

GETTING TO KNOW YOU

Please help us by filling in as many parts of this survey as you feel able to.

OFFICE USE

Tenant Reference Number

Please make sure Name and Address are clearly filled out.

Address 1:

Address 2:

Address 3:

Address 4:

Postcode:

Household Information

| | Title | First name | Surname | D.O.B | Male | Female | Trans gender |
|------------|-------|------------|---------|----------|--------------------------|--------------------------|--------------------------|
| Resident 1 | | | | --/--/-- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Resident 2 | | | | --/--/-- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other Household Members (date of birth and gender)

| | Resident 3 | Resident 4 | Resident 5 | Resident 6 |
|----------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Gender (M/F/T) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Date of Birth | --/--/-- | --/--/-- | --/--/-- | --/--/-- |

Total number of household members (including Resident 1 and 2)

How would you prefer us to contact you?

By letter By email By phone (home) By phone (work) By phone (mobile)
 By text By home visit By carer

If your preferred contact is by:

Email, can you please provide your email address (please print clearly):

Phone, can you please provide your preferred contact phone number in full:

Carer, can you please provide the contact name and number:

Do you have access to the internet?

Language/Communication

What is the main language:

Spoken in your household?

Written in your household?

Do you need any of the services below when speaking with, or receiving information, from us?
(Please tick all that apply)

| | Resident 1 | Resident 2 | | Resident 1 | Resident 2 |
|---------------|--------------------------|--------------------------|----------------|--------------------------|--------------------------|
| Translation | <input type="checkbox"/> | <input type="checkbox"/> | Braille | <input type="checkbox"/> | <input type="checkbox"/> |
| Interpreter | <input type="checkbox"/> | <input type="checkbox"/> | Large print | <input type="checkbox"/> | <input type="checkbox"/> |
| Sign language | <input type="checkbox"/> | <input type="checkbox"/> | Induction loop | <input type="checkbox"/> | <input type="checkbox"/> |

Economic Status

| | Resident 1 | Resident 2 | | Resident 1 | Resident 2 |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| Do you work full time? | <input type="checkbox"/> | <input type="checkbox"/> | Do you work part time? (less than 30 hours per week) | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you in full or part time education? | <input type="checkbox"/> | <input type="checkbox"/> | Are you unemployed? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you retired? | <input type="checkbox"/> | <input type="checkbox"/> | Prefer not to answer | <input type="checkbox"/> | <input type="checkbox"/> |

Please detail what benefits, if any, your household receives:

| | | | | | |
|---|--------------------------|--------------------|--------------------------|------------------|--------------------------|
| JSA (Job Seekers Allowance) | <input type="checkbox"/> | Income Support | <input type="checkbox"/> | Child Tax Credit | <input type="checkbox"/> |
| Employment and Support Allowance (Incapacity Benefit) | <input type="checkbox"/> | Working Tax Credit | <input type="checkbox"/> | Housing Benefit | <input type="checkbox"/> |
| Disabled Living Allowance | <input type="checkbox"/> | Retirement Pension | <input type="checkbox"/> | No benefits | <input type="checkbox"/> |
| Prefer not to answer | <input type="checkbox"/> | | | | |

Which group represents you (and your partner's) total weekly income from all sources, after deductions for income tax and national insurance?

| | | | | | | | | | |
|----------------|--------------------------|------------|--------------------------|------------|--------------------------|------------|--------------------------|----------------------|--------------------------|
| Less than £100 | <input type="checkbox"/> | £101- £200 | <input type="checkbox"/> | £201- £300 | <input type="checkbox"/> | £301- £400 | <input type="checkbox"/> | £401- £500 | <input type="checkbox"/> |
| £501- £600 | <input type="checkbox"/> | £601- £700 | <input type="checkbox"/> | £701- £800 | <input type="checkbox"/> | £801+ | <input type="checkbox"/> | Prefer not to answer | <input type="checkbox"/> |

Disability and Access to Services

| | | | |
|---|--------------------------|--|--------------------------|
| Does anyone in your household have serious physical mobility problems? | <input type="checkbox"/> | Is anyone in your household registered deaf/have serious hearing impairment? | <input type="checkbox"/> |
| Does anyone in your household use a wheelchair? | <input type="checkbox"/> | Does anyone in your household have any mental health issues or learning difficulties? | <input type="checkbox"/> |
| Is anyone in your household registered blind/have serious sight impairment? | <input type="checkbox"/> | Does anyone in your household have any other disabilities which make it difficult for them to manage in your home? | <input type="checkbox"/> |

Ethnicity

| | Resident 1 | Resident 2 | | Resident 1 | Resident 2 |
|--------------------------------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|
| White | | | | | |
| British | <input type="checkbox"/> | <input type="checkbox"/> | Irish | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Mixed | | | | | |
| White and Black Caribbean | <input type="checkbox"/> | <input type="checkbox"/> | White and Asian | <input type="checkbox"/> | <input type="checkbox"/> |
| White and Black African | <input type="checkbox"/> | <input type="checkbox"/> | Other | <input type="checkbox"/> | <input type="checkbox"/> |
| Asian or Asian British | | | | | |
| Indian | <input type="checkbox"/> | <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> | <input type="checkbox"/> |
| Pakistani | <input type="checkbox"/> | <input type="checkbox"/> | Other | <input type="checkbox"/> | <input type="checkbox"/> |
| Black or Black British | | | | | |
| Caribbean | <input type="checkbox"/> | <input type="checkbox"/> | African | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Chinese or other Ethnic group | | | | | |
| Chinese | <input type="checkbox"/> | <input type="checkbox"/> | Other | <input type="checkbox"/> | <input type="checkbox"/> |
| Gypsy/Romany/Irish Traveller | <input type="checkbox"/> | <input type="checkbox"/> | Prefer not to answer | <input type="checkbox"/> | <input type="checkbox"/> |

Faith - please tick one only

| | Resident 1 | Resident 2 | | Resident 1 | Resident 2 |
|-------------------------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|
| Christian (all denominations) | <input type="checkbox"/> | <input type="checkbox"/> | Sikh | <input type="checkbox"/> | <input type="checkbox"/> |
| Jewish | <input type="checkbox"/> | <input type="checkbox"/> | Buddhist | <input type="checkbox"/> | <input type="checkbox"/> |
| Hindu | <input type="checkbox"/> | <input type="checkbox"/> | Muslim | <input type="checkbox"/> | <input type="checkbox"/> |
| None | <input type="checkbox"/> | <input type="checkbox"/> | Prefer not to answer | <input type="checkbox"/> | <input type="checkbox"/> |
| Other faith | <input type="checkbox"/> | <input type="checkbox"/> | | | |

Sexual Orientation

In knowing the sexual orientation of our customers we can try to make sure we plan our services to meet everyone's needs. *Please indicate by ticking one of the following:*

| | Resident 1 | Resident 2 | | Resident 1 | Resident 2 |
|--------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|
| Heterosexual | <input type="checkbox"/> | <input type="checkbox"/> | Gay Man | <input type="checkbox"/> | <input type="checkbox"/> |
| Lesbian | <input type="checkbox"/> | <input type="checkbox"/> | Bisexual | <input type="checkbox"/> | <input type="checkbox"/> |
| Unsure | <input type="checkbox"/> | <input type="checkbox"/> | Prefer not to answer | <input type="checkbox"/> | <input type="checkbox"/> |

How information about you will be used:

Thank you for completing this survey. The information which you supply us will be treated confidentially and only used to provide and improve our services to you. We may share this information with partner organisations, for example contractors and local authorities, but only in relation to services that are provided to you. We operate a policy of equal opportunities in all aspects of our work.

For further details on how your personal information is used, how we maintain the security of your information, and your rights to access information we hold on you, please contact us by email at: **company.secretariat@affinitysutton.com** or write to us at: PO Box 850, BR1 9BU and ask for our Fair Processing Notice.

Your declaration:

I understand that you will use the information I have provided to deliver and improve your services to me. This may include sharing information about me with certain other organisations including local authorities, government agencies and private sector organisations.

I declare that the information I have given on this form is accurate and complete.

Signature (Resident 1)

Date: --/--/--

Signature (Resident 2)

Date: --/--/--

Thank you for your co-operation in completing this questionnaire.