

Household profile form

All information you give to us is treated in confidence and in accordance with the Data Protection Act 1998, we may share information with relevant organisations for research purposes only. We will not use it or share it for any other purpose.

Part 1 – About the Tenant

Your Details		Tenant 1	Tenant 2
Name			
Address			
Postcode			
Telephone No.			
Mobile No.			
Email Address			
Gender	Male/ Female		Male /Female
Date of Birth			

	Tenant 1	Tenant 2
National insurance number		
Do you have any special communication requirements?		
Do you have difficulty filling out forms?		
Do you have internet access via PC or laptop? Y/N		
Do you have internet access via smart phone or tablet? Y/N		
Next of kin / emergency contact		

Disability: Do you have a physical or mental impairment, illness or disability?

	Yes	No
Do you have a physical or mental impairment, illness or disability? Yes / No		
Please can you specify the nature of your illness/disability		
Hearing difficulty		
Visual impairment		
Communication or speech difficulty		
Physically impaired		
Mental health issues		
Learning difficulties		
Mobility difficulties		
Dementia		
Other disability		
Do you care for someone with a disability?		

Ethnicity, religion and sexuality.

	Yes	No
Ethnic origin		
Sexuality		
Religion		
Do you have any specific religious requirements?		

If you have someone that acts on your behalf and you would like them to receive all correspondence on your behalf please tell us. If you would prefer this, please complete their details below:

CARE/FAMILY MEMBER DETAILS	
Name	
Address	
Postcode	
Telephone No.	
Mobile No.	
Email Address	
Relationship to You	

Part 2 – Your Household

Please tell us about everyone who lives with you. The information you give about the people who live in your home will be used to tell us about our customers and their needs.

OTHER PEOPLE WHO LIVE IN YOUR HOUSEHOLD? (Do not include yourself)									
Person 1:					Person 2:				
Name					Name				
Date of Birth					Date of Birth				
Gender					Gender				
Ethnic Origin					Ethnic Origin				
Nationality					Nationality				
Disability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Disability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If Yes, please state					If Yes, please state				
Relationship to you					Relationship to you				
Person 3:					Person 4:				
Name					Name				
Date of Birth					Date of Birth				
Gender					Gender				
Ethnic Origin					Ethnic Origin				
Nationality					Nationality				
Disability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Disability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If Yes, please state					If Yes, please state				
Relationship to you					Relationship to you				
Person 5:					Person 6:				
Name					Name				
Date of Birth					Date of Birth				
Gender					Gender				
Ethnic Origin					Ethnic Origin				
Nationality					Nationality				
Disability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Disability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If Yes, please state					If Yes, please state				
Relationship to you					Relationship to you				

Education

	Tenant 1	Tenant 2
Currently in full time Education		
Currently in part time Education?		
Highest Qualification?		
Would you consider an apprenticeship?		

Employment

	Tenant 1	Tenant 2
Are you employed? yes / no		
Are you currently looking for employment?		
If yes, how many hours per week do you work?		
How much do you earn before tax?		
How often is this paid? weekly, 4 weekly, monthly, annually etc.		

Benefits: Do you receive any of the following? Please tick all that apply

	Yes	No
Child benefit		
Child tax credit		
Working tax credit		
Jobseekers allowance		
Employment Support Allowance		
Disability living Allowance		
Personal Independence Payments		
Fostering allowance		
Attendance allowance		
Carers allowance		
Other(s) please specify		
How much benefit do you receive?		
How often is this paid? weekly, 4 weekly, monthly, annually etc.		
Housing Benefit		
Is this paid to self or Landlord		

Pensions: Do you receive any of the following? Please tick all that apply

	Yes	No
State pension		
Private Pension		
Pension credit		

Expenditure:

	Tenant 1	Tenant 2
Do you have a bank account? Y/N		
Do you use your banks account? Y/N		

Do you struggle with daily expenses? Y/N	
Do you have a prepayment gas or electric meter? Y/N	
How much do you pay for electric?	
How often is this paid? weekly, 4 weekly, monthly, annually etc.	
How much do you pay for gas?	
How often is this paid? weekly, 4 weekly, monthly, annually etc.	
Do you struggle with fuel costs? Please answer no, a little or a lot	
Have you been behind in paying any bills in the past 12 months, including rent, mortgage and Council Tax. Please answer no, some or most	

Do you make any debt repayments to the following?

	Credit debt	Payment method	# payments Weekly, 4 weekly, or monthly etc
Mainstream banks: loan, overdraft or credit card:			
Other finance company: credit cards or loans.			
Mail order catalogues, store cards or home loans:			
Doorstep lenders, payday loans or Rent to Own Stores			

Part 3 – Contact between Endeavour and You

We would like to keep our customers involved in developing our services so we can provide services that are accessible:

Q:17 – How would you like to be contacted by us? (Please tick)	
I would rather speak to someone face to face than by phone	
I would rather be contacted by phone than by letter	
By law we have to send some letters, but we will make sure that someone also contacts you by phone to let you know what the letter is about.	
I would like to receive phone calls through Typetalk as I have a hearing impairment	
I would like a sign language interpreter present when you deal with me face to face	
I would like written documents translated into my preferred language (as on page 1)	
I would like an interpreter to explain the documents to me	
I would like to receive all correspondence electronically (via email)	
I am happy to be contacted by any standard method	
I would prefer to be texted	

Q:18 – How would you like to receive correspondence from us?	
I am happy with the current correspondence	
I would like to receive all correspondence in Braille	
I would like to receive all correspondence in Large Print	
I would like to receive all correspondence on Audio Tape	
I would like to receive all correspondence on CD	

Please don't forget to sign and date this form. Thank you.

Print Name	
Signature	
Date	