

Tenancy Visits 2017 / 2018



South
Cambridgeshire
District Council



Property Address

SAMPLE ONLY, NOT FOR USE

About your household

Lead tenant

- Mr Mrs Miss Ms Dr
 Other (please state) _____

Name

Gender

Date of Birth

Tel (home)

Tel (mobile)

Tel (work)

E-Mail

National Insurance Number

Sexual Orientation

Marital Status

Relationship to joint tenant

Joint tenant

- Mr Mrs Miss Ms Dr
 Other (please state) _____

Name

Gender

Date of Birth

Tel (home)

Tel (mobile)

Tel (work)

E-Mail

National Insurance Number

Sexual Orientation

Marital Status

Relationship to lead tenant

Next of kin in-

Name

Address

Relationship

E-Mail

Telephone

home

mobile

Do they have a key for access to your home?

Please complete the table below with details of anyone else currently living in your home (*this may be children, lodgers etc.*)

First Name(s)	Surname	Date of Birth	Gender	Relationship	Occupation

Q1

What would you consider your ethnic origin to be?

a. White

- British English Welsh
- Scottish Northern Irish Irish
- Gypsy or Irish Traveller
- Other (please state) _____

b. Mixed / Multiple Ethnic Groups

- White & Black Caribbean
- White & Black African
- White & Black Asian
- Other (please state) _____

c. Asian or Asian British

- Indian Pakistani
- Bangladeshi Chinese
- Other (please state) _____

d. Black or Black British

- Caribbean African
- Other (please state) _____

e. Other

- Other (please state) _____

Q2

What is your religion or belief?

Lead Tenant: _____

Joint Tenant: _____

Q3

What is your nationality?

Lead Tenant: _____

Joint Tenant: _____

Q4

What is your preferred language?

Lead Tenant: _____

Joint Tenant: _____

Q5

Which of the following best describes your employment status? Please tick one.

	Lead Tenant	Joint Tenant
Employee in full time job (30 hours or more per week)	<input type="checkbox"/>	<input type="checkbox"/>
Employee in part time job (under 30 hours per week)	<input type="checkbox"/>	<input type="checkbox"/>
Self-Employed (full or part time)	<input type="checkbox"/>	<input type="checkbox"/>
Government supported training	<input type="checkbox"/>	<input type="checkbox"/>
Job seeker	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>
Full time education	<input type="checkbox"/>	<input type="checkbox"/>
Apprenticeship	<input type="checkbox"/>	<input type="checkbox"/>
Looking after the family home	<input type="checkbox"/>	<input type="checkbox"/>
Permanently sick or disabled	<input type="checkbox"/>	<input type="checkbox"/>
Doing something else	<input type="checkbox"/>	<input type="checkbox"/>
A combination of the above	<input type="checkbox"/>	<input type="checkbox"/>

If none of the above are applicable, or it is a combination of more than one, please state in the spaces below.

Lead Tenant: _____

Joint Tenant: _____

Q6

If you are in employment, what is your pattern of work? Please tick one.

	Lead Tenant	Joint Tenant
Mainly daytime	<input type="checkbox"/>	<input type="checkbox"/>
Mainly evenings	<input type="checkbox"/>	<input type="checkbox"/>
Mainly nights	<input type="checkbox"/>	<input type="checkbox"/>
Mixture	<input type="checkbox"/>	<input type="checkbox"/>
Not working	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

If other, please state _____

Q7

Which of the following bands represents your annual household income? Please tick one.

£0 - £10,000	<input type="checkbox"/>
£10,001 - £15,000	<input type="checkbox"/>
£15,001 - £25,000	<input type="checkbox"/>
£25,001 - £50,000	<input type="checkbox"/>
Over £50,000	<input type="checkbox"/>

Q8

Do you have access to banking facilities? Please tick all that apply.

Current account	<input type="checkbox"/>
Savings account	<input type="checkbox"/>
No	<input type="checkbox"/>
Other	<input type="checkbox"/>

If other, please state _____

Q9

Please indicate your preferred rent payment method?

- Direct debit
- Rent book
- Debit card
- Credit card
- Online
- Universal Credit
- Standing order
- Rent swipe card
- Cash
- Cheque
- Housing benefit
- N/A

Q10

Do you consider yourself, or anyone in your household, to have a disability, health condition or any access requirements?

- Yes
- No *(if no proceed to Q13)*

If yes, are they?

- Hearing impairments
- Visual impairments
- Mental health
- Social or behavioural
- Speech impairments
- Learning difficulties
- Mobility difficulties
- Other

If other, please state:

Q11

Do you, or anyone in your household, use a wheelchair or mobility scooter?

- Yes
- No

Q12

Is your home suitable for your household's access needs?

- Yes
- No

If not, please state why:

Q13

We take particular care in the way we respond to the needs of vulnerable customers. Do you consider yourself, or any member of your household, to be vulnerable in any way? This could be, for example, through age, disability or illness.

- Yes
- No

Please state why:

Q14

Do you, or any member of your household, have caring responsibilities?

- Yes
- No

If yes, please tick all that apply.

- Primary carer of a child/children *(under 18)*
- Primary carer of a disabled child/children *(under 18)*
- Primary carer of a disabled adult *(18 and over)*
- Primary carer of an older person
- Secondary carer *(another person carries out the main caring role)*
- Other *(please state)*

Q15

Does anyone in your household smoke?

- Yes
- No

If yes, would you be interested in support to give up?

- Yes
- No



Q16

Do you, or anyone else in your household, experience issues with any of the following?

	Lead Tenant	Joint Tenant	Other member of household
Loneliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel poverty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of community spirit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hoarding issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q17

Would you like us to contact you regarding any of the following services? Please tick as many as you wish.

- Disabled adaptations
- Downsizing
- Moving to sheltered accommodation
- Tenant Participation
- Lifeline alarm service
- Anti-Social Behaviour

Q18

Please tick the box that most reflects how you feel about the following subjects:

	Very Unhappy	Unhappy	It's Okay	Happy	Very Happy
Your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCDC as a landlord	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local community/neighbours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local amenities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments

Q19

How would you prefer us to contact you?

Please tick all that apply.

- Phone
- Home visit
- E-Mail
- Text
- Letter
- Social media
- Magazine
- Estate walkabouts
- Estate officer
- Other

If other, please state:

Q20

How would you prefer to contact us?

Please tick all that apply.

- Phone
- Cambourne office
- E-Mail
- Website
- Letter
- Social media
- Text
- Housing surgeries
- Estate officer
- Other

If other, please state:

Q21

Please indicate if you have any special requirements when we communicate with you.

- Large print
- Braille
- Sign language
- Letter reading service
- Type talk
- Audio (MP3, CD etc.)
- Translation
- Other

If other, please state:

Q22

Does anyone in your household have difficulties with reading or writing?

- Yes
- No

If yes, please state:

Q23

Do you have access to transport?

- Yes, I have my own transport
- Yes, I use public transport
- Yes, I use community transport (village car share, dial-a-ride etc.)
- I would be willing to use community transport if it was available in my area
- No

Additional comments:

Q24

Do you have any pets?

- Yes
- No

If yes, please state which pets you have and how many:



Q25

Do you have access to a mobile phone?

- Yes, a smartphone
- Yes, a standard mobile phone
- No, only a landline
- No, I don't have a phone at all

Q26

Do you have access to the internet at home?

- Yes (broadband)
- Yes (mobile data)
- Yes (both broadband and mobile data)
- No

If yes, what devices do you access the internet on?

Please tick all that apply.

- Laptop
- Desktop PC
- Mobile
- Tablet
- Smart TV
- Games console
- Other

If other, please state:

Q27

Do you use the internet elsewhere?

- Library
- Internet café
- At a friends
- At a family member's home
- Other

If other, please state:

Q28

Would you be interested in being able to access your information, such as rent, repairs and other information online?

- Yes
- No

Q29

Do you have home contents insurance?

- Yes
- No

Q30

What is the estimated monthly cost of heating your home?

Q31

Do you find that you cannot afford to heat all rooms in your home?

Q32

How do you pay your utility bills?

- Direct debit
- Prepayment meter
- By telephone
- Online
- Other

If other, please state:

Q33

Do you have any debts?

For example credit cards, utility bills or personal loans.

- Yes
- No

Q34

Have you ever received advice on debt management?

- Yes, I have received advice previously
- No, I haven't received advice

Would you be interested in receiving advice?

- Yes
- No



Q35

Have you any intentions of moving in the foreseeable future?

- Yes No

If yes, why is this?

Q36

Are there any of our services that you would like to see improved and why?

Q37

Would you be willing to pay for any additional services?
For example gardening, handyperson service or decorating?

- Yes No

If yes, what services would interest you?

Q38

Would any of the following be of interest to you?

- | | |
|---|--|
| <input type="checkbox"/> Training courses | <input type="checkbox"/> Transport/Driving Opportunities |
| <input type="checkbox"/> Interview skills | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> Money advice | <input type="checkbox"/> Job application help |
| <input type="checkbox"/> Computer skills | <input type="checkbox"/> Volunteering |
| <input type="checkbox"/> Work experience | <input type="checkbox"/> Benefit advice |
| <input type="checkbox"/> Other | |

If other, please state:

Q39

If training courses are of interest to you, what topics would you want to see available to attend?

Other comments

Please use this area to add any other comments or information.



A large rectangular box with a blue border, intended for comments. It contains a large, light blue watermark reading "SAMPLE" diagonally from the bottom-left to the top-right.



Authorisation

I agree / do not agree (*please delete one*) for the details that I have provided to South Cambridgeshire District Council to be used to update their databases, and those of their contractors, to enable us to provide a better and more targeted service.

Lead tenant

Name	<input type="text"/>		
Date	<input type="text"/>	Signature	<input type="text"/>

Joint tenant (*if applicable*)

Name	<input type="text"/>		
Date	<input type="text"/>	Signature	<input type="text"/>

The Council is required to ensure that the information it holds about its tenants is accurate and up to date. The data collected here is to fulfil that aim and to ensure the Council can provide its Housing services in the most effective manner.

The data will not be shared with 3rd parties for commercial purposes, but may be shared with other public sector partners or suppliers for the effective delivery of Council services, and in certain other circumstances (such as to prevent or detect crime including fraud) as permitted by the Data Protection Act 1998.

The data will be kept in line with the Council's data retention policy, and kept securely at all times. For more information about how the Council processes personal data please see the Privacy Policy on the Council website.

SCDC member of staff completing survey

Name	<input type="text"/>		
Job title	<input type="text"/>		
Date	<input type="text"/>	Signature	<input type="text"/>

For office use only.

Member of staff that completes the admin input should fill this section out to confirm that the information has been processed and has been done so accurately.

Admin processing

Name	<input type="text"/>		
Date	<input type="text"/>	Signature	<input type="text"/>