



You could win £50,
£100 or £250 of high
street vouchers if you
return your form by
24th March!

Hyde Group Residents Census

What is the Residents Census?

The Census is how we update contact and other details for everybody living in a Hyde Group property. We are required to collect this information and we may phone or visit you if we don't receive a completed form back. If you are a leaseholder who rents out your property please provide your details rather than those of your tenants.

Why should I complete the form?

Providing the information means we can contact you for feedback on the performance of our services and update you about the progress of any suggestions you have made. It will also help us tailor services to your individual circumstances and improve our support to you.

If for whatever reason you don't want to answer one of the questions then simply tick the 'prefer not to answer' box and move to the next one.

If you return your census form before 24th March 2010 you will be entered into a free draw. Top prize is £250 shopping vouchers that can be spent at 85 High Street outlets. There are also 5 chances to win £100 and 10 chances to win £50 of vouchers. If you do not wish to be entered into the prize draw please indicate this on your form.*

How do I get my information back to you?

Please use the pre-paid envelope provided to return your Census form. Alternatively, you can complete it online via the 'You Speak, We Listen' section of www.hyde-housing.co.uk or in person at your local office. Remember to quote your tenancy reference number in all contact with us. Your local office will also help if you require assistance with completing the form, want it in an alternative format, or just need extra blank forms.

Will you keep my information safe?

All information provided will be treated in confidence and held in accordance with the Data Protection Act 1998.

*The terms and conditions of the prize draw are available from our website or on request from your local office. Winners will be notified by 23rd April 2010.

How to contact us

Hyde South East

Lewisham & Southwark office

Hyde Housing Association
London Regional Office
181 Lewisham High Street
Lewisham
London SE13 6AA
Tel: 0800 389 3576 / 020 8297 7500
Minicom: 020 8297 7501
Email: cshse@hyde-housing.co.uk

Woolwich/Greenwich office

Hyde Housing Association
Ground Floor
Royal Sovereign House
40 Beresford Street
Woolwich
London SE18 6BF
Tel: 0800 389 3576 / 020 8319 5730
Minicom: 0208 319 5765
Email: cshse@hyde-housing.co.uk

Maidstone Office

Hyde Housing Association
Chaucer House
Knightrider Street
Maidstone
Kent ME15 6ND
Tel: 0800 3893598 / 01622 356 490
Minicom: 01622 623 641
Email: cshse@hyde-housing.co.uk

Canterbury Office

Hyde Housing Association
Suite 3 Orchard House
Orchard Street
Canterbury
Kent CT2 8AJ
Tel: 0800 3893598 / 01227 825200
Minicom: 01227 825215
Email: cshse@hyde-housing.co.uk

Minster

Minster

Jubilee House
92 Lincoln Road
Peterborough
PE1 2SN
Tel: 01733 349800

HydeMartlet

Chichester

Martlet House
Southern Gate
Chichester PO19 8SG
Tel: 0800 085 4195
Email: info@hydemartlet.co.uk.

Hove

113/119 Davigdor Road
Hove BN3 1RE
Tel: 0800 085 4195
Email: info@hydemartlet.co.uk.

Southampton

63 St Mary Street
St Mary's
Southampton SO14 1NU
Tel: 0800 085 4195
Textphone: 023 8083 7821
Email: info@hydemartlet.co.uk.

Community Businesses

Hyde Northside Homes

65 Roman Way
Islington
London N7 8UT
Tel: 0800 389 6646

Hyde Southbank Homes - Stockwell

275-277 Clapham Road
Stockwell
London
SW9 9BH
Tel: 020 7346 6500
Minicom: 020 7346 6550

Hyde Southbank Homes - Oval

Alverstone House
Magee Street
London SE11 5TS
Tel: 020 7346 6595

Hillside Housing Trust

21 Hillside
London
NW10 8LY
Tel: 020 8961 0278

in touch

in touch London

Hollingsworth House
181 Lewisham High St
London SE13 6AA
Housing management: 020 8297 7588
Housing Support: 020 8297 7588
Repairs: 0800 389 0344

in touch Hove

113-119 Davigdor Road
Hove
East Sussex BN3 1RE
Housing management: 01273 234277
Housing support: 01273 234258
Repairs: 0800 6335710

in touch Maidstone

Chaucer House
Knightrider Street
Maidstone
Kent ME15 6ND
Housing management: 01622 356488
Housing support: 01622 356488
Repairs: 0800 389 1301

in touch Chichester

Martlet House
Southern Gate
Chichester
West Sussex PO19 8SG
Housing management: 01243 816919
Housing support: 01243 816903
Repairs: 0800 085 4195

in touch Southampton

63 St Mary Street,
St Marys,
Southampton SO14 1NU
Housing management: 023 8083 6877
Housing support: 023 8083 6824
Repairs: 0800 633 5706

PERSON ONE: HEAD OF HOUSEHOLD DETAILS

Tenancy Ref
Number

Person Ref
Number

Property Address

Postcode

Section A: Your Details

Title (Mr, Miss, Mrs, Ms)

First Name

Surname/ Family Name

Home Telephone Number

Mobile Telephone Number

Other Telephone Number

Please tell us which is your preferred telephone number.

Home

Mobile

Other

Email Address

Section B: Gender

Are You?

Male

Female

Do you consider yourself to be transgender?

(where an individual does not consider their gender matches the one formally assigned to them at birth)

Yes

No

Prefer not to answer

Section C: Date of Birth

What is your date of birth? (dd/mm/yyyy)

Section D: Ethnic Origin

What is your ethnic group?

- | | | | |
|-------------------------------------------------------------------|--------------------------|-------------------------------------------|--------------------------|
| White- English/ Irish/ Scottish/
Northern Irish/ British | <input type="checkbox"/> | Asian or Asian British- Pakistani | <input type="checkbox"/> |
| White- Irish | <input type="checkbox"/> | Asian or Asian British- Bangladeshi | <input type="checkbox"/> |
| White- Gypsy or Irish Traveller | <input type="checkbox"/> | Asian or Asian British- Chinese | <input type="checkbox"/> |
| Any other White background | <input type="checkbox"/> | Any other Asian background | <input type="checkbox"/> |
| Mixed- White and Black Caribbean | <input type="checkbox"/> | Black or Black British- Caribbean | <input type="checkbox"/> |
| Mixed- White and Black African | <input type="checkbox"/> | Black or Black British- African..... | <input type="checkbox"/> |
| Mixed- White and Asian..... | <input type="checkbox"/> | Any other Black background | <input type="checkbox"/> |
| Any other Mixed background..... | <input type="checkbox"/> | Arab | <input type="checkbox"/> |
| Asian or Asian British- Indian | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| | | Prefer not to answer | <input type="checkbox"/> |

Section E: Faith and Belief

What is your faith/ belief?

- | | | | | | |
|-----------------|--------------------------|----------------|--------------------------|---------------------------|--------------------------|
| Christian | <input type="checkbox"/> | Sikh | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Muslim | <input type="checkbox"/> | Jewish..... | <input type="checkbox"/> | No faith/ belief..... | <input type="checkbox"/> |
| Hindu..... | <input type="checkbox"/> | Buddhist | <input type="checkbox"/> | Prefer not to answer..... | <input type="checkbox"/> |

Section F: Sexual Orientation

How would you describe yourself?

- | | | | | | |
|--------------------|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|
| Heterosexual | <input type="checkbox"/> | Gay woman/ Lesbian | <input type="checkbox"/> | Prefer not to answer..... | <input type="checkbox"/> |
| Gay man | <input type="checkbox"/> | Bisexual | <input type="checkbox"/> | | |

Section G: Disability

Do you consider yourself to have a disability?

- | | | | | | |
|----------|--------------------------|---------|--------------------------|---------------------------|--------------------------|
| Yes..... | <input type="checkbox"/> | No..... | <input type="checkbox"/> | Prefer not to answer..... | <input type="checkbox"/> |
|----------|--------------------------|---------|--------------------------|---------------------------|--------------------------|

If you answered yes, please tell us the nature of your disability (tick all that apply)

- | | | | |
|--------------------------|--------------------------|----------------------------------------|--------------------------|
| Visual impairment | <input type="checkbox"/> | Wheelchair user | <input type="checkbox"/> |
| Speech impairment | <input type="checkbox"/> | Learning disability..... | <input type="checkbox"/> |
| Hearing impairment..... | <input type="checkbox"/> | Mental health issues | <input type="checkbox"/> |
| Restricted mobility..... | <input type="checkbox"/> | Other (Please give details below)..... | <input type="checkbox"/> |

Section H: Communication Needs

Please tell us about any communication needs by ticking the relevant boxes below:

I can read English

Yes.....

No

I can speak English

Yes.....

No

If you need us to contact you in a certain way, please tick the relevant boxes below:

Braille format

Large print format

Audio/ tape/ cd format

Typetalk format

Skilled signer

Easy Read document

Translation (please state language below) ...

Electronic communication

Please let us know if you have any other special requirements you might need when we get in contact.
(For example: Do you need extra time to get to the door? Do you need only female staff to visit you?)

Section I: Employment and Income

Please tell us your employment status

In full time employment
(30 hours or more per week)

Retired

In part time employment
(less than 30 hours a week)

Unemployed and available for work

Self employed

Permanently sick/disabled

In full-time education or training

Looking after family/ home

Other

Prefer not to answer

Which of these statements best describes your (and your partner's) income?

Wholly from state benefits/ state pensions

Partly from state benefits/ state pensions

No state benefits/ state pensions (apart from child benefit)

Prefer not to answer

Section J: Your Priorities

On a scale of 1 to 10, to what extent do you agree with the following statements, where 1 is **strongly disagree** and 10 is **strongly agree**.

	strongly disagree								strongly agree	
	1	2	3	4	5	6	7	8	9	10
I feel pretty much in control of my everyday life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making plans for the future doesn't work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When it comes to improving my local neighbourhood or community, things I say and do make a difference ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually bounce back quickly when problems occur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've had a lot of difficulty with the people living nearby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Data Protection Act

The personal information provided on this form will be used to update your tenancy records; deliver services to you and your household; and to monitor our services to identify and eliminate any form of unfair discrimination. Please note: we may share personal data with other agencies (e.g. local authorities, government departments) where appropriate. By signing this form you are giving us consent to collect, store, and use your sensitive personal data for the purposes outlined above. If the person named on the form is a minor or if the household member is incapable, this form may be signed by a parent, guardian, or legally empowered 3rd party. The personal information you have provided will be processed in accordance with the Data Protection Act 1998. For further information, write to Data Protection Officer, The Hyde Group, 30 Park Street, London, SE1 9EQ.

Signature Date

I am the parent/ guardian/ legally empowered 3rd party for the household member named on the form

I do not wish to take part in the free prize draw

PERSON TWO: ADDITIONAL HOUSEHOLD MEMBER DETAILS

Tenancy Ref Number

Person Ref Number

Section A: Your Details

Title (Mr, Miss, Mrs, Ms)

First Name

Surname/ Family Name

If answering on behalf of a minor (aged under 18), please do not complete the contact details below.

Home Telephone Number

Mobile Telephone Number

Other Telephone Number

Please tell us which is your preferred telephone number.

Home

Mobile

Other

Email Address

Section B: Your Relationship to the head of household

What is your relationship to the head of household?

Wife/ Husband/ Partner Grandparent Other family member

Parent Grandchild Carer

Son or daughter Sister or brother I rent from the main tenant

Stepchild Aunt or uncle Lodger

Foster child Niece or nephew Other non-family member ...

Section C: Gender

Are You?

Male

Female

Do you consider yourself to be transgender?

(where an individual does not consider their gender matches the one formally assigned to them at birth)

Please skip this question if answering on behalf of a minor (aged under 18)

Yes

No

Prefer not to answer

Section D: Date of Birth

What is your date of birth? (dd/mm/yyyy)

Section E: Ethnic Origin

What is your ethnic group?

- | | | | |
|-------------------------------------------------------------------|--------------------------|-------------------------------------------|--------------------------|
| White- English/ Irish/ Scottish/
Northern Irish/ British | <input type="checkbox"/> | Asian or Asian British- Pakistani | <input type="checkbox"/> |
| White- Irish | <input type="checkbox"/> | Asian or Asian British- Bangladeshi | <input type="checkbox"/> |
| White- Gypsy or Irish Traveller | <input type="checkbox"/> | Asian or Asian British- Chinese | <input type="checkbox"/> |
| Any other White background | <input type="checkbox"/> | Any other Asian background | <input type="checkbox"/> |
| Mixed- White and Black Caribbean | <input type="checkbox"/> | Black or Black British- Caribbean | <input type="checkbox"/> |
| Mixed- White and Black African | <input type="checkbox"/> | Black or Black British- African | <input type="checkbox"/> |
| Mixed- White and Asian | <input type="checkbox"/> | Any other Black background | <input type="checkbox"/> |
| Any other Mixed background | <input type="checkbox"/> | Arab | <input type="checkbox"/> |
| Asian or Asian British- Indian | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| | | Prefer not to answer | <input type="checkbox"/> |

Section F: Faith and Belief

What is your faith/ belief?

- | | | | | | |
|-----------------|--------------------------|----------------|--------------------------|----------------------------|--------------------------|
| Christian | <input type="checkbox"/> | Sikh | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Muslim | <input type="checkbox"/> | Jewish | <input type="checkbox"/> | No faith/ belief | <input type="checkbox"/> |
| Hindu | <input type="checkbox"/> | Buddhist | <input type="checkbox"/> | Prefer not to answer | <input type="checkbox"/> |

Section G: Sexual Orientation

Please skip this section if answering on behalf of a minor (aged under 18)

How would you describe yourself?

- | | | | | | |
|--------------------|--------------------------|--------------------------|--------------------------|----------------------------|--------------------------|
| Heterosexual | <input type="checkbox"/> | Gay woman/ Lesbian | <input type="checkbox"/> | Prefer not to answer | <input type="checkbox"/> |
| Gay man | <input type="checkbox"/> | Bisexual | <input type="checkbox"/> | | |

Section H: Disability

Do you consider yourself to have a disability?

- | | | | | | |
|-----------|--------------------------|----------|--------------------------|----------------------------|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Prefer not to answer | <input type="checkbox"/> |
|-----------|--------------------------|----------|--------------------------|----------------------------|--------------------------|

If you answered yes, please tell us the nature of your disability (tick all that apply)

- | | | | |
|---------------------------|--------------------------|-----------------------------------------|--------------------------|
| Visual impairment | <input type="checkbox"/> | Wheelchair user | <input type="checkbox"/> |
| Speech impairment | <input type="checkbox"/> | Learning disability | <input type="checkbox"/> |
| Hearing impairment | <input type="checkbox"/> | Mental health issues | <input type="checkbox"/> |
| Restricted mobility | <input type="checkbox"/> | Other (Please give details below) | <input type="checkbox"/> |

Section I: Communication Needs

Please tell us about any communication needs by ticking the relevant boxes below:

I can read English

Yes

No

I can speak English

Yes

No

If you need us to contact you in a certain way, please tick the relevant boxes below:

Braille format

Large print format

Audio/ tape/ cd format

Typetalk format

Skilled signer

Easy Read document

Translation (please state language below)....

Electronic communication

Please let us know if you have any other special requirements you might need when we get in contact.
(For example: Do you need extra time to get to the door? Do you need only female staff to visit you?)

Section J: Employment and Income

Please skip this section if answering on behalf of a minor (aged under 18)

Please tell us your employment status

In full time employment
(30 hours or more per week)

Retired

In part time employment
(less than 30 hours a week)

Unemployed and available for work

Self employed

Permanently sick/disabled

In full-time education or training

Looking after family/ home

Other

Prefer not to answer

Section K: Your Priorities

Please skip this section if answering on behalf of a minor (aged under 18)

On a scale of 1 to 10, to what extent do you agree with the following statements, where 1 is **strongly disagree** and 10 is **strongly agree**.

	strongly disagree								strongly agree	
	1	2	3	4	5	6	7	8	9	10
I feel pretty much in control of my everyday life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making plans for the future doesn't work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When it comes to improving my local neighbourhood or community, things I say and do make a difference ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually bounce back quickly when problems occur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've had a lot of difficulty with the people living nearby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Data Protection Act

The personal information provided on this form will be used to update your tenancy records; deliver services to you and your household; and to monitor our services to identify and eliminate any form of unfair discrimination. Please note: we may share personal data with other agencies (e.g. local authorities, government departments) where appropriate. By signing this form you are giving us consent to collect, store, and use your sensitive personal data for the purposes outlined above. If the person named on the form is a minor or if the household member is incapable, this form may be signed by a parent, guardian, or legally empowered 3rd party. The personal information you have provided will be processed in accordance with the Data Protection Act 1998. For further information, write to Data Protection Officer, The Hyde Group, 30 Park Street, London, SE1 9EQ.

Signature Date

I am the parent/ guardian/ legally empowered 3rd party for the household member named on the form

PERSON THREE: ADDITIONAL HOUSEHOLD MEMBER DETAILS

Tenancy Ref Number

Person Ref Number

Section A: Your Contact Details

Title (Mr, Miss, Mrs, Ms)

First Name

Surname/ Family Name

Section B: Your Relationship to the head of household

What is your relationship to the **head of household**?

- | | | | | | |
|-----------------------------|--------------------------|-------------------------|--------------------------|-----------------------------|--------------------------|
| Wife/ Husband/ Partner | <input type="checkbox"/> | Grandparent | <input type="checkbox"/> | Other family member | <input type="checkbox"/> |
| Parent | <input type="checkbox"/> | Grandchild | <input type="checkbox"/> | Carer | <input type="checkbox"/> |
| Son or daughter | <input type="checkbox"/> | Sister or brother | <input type="checkbox"/> | I rent from the main tenant | <input type="checkbox"/> |
| Stepchild | <input type="checkbox"/> | Aunt or uncle | <input type="checkbox"/> | Lodger | <input type="checkbox"/> |
| Foster child | <input type="checkbox"/> | Niece or nephew | <input type="checkbox"/> | Other non-family member .. | <input type="checkbox"/> |

Section C: Gender

Are You?

Male

Female

Do you consider yourself to be transgender?

(where an individual does not consider their gender matches the one formally assigned to them at birth)

Please skip this question if answering on behalf of a minor (aged under 18)

Yes

No

Prefer not to answer

Section D: Date of Birth

What is your date of birth? (dd/mm/yyyy)

Section E: Ethnic Origin

What is your ethnic group?

- | | | | |
|-------------------------------------------------------------------|--------------------------|-------------------------------------------|--------------------------|
| White- English/ Irish/ Scottish/
Northern Irish/ British | <input type="checkbox"/> | Asian or Asian British- Pakistani | <input type="checkbox"/> |
| White- Irish | <input type="checkbox"/> | Asian or Asian British- Bangladeshi | <input type="checkbox"/> |
| White- Gypsy or Irish Traveller | <input type="checkbox"/> | Asian or Asian British- Chinese | <input type="checkbox"/> |
| Any other White background | <input type="checkbox"/> | Any other Asian background | <input type="checkbox"/> |
| Mixed- White and Black Caribbean | <input type="checkbox"/> | Black or Black British- Caribbean | <input type="checkbox"/> |
| Mixed- White and Black African | <input type="checkbox"/> | Black or Black British- African | <input type="checkbox"/> |
| Mixed- White and Asian | <input type="checkbox"/> | Any other Black background | <input type="checkbox"/> |
| Any other Mixed background | <input type="checkbox"/> | Arab | <input type="checkbox"/> |
| Asian or Asian British- Indian | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| | | Prefer not to answer | <input type="checkbox"/> |

Section F: Faith and Belief

What is your faith/ belief?

Christian	<input type="checkbox"/>	Sikh	<input type="checkbox"/>	Other	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	No faith/ belief	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	Prefer not to answer	<input type="checkbox"/>

Section G: Sexual Orientation

Please skip this section if answering on behalf of a minor (aged under 18)

How would you describe yourself?

Heterosexual	<input type="checkbox"/>	Gay woman/ Lesbian	<input type="checkbox"/>	Prefer not to answer	<input type="checkbox"/>
Gay man	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>		

Section H: Disability

Do you consider yourself to have a disability?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Prefer not to answer	<input type="checkbox"/>
-----------	--------------------------	----------	--------------------------	----------------------------	--------------------------

If you answered yes, please tell us the nature of your disability (tick all that apply)

Visual impairment	<input type="checkbox"/>	Wheelchair user	<input type="checkbox"/>
Speech impairment	<input type="checkbox"/>	Learning disability	<input type="checkbox"/>
Hearing impairment	<input type="checkbox"/>	Mental health issues	<input type="checkbox"/>
Restricted mobility	<input type="checkbox"/>	Other (Please give details below)	<input type="checkbox"/>

Data Protection Act

The personal information provided on this form will be used to update your tenancy records; deliver services to you and your household; and to monitor our services to identify and eliminate any form of unfair discrimination. Please note: we may share personal data with other agencies (e.g. local authorities, government departments) where appropriate. By signing this form you are giving us consent to collect, store, and use your sensitive personal data for the purposes outlined above. If the person named on the form is a minor or if the household member is incapable, this form may be signed by a parent, guardian, or legally empowered 3rd party. The personal information you have provided will be processed in accordance with the Data Protection Act 1998. For further information, write to Data Protection Officer, The Hyde Group, 30 Park Street, London, SE1 9EQ.

Signature Date

I am the parent/ guardian/ legally empowered 3rd party for the household member named on the form

PERSON FOUR: ADDITIONAL HOUSEHOLD MEMBER DETAILS

Tenancy Ref Number

Person Ref Number

Section A: Your Contact Details

Title (Mr, Miss, Mrs, Ms)

First Name

Surname/ Family Name

Section B: Your Relationship to the head of household

What is your relationship to the **head of household**?

- | | | | | | |
|-----------------------------|--------------------------|-------------------------|--------------------------|-----------------------------|--------------------------|
| Wife/ Husband/ Partner | <input type="checkbox"/> | Grandparent | <input type="checkbox"/> | Other family member | <input type="checkbox"/> |
| Parent | <input type="checkbox"/> | Grandchild | <input type="checkbox"/> | Carer | <input type="checkbox"/> |
| Son or daughter | <input type="checkbox"/> | Sister or brother | <input type="checkbox"/> | I rent from the main tenant | <input type="checkbox"/> |
| Stepchild | <input type="checkbox"/> | Aunt or uncle | <input type="checkbox"/> | Lodger | <input type="checkbox"/> |
| Foster child | <input type="checkbox"/> | Niece or nephew | <input type="checkbox"/> | Other non-family member .. | <input type="checkbox"/> |

Section C: Gender

Are You?

Male

Female

Do you consider yourself to be transgender?

(where an individual does not consider their gender matches the one formally assigned to them at birth)

Please skip this question if answering on behalf of a minor (aged under 18)

Yes

No

Prefer not to answer

Section D: Date of Birth

What is your date of birth? (dd/mm/yyyy)

Section E: Ethnic Origin

What is your ethnic group?

- | | | | |
|-------------------------------------------------------------------|--------------------------|-------------------------------------------|--------------------------|
| White- English/ Irish/ Scottish/
Northern Irish/ British | <input type="checkbox"/> | Asian or Asian British- Pakistani | <input type="checkbox"/> |
| White- Irish | <input type="checkbox"/> | Asian or Asian British- Bangladeshi | <input type="checkbox"/> |
| White- Gypsy or Irish Traveller | <input type="checkbox"/> | Asian or Asian British- Chinese | <input type="checkbox"/> |
| Any other White background | <input type="checkbox"/> | Any other Asian background | <input type="checkbox"/> |
| Mixed- White and Black Caribbean | <input type="checkbox"/> | Black or Black British- Caribbean | <input type="checkbox"/> |
| Mixed- White and Black African | <input type="checkbox"/> | Black or Black British- African | <input type="checkbox"/> |
| Mixed- White and Asian | <input type="checkbox"/> | Any other Black background | <input type="checkbox"/> |
| Any other Mixed background | <input type="checkbox"/> | Arab | <input type="checkbox"/> |
| Asian or Asian British- Indian | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| | | Prefer not to answer | <input type="checkbox"/> |

Section F: Faith and Belief

What is your faith/ belief?

Christian

Sikh

Other

Muslim

Jewish

No faith/ belief

Hindu

Buddhist

Prefer not to answer

Section G: Sexual Orientation

Please skip this section if answering on behalf of a minor (aged under 18)

How would you describe yourself?

Heterosexual

Gay woman/ Lesbian

Prefer not to answer

Gay man

Bisexual

Section H: Disability

Do you consider yourself to have a disability?

Yes

No

Prefer not to answer

If you answered yes, please tell us the nature of your disability (tick all that apply)

Visual impairment

Wheelchair user

Speech impairment

Learning disability

Hearing impairment

Mental health issues

Restricted mobility

Other (Please give details below)

Data Protection Act

The personal information provided on this form will be used to update your tenancy records; deliver services to you and your household; and to monitor our services to identify and eliminate any form of unfair discrimination. Please note: we may share personal data with other agencies (e.g. local authorities, government departments) where appropriate. By signing this form you are giving us consent to collect, store, and use your sensitive personal data for the purposes outlined above. If the person named on the form is a minor or if the household member is incapable, this form may be signed by a parent, guardian, or legally empowered 3rd party. The personal information you have provided will be processed in accordance with the Data Protection Act 1998. For further information, write to Data Protection Officer, The Hyde Group, 30 Park Street, London, SE1 9EQ.

Signature

Date

I am the parent/ guardian/ legally empowered 3rd party for the household member named on the form

PERSON FIVE: ADDITIONAL HOUSEHOLD MEMBER DETAILS

Tenancy Ref Number

Person Ref Number

Section A: Your Contact Details

Title (Mr, Miss, Mrs, Ms)

First Name

Surname/ Family Name

Section B: Your Relationship to the head of household

What is your relationship to the **head of household**?

- | | | |
|-----------------------------|------------------------|-----------------------------|
| Wife/ Husband/ Partner | Grandparent | Other family member..... |
| Parent..... | Grandchild | Carer |
| Son or daughter | Sister or brother..... | I rent from the main tenant |
| Stepchild | Aunt or uncle | Lodger |
| Foster child | Niece or nephew | Other non-family member .. |

Section C: Gender

Are You?

Male.....

Female

Do you consider yourself to be transgender?

(where an individual does not consider their gender matches the one formally assigned to them at birth)

Please skip this question if answering on behalf of a minor (aged under 18)

Yes..... No

Prefer not to answer

Section D: Date of Birth

What is your date of birth? (dd/mm/yyyy)

Section E: Ethnic Origin

What is your ethnic group?

- | | |
|-------------------------------------------------------------------|-------------------------------------------|
| White- English/ Irish/ Scottish/
Northern Irish/ British | Asian or Asian British- Pakistani |
| White- Irish | Asian or Asian British- Bangladeshi |
| White- Gypsy or Irish Traveller | Asian or Asian British- Chinese |
| Any other White background | Any other Asian background |
| Mixed- White and Black Caribbean | Black or Black British- Caribbean |
| Mixed- White and Black African | Black or Black British- African..... |
| Mixed- White and Asian..... | Any other Black background |
| Any other Mixed background..... | Arab |
| Asian or Asian British- Indian | Other |
| | Prefer not to answer |

Section F: Faith and Belief

What is your faith/ belief?

Christian

Sikh

Other

Muslim

Jewish

No faith/ belief

Hindu

Buddhist

Prefer not to answer

Section G: Sexual Orientation

Please skip this section if answering on behalf of a minor (aged under 18)

How would you describe yourself?

Heterosexual

Gay woman/ Lesbian

Prefer not to answer

Gay man

Bisexual

Section H: Disability

Do you consider yourself to have a disability?

Yes

No

Prefer not to answer

If you answered yes, please tell us the nature of your disability (tick all that apply)

Visual impairment

Wheelchair user

Speech impairment

Learning disability

Hearing impairment

Mental health issues

Restricted mobility

Other (Please give details below)

Data Protection Act

The personal information provided on this form will be used to update your tenancy records; deliver services to you and your household; and to monitor our services to identify and eliminate any form of unfair discrimination. Please note: we may share personal data with other agencies (e.g. local authorities, government departments) where appropriate. By signing this form you are giving us consent to collect, store, and use your sensitive personal data for the purposes outlined above. If the person named on the form is a minor or if the household member is incapable, this form may be signed by a parent, guardian, or legally empowered 3rd party. The personal information you have provided will be processed in accordance with the Data Protection Act 1998. For further information, write to Data Protection Officer, The Hyde Group, 30 Park Street, London, SE1 9EQ.

Signature

Date

I am the parent/ guardian/ legally empowered 3rd party for the household member named on the form

PERSON SIX HOUSEHOLD MEMBER DETAILS

Tenancy Ref Number

Person Ref Number

Section A: Your Contact Details

Title (Mr, Miss, Mrs, Ms)

First Name

Surname/ Family Name

Section B: Your Relationship to the head of household

What is your relationship to the **head of household**?

- | | | | | | |
|-----------------------------|--------------------------|-------------------------|--------------------------|-----------------------------|--------------------------|
| Wife/ Husband/ Partner | <input type="checkbox"/> | Grandparent | <input type="checkbox"/> | Other family member | <input type="checkbox"/> |
| Parent | <input type="checkbox"/> | Grandchild | <input type="checkbox"/> | Carer | <input type="checkbox"/> |
| Son or daughter | <input type="checkbox"/> | Sister or brother | <input type="checkbox"/> | I rent from the main tenant | <input type="checkbox"/> |
| Stepchild | <input type="checkbox"/> | Aunt or uncle | <input type="checkbox"/> | Lodger | <input type="checkbox"/> |
| Foster child | <input type="checkbox"/> | Niece or nephew | <input type="checkbox"/> | Other non-family member .. | <input type="checkbox"/> |

Section C: Gender

Are You?

Male

Female

Do you consider yourself to be transgender?

(where an individual does not consider their gender matches the one formally assigned to them at birth)

Please skip this question if answering on behalf of a minor (aged under 18)

Yes

No

Prefer not to answer

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What is your date of birth? (dd/mm/yyyy)

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What is your ethnic group?

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|-------------------------------------------------------------------|--------------------------|-------------------------------------------|--------------------------|
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Northern Irish/ British | <input type="checkbox"/> | Asian or Asian British- Pakistani | <input type="checkbox"/> |
| White- Irish | <input type="checkbox"/> | Asian or Asian British- Bangladeshi | <input type="checkbox"/> |
| White- Gypsy or Irish Traveller | <input type="checkbox"/> | Asian or Asian British- Chinese | <input type="checkbox"/> |
| Any other White background | <input type="checkbox"/> | Any other Asian background | <input type="checkbox"/> |
| Mixed- White and Black Caribbean | <input type="checkbox"/> | Black or Black British- Caribbean | <input type="checkbox"/> |
| Mixed- White and Black African | <input type="checkbox"/> | Black or Black British- African | <input type="checkbox"/> |
| Mixed- White and Asian | <input type="checkbox"/> | Any other Black background | <input type="checkbox"/> |
| Any other Mixed background | <input type="checkbox"/> | Arab | <input type="checkbox"/> |
| Asian or Asian British- Indian | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| | | Prefer not to answer | <input type="checkbox"/> |

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