="checkbox"/>
I need an interpreter for essential appointments/interviews	<input type="checkbox"/>	<input type="checkbox"/>
I need essential documents to be translated (<i>please specify language</i>)		

Section E. Your Household

17. OTHER OCCUPANTS/MEMBERS OF THE HOUSEHOLD

List all the names of other members of the household (excluding those stated above).

Do not ask anyone under the age of 16 about their sexual orientation or religion/faith/beliefs

FIRST NAME	SURNAME	GENDER (Male, Female, Transgender)	D.O.B	RELATIONSHIP TO TENANT	PREFERRED LANGUAGE (Written & Spoken)	ETHNICITY (White - British, Irish, Spanish, Portuguese, Other. Black - Caribbean, African, Other. Asian - Indian, Chinese, Pakistani, Bangladeshi, Other. Mixed - White & Black Caribbean, White & Black African, White & Asian, Other)	DISABILITY (Visual, Hearing, Speech, Physical, Mental Health)	VULNERABILITY (Please specify)	RELIGION/ FAITH / BELIEF (Christian, Jewish, Muslim, Sikh, Buddhist, Hindu, Rastafarian, Other, None)	SEXUAL ORIENTATION (Heterosexual, Gay, Lesbian, Bi-sexual, Prefer not to say)
ABEM	Abraham	male		Son	English					

16. LANGUAGE NEEDS		
	Tenant 1	Tenant 2
Do you have any language support needs?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What language/s do you speak?		
What language/s do you read?	<input type="checkbox"/>	<input type="checkbox"/>
I have my own language support (family/friends who can translate)	<input type="checkbox"/>	<input type="checkbox"/>
I need an interpreter for essential appointments/interviews	<input type="checkbox"/>	<input type="checkbox"/>
I need essential documents to be translated (<i>please specify language</i>)		

20. PROOF OF IDENTITY	
Tenant 1	Tenant 2
	Shown <input type="checkbox"/> Not shown <input type="checkbox"/>

ID TYPE		
<i>One document from List A or two documents from List B. Any further details to be noted in the spaces provided e.g. Passport number.</i>		
List A - Photo ID	Tenant 1	Tenant 2
Passport	<input checked="" type="checkbox"/> [REDACTED]	<input type="checkbox"/>
Photocard Driving Licence	<input type="checkbox"/>	<input type="checkbox"/>
Employer ID	<input type="checkbox"/>	<input type="checkbox"/>
List B - Other ID		
Utility bill	<input type="checkbox"/>	<input type="checkbox"/>
Council Tax bill	<input type="checkbox"/>	<input type="checkbox"/>
Bank statement	<input checked="" type="checkbox"/> [REDACTED]	<input type="checkbox"/>
Birth certificate	<input type="checkbox"/>	<input type="checkbox"/>
Credit card statement	<input type="checkbox"/>	<input type="checkbox"/>
Benefit Book/Letter	<input type="checkbox"/>	<input type="checkbox"/>
HMRC documentation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Payslip	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>	<input type="checkbox"/>

21. NOT THE CORRECT TENANT?

If you are not the person/people listed as the authorised tenants of the property, please provide details relating to your identity.

	Tenant 1	Tenant 2
Full Name		
Telephone number		
Email address		
Is this your main residence?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Who is your landlord?		
How do you know your landlord?		
Can you provide contact details for your landlord?		
How did you find out about this property?		
How long have you lived in the property?		
How much rent do you pay per week/month? (state appropriate time period)	£_____ per _____	£_____ per _____

Section G. Confirmation

DECLARATION

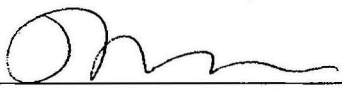
I/~~we~~ declare that I/~~we~~ have understood the questions and I/~~we~~ understand that it is an offence to provide false information or withhold information that may affect my entitlement to KCTMO property.

I/~~we~~ declare that everyone on this form lives in this property as their main home and that the information given on this form is complete and to the best of my/~~our~~ knowledge correct.

If I am in receipt of Housing Benefit and/or Council Tax Benefit I know to report any changes in my/~~our~~ circumstances, which might affect my entitlement to benefit or the amounts I/~~we~~ receive, to the Council's Benefits Service.

I/~~we~~ agree that the information currently held in addition to this information provided shall be held and processed by KCTMO in accordance with the Data Protection Act 1998 and agree that:

- (i) I/~~we~~ consent to KCTMO making available the use of my personal data to the employees, agents, consultants, service providers, and other representatives of RBKC and KCTMO for the provision of all of its services to me/~~us~~.
- (ii) KCTMO may use the information provided to verify my/~~our~~ tenancy and I/~~we~~ understand that any false information provided on this form may be used as grounds for repossession;
- (iii) I/~~we~~ understand that now and in the future that KCTMO and RBKC will use and may be entitled to share this information with other agencies (for benefits, social services, prevention and detection of fraud and any other crime or illegal activity), regulatory and supervisory bodies and third parties providing services and administering public funds.
- (iv) In the event of a change of circumstances, I will notify KCTMO of the change to my personal details so KCTMO can maintain up-to-date records.

	Tenant 1	Tenant 2
I have ticked this box because I have read and understood the declaration and consent to the terms above.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name: TURUBAT YILMA GURMA		
Signature: 		
Date: 23-06-2015		

Official Use Only

KCTMO Officer:

Jan Jones

TENANCY CHECK AND PROFILING	
Tenancy check & profiling visit 1	
Date and time of visit:	<u>2/06/15</u>
Tenancy check completed and profiling obtained?	Yes <input type="checkbox"/> No access <input checked="" type="checkbox"/> No access denied <input type="checkbox"/>
Five day contact letter sent?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Appointment letter sent?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tenancy check & profiling visit 2	
Date and time of visit:	<u>23/06/15</u> <u>10.00am.</u>
Tenancy check completed and profiling obtained?	Yes <input checked="" type="checkbox"/> No access <input type="checkbox"/> No access denied <input type="checkbox"/>

Action			
Tenancy change required	<input type="checkbox"/>	Direct debit form sent	<input type="checkbox"/>
Information given about mutual exchanges	<input type="checkbox"/>	Any repair details passed to CSC	<input checked="" type="checkbox"/>
Interest in downsizing	<input type="checkbox"/>	KCTMO Membership form passed to Resident Engagement	<input type="checkbox"/>
Referral to Support Agency	<input type="checkbox"/>		
Repairs Order Numbers:	<u>201515201</u> <u>201515202</u>		

Further Investigation			
Referral to CIG	<input type="checkbox"/>	Property recovered after proceedings	<input type="checkbox"/>
Service of NOSP	<input type="checkbox"/>	Property recovered unopposed	<input type="checkbox"/>

Service of NTQ:	<input type="checkbox"/>	Recommended succession refusal	<input type="checkbox"/>
Other (<i>please state</i>)	<input type="checkbox"/>	Succession completed	<input type="checkbox"/>
Further visit	<input type="checkbox"/>	Vacation notice signed	<input type="checkbox"/>
Office Interview	<input type="checkbox"/>		

TC1 Filed and Capita Updated	Yes <input type="checkbox"/> No <input type="checkbox"/>
KCTMO Officer Signature:	
Date:	