

YOUR DETAILS
Name:
Address:
Town
Postcode
Phone:
Email:

For office use	
New	<input type="checkbox"/>
Renewal	<input type="checkbox"/>
Customer No.	<input style="width: 150px; height: 25px;" type="text"/>
Date issued:	Valid to:
Evidence seen:	
Seen by:	

<input type="checkbox"/>	<p>I agree to my details being retained by Home Basics for administration of discount entitlements. I understand that all information provided is treated confidentially and will only be used for service administration purposes by Home Basics.</p>
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BENEFIT DETAILS					
Jobseekers Allowance (JSA)	<input type="checkbox"/>	Universal Credit	<input type="checkbox"/>	Housing Benefit	<input type="checkbox"/>
Council Tax Reduction (means tested)	<input type="checkbox"/>	Working Tax Credit	<input type="checkbox"/>	Child Tax Credit	<input type="checkbox"/>
Income-related Employment Support Allowance (ESA)	<input type="checkbox"/>	Pension Credit	<input type="checkbox"/>		
Sanctioned	<input type="checkbox"/>				

<p>Are you currently being supported by any other agencies? (Please provide agency name and contact person if possible).</p>
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The optional information below is treated confidentially for service monitoring and fundraising purposes, and will never be disclosed to any third party.

YOUR CIRCUMSTANCES					
MALE	<input type="checkbox"/>	FEMALE	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
SINGLE	<input type="checkbox"/>	PARTNERED	<input type="checkbox"/>		
	<input type="checkbox"/>		<input type="checkbox"/>		
16-24	<input type="checkbox"/>	25-34	<input type="checkbox"/>	35-44	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
45-54	<input type="checkbox"/>	55-64	<input type="checkbox"/>	65+	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Number of adults in household	<input type="checkbox"/>	Housing Association	<input type="checkbox"/>		
Number of children in household	<input type="checkbox"/>	Private Tenancy	<input type="checkbox"/>		
		House Owner	<input type="checkbox"/>		

<p>How would you describe your ethnic origin?</p>

<p>Do you consider yourself to have a disability?</p> <p style="text-align: center;">YES / NO</p>
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