

Royal British Legion Industries. Charity No. 210063.

Housing Application Form

**ROYAL BRITISH LEGION INDUSTRIES | HOUSING ASSESSMENT FORM**

|  |  |
| --- | --- |
| **SECTION 1: ABOUT YOU AND THE PEOPLE WHO MAY LIVE WITH YOU** | |
| **1A. Your Details:** | **1B. Your Partner’s Details:** |
| **Surname:** | **Surname:** |
| **Title: (Mr, Mrs, Ms, Miss, Other):** | **Title: (Mr, Mrs, Ms, Miss, Other):** |
| **First Name(s):** | **First Name(s):** |
| **Marital Status:** | **Marital Status:** |
| **Date of Birth: / /** | **Date of Birth: / /** |
| **Address:** | **Address:** |
| **Postcode:** | **Postcode:** |
| **Daytime Telephone Number:** | **Daytime Telephone Number:** |
| **Mobile Telephone Number:** | **Mobile Telephone Number:** |
| **Email Address:** | **Email Address:** |
| **National insurance Number:** | **National insurance Number:** |

**1C. Please fill in the following details about each person who will live at the property (excluding the people above)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname** | **First Name** | **Gender** | **Date of Birth** | | | **Relationship**  **to you** | **Education / Employment Status** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**You must provide original documentation to verify your identity and your family including children**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1D. Do you know if any other relation, friend or partner is going to live with you in the next 12 months** | | | | | * Yes | * No | |
| **1E. Do you have any children from a previous relationship who stay with you from time to time?** | | | | | * Yes | * No | |
| **1F. Are you or is anybody in this application pregnant?** | | | | | * Yes | * No | |
| **If YES, please give following details:** | | | | |  |  | |
| **Name of pregnant person:** | |  | | | | | |
| **Date baby expected:** | |  | | | | | |
| **1G. Do you have any pets?** | | | | | * Yes | * No | |
| **If YES, please give details:** | | | | | | | |
| **Animal** | **Type (dog/cat etc)** | | **Animal** | **Type (dog/cat etc)** | | |
| **1** |  | | **3** |  | | |
| **2** |  | | **4** |  | | |

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| **SECTION 2: SERVICE CONNECTION DETAILS** |

**This section applies to the person with the Service connection. If you are applying as a widow/er of a Service person, you must fill in the details of your late spouse. We will need to see a copy of the Death Certificate.**

**If you are applying as a divorced or separated partner, you must fill in the details of the Service person you have the connection with and provide their name, address and contact details – we will confirm with them that they are in agreement with you using their eligibility. We also need to see your original divorce or legal separation papers.**

**We will need a photocopy of the service identity card (if still serving) or a copy of the discharge papers (if already left the service).**

**2A. Qualifying Person**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Qualifying person: | |  | | | | | |
| Address of Qualifying person:  (if different to main applicant) | |  | | | | | |
|  | | | | | | | |
| Service: | | * Navy | | | * RAF | | * Army |
|  | | * Merchant Navy/Fishing Fleets | | | | | * T/A * Other |
| Regiment / Branch Corps: |  | | | | | | |
| Rank on Entry |  | | |  | |  | |
| Rank (on discharge): |  | | | Service Number: | |  | |
|  |  | | |  | |  | |
| Date From: |  | | | Date To: | |  | |
| Reason for Discharge: |  | | | | | | |
| Active Service Details: |  | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
| **2B. Please fill in this section if you are a widow or widower of an ex-serviceman or ex-servicewoman** | | | | | | | |
| Full Name of your partner who has died: | | |  | | | | |
| Date of their death: | | |  | | | | |

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| **SECTION 3: CURRENT ACCOMMODATION & ACCOMMODATION NEEDS** |

**This section is for you to provide us with the details of your current accommodation and the type of accommodation that you require in order to assist us with allocating accommodation when it becomes available.**

**3A. Current Accommodation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of Accommodation: | * House | * Flat | * Bungalow | * Other |
| If other please specify: |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Floor Level: | * Ground | * First | * Second | * Other |
| If other please specify: |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Number of Bedrooms: | * 1 | * 2 | * 3 ❒ 4 | * Other |
| If other please specify: |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Facilities: | |  |  |
| Level Access without lift | | * Yes | * No |
| Level Access with lift | | * Yes | * No |
| Wet room shower only | | * Yes | * No |
| Support rails | | * Yes | * No |
| Other | | * Yes | * No |
| If other please specify: |  |  |  |

**3B. Current Landlord**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date From: |  | | | | Date To: | |  | | |
|  |  | | | |  | |  | | |
| Landlord address and phone number: | | | | | | | | | |
| Reason for leaving:  *Please enclose copies of Notice to Quit, Notice of Seeking Possession etc. if this applies to you* | | | | | | | | | |
| Type of Landlord: | | * Local Authority | | * Housing Association | | | | | |
|  | | * Private Rental | | * Family/Friend | | | | | |
|  | | * Other | | If other please specify: | | | |  | |
|  | |  | |  | | | |  | |
| Type of Tenancy: | |  | | Tenancy Expiry Date: | | | |  | |
| Weekly Rent: | |  | | Is this tenancy linked to employment: | | | |  | |
| Current rent account balance: | |  | | Are you in receipt of Housing Benefit: | | | |  | |
| **3C. Previous Accommodation**  If you have lived in your current accommodation for less than 3 years, please provide previous addresses dating back 3 years.   |  |  |  |  | | --- | --- | --- | --- | | Date From: |  | Date To: |  | |  |  |  |  | | Address: | | | | | Landlord address and phone number: | | | | | Reason for leaving: | | | | | |  |  |  |  | | --- | --- | --- | --- | | Type of Landlord: | * Local Authority | * Housing Association | | |  | * Private Rental | * Family/Friend | | |  | * Other | If other please specify: |  | | *Please continue on a separate sheet of paper if necessary* | | | | | | | |   **3D. Property Ownership** | | | | | | | | | |
| Do you own your home: | | | * Yes | | | * No | | |
| If yes do you have a mortgage: | | | * Yes | | | * No | | |
| Monthly Mortgage Payment: | | | £ | | |  | | |
| Current Mortgage Balance: | | | £ | | |  | | |
| Approx. value of property: | | | £ | | |  | | |
| Will this property be sold within the next 12 months: | | | * Yes | | | * No | | |

**3E. Housing Requirements**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of Accommodation: | * House | * Flat | * Bungalow | * Other |
| If other please specify: |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Floor Level: | * Ground | * First | * Second | * Other |
| If other please specify: |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Number of Bedrooms: | * 1 | * 2 | * 3 | * Other |
| If other please specify: |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Facilities: | |  |  |
| Level Access without lift | | * Yes | * No |
| Level Access with lift | | * Yes | * No |
| Wet room shower only | | * Yes | * No |
| Support rails | | * Yes | * No |
| Other | | * Yes | * No |
| If other please specify: |  |  |  |

**3F. Eviction & Anti-Social Behavior**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you or any member within your household been evicted in the past five years? | | * Yes | * No | |
| Name of housing association/local authority, landlord or mortgage lender: |  | | |
| Name of person/s evicted: |  | | |
| Address of property evicted from: |  | | |
|  |  | | |
|  |  | | |
| Date of Eviction: |  | | |
| Reason for Eviction: |  | | |
|  | |  |  | |
| Have you or any member of your household been subject of an investigation or formal action due to anti-social behavior? | | * Yes | * No | |
| Name of person involved: |  | | |
| Address where this occurred: |  | | |
|  |  | | |
|  |  | | |
| Date of Action: |  | | |
| Reason for Action: |  | | |

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| **SECTION 4. REHABILITATION OF OFFENDERS ACT 1974** |

Royal British Legion Industries will not discriminate against ex-offenders with criminal records. We do have a duty of care to consider all offences disclosed and the safeguarding implications of other vulnerable beneficiaries and individuals currently residing on the village.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you or any other member/s of your household been convicted of a criminal offence? | | * Yes | * No | |
| Name of person/s convicted: |  | | |
| Crime they were convicted of: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Are you currently attached to the probation service? | * Yes | * No | |
| (if yes, please provide name and contact details of probation worker) | | |
|  | | |
|  | | |
|  | | |
|  | | |
| Please list any restrictions attached to any offence that may impact on your accommodation: | | | |
|  | | | |
|  | | | |
|  | | | |

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| **SECTION 5: ECONOMIC STATUS** |

**4A. Which of the following best describes your economic status:**

|  |  |  |
| --- | --- | --- |
|  | You: | Your Partner: |
| Self-employed | * Yes | * No |
| Employed full-time | * Yes | * No |
| Employed part-time | * Yes | * No |
| Registered as unemployed or a job seeker | * Yes | * No |
| Full-time student | * Yes | * No |
| Not looking for work or at home | * Yes | * No |
| Long-term sick or disabled | * Yes | * No |
| Retired | * Yes | * No |
| Other | * Yes | * No |

|  |
| --- |
| You: Name and address of employer (if this applies) |
| Your partner: Name and address of employer (if this applies) |
| *(You will need to provide bank statements and proof of income for the past three months)* |

**4B. Immigration Service**

|  |  |  |
| --- | --- | --- |
| Have you or any member of your household lived outside of the UK during the last 5 years, even if you or they have lived here prior to the period? | * Yes | * No |
| Do you and all household members have full leave to remain and access to public funds? | * Yes | * No |

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| **SECTION 6: DECLARATION OF FINANCES** |

**In order for us to ensure that our accommodation is affordable for you we require you to disclose information in relation to your income and expenditure. This will form part of the assessment of your eligibility for housing.**

**5A. Income**

|  |  |  |
| --- | --- | --- |
| **Benefits Received** | **Amount** | |
|  | **Main Applicant** | **Partner** |
| Universal Credit | £ | £ |
| Jobseekers allowance | £ | £ |
| Employment support Allowance | £ | £ |
| Income support | £ | £ |
| State pension | £ | £ |
| Private Pension | £ | £ |
| War Pension | £ | £ |
| Pension Credit | £ | £ |
| Personal independence payment (daily care) | £ | £ |
| Personal independence payment (mobility) | £ | £ |
| Incapacity Benefit | £ | £ |
| Disability living allowance - care | £ | £ |
| Disability living allowance – mobility | £ | £ |
| Attendance Allowance | £ | £ |
| Severe disablement allowance | £ | £ |
| Child benefit | £ | £ |
| Child tax credit | £ | £ |
| Working tax credit | £ | £ |
| Housing benefit | £ | £ |
| Council tax redemption | £ | £ |
| Carers allowance | £ | £ |
| Industrial injury benefit | £ | £ |
| Other benefits | £ | £ |
| **Income Received** | **Amount** | |
|  | **Main Applicant** | **Partner** |
| Income from tenants (adult/children) | £ | £ |
| Salary | £ | £ |
| Child maintenance (received) | £ | £ |
| Rent received via tenant | £ | £ |
| **Savings** | **Amount** | |
|  | **Main Applicant** | **Main Applicant** |
| Savings account | £ | £ |
| Additional bank account | £ | £ |
| ISA | £ | £ |
| **Total Received** | **£** | **£** |

**5B. Expenditure**

|  |  |  |
| --- | --- | --- |
| **Outgoings** | **Amount** | |
|  | **Main Applicant** | **Partner** |
| Rent | £ | £ |
| Mortgage | £ | £ |
| Gas | £ | £ |
| Electric | £ | £ |
| Water Rates | £ | £ |
| Sewage rate | £ | £ |
| Council tax | £ | £ |
| Household Insurance | £ | £ |
| TV License | £ | £ |
| Cable TV | £ | £ |
| Credit Cards | £ | £ |
| Store cards | £ | £ |
| Car Insurance | £ | £ |
| Car Tax | £ | £ |
| Petrol/Diesel | £ | £ |
| Food | £ | £ |
| Public transport fees | £ | £ |
| School fees | £ | £ |
| Clothing | £ | £ |
| Entertainment/outings | £ | £ |
| Child maintenance | £ | £ |
| Other, please state: | £ | £ |
| Other, please state: | £ | £ |
| Other, please state: | £ | £ |
| Other, please state: | £ | £ |
| Other, please state: | £ | £ |
| **Total Received** | **£** | **£** |

|  |
| --- |
| **SECTION 7: REFERENCES** |

**Please provide two references – one of which should be your current landlord**

**5A. Reference 1**

|  |  |
| --- | --- |
| Name: | Address: |
| Contact Number: | Email Address: |

**5B. Reference 2**

|  |  |
| --- | --- |
| Name: | Address: |
| Contact Number: | Email Address: |

|  |
| --- |
| **SECTION 8: SUPPORT NEEDS** |

**In order to ascertain your support needs, the next series of questions have been designed to assess the level of support you may require and assist us in identifying any external sources of support we may need to engage with. Throughout this section you should select the option which most relates to you.**

**6A. Independence Skills**

What best describes the level of independence skills you may need support with:

|  |  |  |
| --- | --- | --- |
| * High level of support needed | * Minimal support needed | * No support needed |
| Please explain why you have rated your level of need: | | |

Will you need additional support with the following:

|  |  |  |
| --- | --- | --- |
| Support regarding cultural or racial harassment | * Yes | * No |
| Support with anti-social behavior | * Yes | * No |
| Maintain safety and security within the home | * Yes | * No |

**6B. Self Care Skills**

What best describes the level of self care skills you may need support with:

|  |  |  |
| --- | --- | --- |
| * High level of support needed | * Minimal support needed | * No support needed |
| Please explain why you have rated your level of need: | | |

Will you need additional support with the following:

|  |  |  |
| --- | --- | --- |
| Are you able to manage your daily health needs,  cooking, cleaning, washing and personal hygiene | * Yes | * No |
| Do you need support to achieve a healthy life style | * Yes | * No |
| Maintain safety and security within the home | * Yes | * No |
| Do you smoke (cigarettes/cannabis) | * Yes | * No |
| Are you able to make positive life choices and  keep yourself safe from harm | * Yes | * No |
| Do you require the use of a mobility scooter | * Yes | * No |

**6C. Budgeting & Benefits**

What best describes the level of assistance you need in relation to budgeting and benefits:

|  |  |  |
| --- | --- | --- |
| * High level of support needed | * Minimal support needed | * No support needed |

|  |
| --- |
| Please explain why you have rated your level of need: |

Will you need additional support with the following:

|  |  |  |
| --- | --- | --- |
| Understanding your housing/tenancy responsibilities | * Yes | * No |
| Help understanding your rent/mortgage arrears | * Yes | * No |
| Managing your finances and benefit claims | * Yes | * No |

**6D. Substance Misuse**

What best describes the level of substance misuse support you may need:

|  |  |  |
| --- | --- | --- |
| * High level of support needed | * Minimal support needed | * No support needed |

|  |
| --- |
| Please provide contact details of any key workers/agencies that are currently supporting you: |

How would you describe your alcohol consumption?

|  |  |  |
| --- | --- | --- |
| * Moderate / Controlled | * Binges | * None |
| * Regular heavy use | * Continuous |  | |

**6E. Emotional or Mental Health Support**

What best describes the level of emotional or mental health support you may need:

|  |  |  |
| --- | --- | --- |
| * High level of support needed | * Minimal support needed | * No support needed |
| Please provide contact details of any key workers/agencies that are currently supporting you with your mental health needs): | | |

Are you currently on any prescribed medication?

|  |  |
| --- | --- |
| * Yes | * No |
| Please list your medication here: | | |

Do you suffer from episodes of confusion or distress?

|  |  |
| --- | --- |
| * Yes | * No |

Have you been diagnosed by a medical professional with anxiety, depression or PTSD?

|  |  |
| --- | --- |
| * Yes | * No |

How often do you display outbursts of anger or aggression towards others or yourself?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| * Often | | | * Rarely | | | | | |
| * Occasionally | | | * Never | | | | | |
| Are you currently receiving any support from 3rd parties such as TILS, PTSDR, Combat Stress, CGL or other? | | | | | | | | |
| * Yes | | | * No | | | | | |
| If yes, please give details: | | |  | | | | | |
|  | | |  | | | | | |
|  | | |  | | | | | |
|  | | |  | | | | | |
|  | | |  | | | | | |
| **SECTION 9. REFERRAL SOURCE** | | | | | | | | |
| TRBL | |  | SAFFA | |  | CAB |  |
| HOUSING AUTHORITY | |  | ADULT SOCIAL SERVICES | |  | RCEL |  |
| NHS SERVICES | |  | WORD OF MOUTH | |  | OTHER |  |
| Do you know anyone that lives on the village Yes ❒ No ❒  Do you have any family that lives on the village Yes ❒ No ❒  Do you know anyone that works for RBLI Yes ❒ No ❒ | | | | | | | |
| If you answered yes to any of these question, please give details: | | | | | | | |

|  |  |
| --- | --- |
| **SECTION 10. REASON FOR APPLYING FOR ACCOMODATION** | |
| *Please use this section to provide any further information which you feel is relevant to your application:* |

|  |  |  |
| --- | --- | --- |
| S**ECTION 11. ADDITIONAL DOCUMENTS (Please do not send originals)**  **(In addition to your application, we also require the below documents. Please tick to show you have included each one)** | | |
| Valid Photographic ID – either driving license or passport |  |
| 3 months most recent bank statements |  |
| Most recent proof of income – either pay slip and / or benefits |  |
| Proof of service |  |

|  |
| --- |
| **SECTION 12. DECLARATION** |

I confirm that the information given within this form is true to the best of my knowledge and is an honest reflection of my circumstances. I will inform you of any changes in my current circumstances or in relation to anyone with my household. I understand that any false or misleading information within my statement will result in my application being declined.

|  |  |
| --- | --- |
| Name of Applicant: | Name of Partner: |
| Signature: | Signature |
| Date: | Date: |

|  |
| --- |
| **SECTION 13. PRIVACY NOTICE** |

**Royal British Legion Industries - RBLI Property Services**

Bottom of Form

This privacy notice explains how we collect and use your personal information and who we share it with. It applies to service users of RBLI Property services, part of Royal British Legion Industries. Royal British Legion Industries’ address is Hall Road, Aylesford, Kent ME20 7NL.

This notice explains why we process your personal data and the legal basis for the processing (‘processing’ includes us just keeping your personal information). It also explains the choices you have about the data we hold about you.

We make sure our privacy notice is kept up to date. You can find the latest version on our website. If you would like a hard copy, please ask your scheme manager who will be able to provide you with one.

**Who we are**

RBLI is the body that is the data controller whose head office is located at Hall Road, Aylesford, Kent ME20 7NL.

We own and manage various accommodation, welfare and community services on The Royal British Legion Village in Aylesford, Kent. RBLI’s Property Services Division provides maintenance, refurbishment and related services to tenants of RBLI’s houses and apartments.

If you would like to find out more about how we use your personal information, you can contact the Group Data Protection Officer at [dpo@rbli.co.uk](mailto:dpo@rbli.co.uk) .

**How we collect your information**

We collect most of our information directly from you, including when you use one of our services, complete one of our forms, when you write, email or meet with us.   
We also collect information from other third parties where it is relevant to the service we are providing you. This includes:

* Local authorities, health and social care professionals, previous care providers – for information about your health, care and support needs, and those of your household (including your children)
* Other service providers where we are working in partnership with them

**How we use your personal information and the legal basis for processing**

*To understand your care and support needs and to deliver the right kind of service to you*

As a provider of care and support services, we need data about your health and social care to deliver our services and to safely meet your assessed needs.

*To keep individuals safe and make sure no one is at risk of harm*

We have a legal duty to safeguard individuals; as well as processing data about your health and social care needs, we may also process information about:

* anti-social behaviour;
* financial circumstances (including debts and benefits received);
* housing history (eviction and arrears); and
* risky behaviours (including drug/alcohol misuse and aggression)

We also hold information about criminal activity and convictions

*To contact you about your service*

We use your contact details (including telephone numbers and email addresses) to get in touch with you about issues relating to, for example, maintenance services that our Property Services division may wish to arrange with you.

*To monitor equality, diversity and inclusion*

We may ask you to provide us with your diversity data (ethnicity, religion, sexual orientation). This information is not used to inform any decisions we make about you individually, but is gathered for statistical purposes to help us understand who is using our services. It helps us ensure fairness and equality in the services we provide. You do not have to provide this information but it helps us if you choose to do so.

**What legal bases do we rely on to process your data**

The law requires us to tell you the basis on which we process your data. We have THREE bases, as follows:

Necessary in the performance of a contract

Some of our processing is carried out to fulfil a contract or an agreement we have with you. Where we require information because it is necessary in the performance of a contract you will not be able to opt out of providing this information. This is because without it we would be unable to do the thing you have asked us to do.

Consent

In some instances, we may ask for your consent to process specific additional information. Where this is the case it will be detailed on the individual privacy notices attached to the service.

Where it is necessary for our legitimate interests

In all other cases, we rely on a condition called “legitimate interests”. The law allows us to process your data if it is in our legitimate interests to do so. But we can only do this if:

* it does not disproportionately affect your privacy rights;
* it doesn’t cause you any harm; and
* it isn’t overly intrusive.

The law also says we must let you know what we consider our legitimate interests to be. Our legitimate interests are:

* ensuring that our services meet the needs of our customers;
* ensuring that we make the most efficient use of our resources and we understand how we are performing;
* ensuring we provide a safe and supportive service; and
* ensuring we understand our customers’ experiences and views

If you think that anything we do with your data affects you adversely, you can ask us to stop processing it.

**Sharing your personal information**

If we are working with other organisations or services to support you, we may have to share information with them. We only do this if we have a good reason to and it is necessary for delivering the agreed support. You can object to us sharing your information but this might mean that you don’t get all the services you need.

Where we are providing care and support services as part of a local authority contract, we may share your information with the commissioning local authority or NHS health trust. You can object to us sharing your information but this might mean that you don’t get all the services you need.

Sometimes we might have to share information with authorities if we think that you or someone else is at serious risk of abuse or harm. We don’t need your consent to do this.

Where necessary, we share information across subsidiaries or divisions of RBLI to make sure that you are receiving all the services that are available to you.

We also share some information with our data processors, which are organisations that carry out a service on our behalf, for example IT providers. We only share information which is necessary for them to carry out the service they have been contracted to provide. All our contractors operate under the terms and conditions of a legally enforceable contract and will not use your information for anything other than carrying out a service on behalf of RBLI.

Other organisations we may share your information with include:

* Government departments
* Police and other law enforcement agencies
* MPs and Councillors acting on your behalf
* Care Quality Commission

**Keeping your personal information**

We will retain your data for 7 years after the date you are no longer a resident with us.

**Your privacy rights**

You have several rights which allow you to choose and control how we use your data. These rights are explained below. If you would like to use these rights, please put your request in writing and send them to your support service manager. Alternatively, you can send them to [dpo@rbli.co.uk](mailto:dpo@rbli.co.uk) .

**Transparency:** You have the right to be informed about how we are using your data. If you think we are doing something with your information that we have not told you about in this Privacy Notice, you can object to this.

**Access:** You have the right to ask us what personal information we hold about you, and to request a copy, free of charge. Please note if we consider that the request is manifestly unfounded, excessive, or repetitive, we can charge a reasonable fee. This fee will be based on the administrative cost of providing the information.

**Objection:** You can object to the processing of your personal data. You should note that this right does not apply in all circumstances, for example, where we are processing information because it is necessary in the performance of contract we will not be able to stop processing this information.

**Withdrawal of consent:** if we are processing your data based on your consent, you can withdraw this consent at any time. Where this is the case we may no longer be able to provide the relevant service to you.

**Rectification:** If you think that the personal data we hold about you is inaccurate or incomplete, you have a right to request that it be rectified.

**Erasure:** You can ask us to delete your personal data where it is no longer necessary for us to use it, where you have withdrawn consent (if we process based on consent), or where we have no lawful basis for keeping it.

**Restriction:** You can ask us to restrict the personal data we use about you where you have asked for it to be erased or where you have objected to our use of it.

**Data portability:** You can ask us to provide you, or a third party (if possible), with some of the personal data we hold about you in a structured, commonly used, electronic form, so that it can be easily transferred.

**Appeal:** If you are not satisfied with the way that we have dealt with your personal data, please let us know and we will try and resolve your concerns. Please contact your scheme manager in the first instance, or the person who is dealing with the issue. If you are not satisfied with the outcome, you can make a formal complaint at [dpo@rbli.co.uk](mailto:dpo@rbli.co.uk) .

If you are still not happy with our response, you have the right to appeal directly to the regulator – the**Information Commissioners’ Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF**. Visit: [https://ico.org.uk](https://ico.org.uk/) or telephone: [0303 123 1113](tel:0303%20123%201113)**.**

**ON OF AUTHORITY**

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| **SECTION 14. CONSENT** |

There are many ways in which we would like to communicate with you, which include:

Property Services – Property Services will contact you in relation to activities and events that are happening across the village, they may also contact you about invitation only events offered from 3rd parties and other service charities that you may be interested in, such as the annual trip to the Garden Party at Buckingham Palace. They will also contact you in regards to any estates developments which are happening across the village should these affect you. This will also include any village wide newsletters which are released.

Welfare – The Welfare Team will contact you to assist with matters relating to your households welfare. These could range from updates on benefits entitlements to updates on health and wellbeing services that are on offer.

RBLI Marketing Team – The marketing team will contact you with updates on the RBLI as a charity, they may also contact you in relation to marketing material which is being published and to see if you are happy to be the subject of one of our case studies which may be used for marketing and fundraising.

RBLI Fundraising – The fundraising team will contact you about wider fundraising events that are taking place to support the charity, these may include and sponsorship opportunities such as the RBLI Annual Cycle Ride to Ypres.

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| Please confirm that have read and understood and accept the above Privacy Notice: | |
| ❒ Yes | ❒ No |
| Please confirm that you are happy to be contacted by the RBLI Property Services Team: | |
| ❒ Yes | ❒ No |
| Please confirm that you are happy to be contacted by the RBLI Welfare Team: | |
| ❒ Yes | ❒ No |
| Please confirm that you are happy to be contacted by the RBLI Marketing Team: | |
| ❒ Yes | ❒ No |
| Please confirm that you are happy to be contacted by the RBLI Fundraising Team: | |
| ❒ Yes | ❒ No |

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| **SECTION 15. DECLARATION OF AUTHORITY** |

In order to assess your application, we may need to contact those people or organisations whose details you have provided, or other parties who may be relevant to your application. We can only do this if we have your written consent.

This may include:

Cross checking the information you have given with local authorities and government agencies, including the department for work and pensions.

Current and previous landlords.

Sharing information with housing associations that provide affordable housing.

Carrying out Tenancy Referencing checks with credit reference agencies. These agencies will record details of any search made whether or not this application proceeds. Information held about you by the credit reference agencies may already be linked to records relating to your current or any previous partner. For the purposes of this application you may be treated as financially linked and your application will be assessed with reference to any associated person. You have the right of access to your personal records held by credit and fraud agencies. We will supply the names and addresses of any agencies we use on request.

Other third parties considered relevant to your application, this may include the NHS, GP or mental health services.

Liaising with our Welfare team and support staff who would be involved in the STEPIN Programme so that they can offer you advice and assistance as and when required throughout your application.

I/we agree to the terms and use of information declared within this application pack.

I /we agreed and give authorisation for Royal British Legion Industries to make all necessary enquiries with third parties as deemed necessary.

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| --- | --- |
| Name of Applicant | Name of partner |
| Signature: | Signature |
| Date: | Date: |