

# Gypsy and Traveller Assessment Form (Part 1)

**Metz Bridge Court  
Gypsy & Traveller  
Site  
Riverside Park Road  
TS2 1NL**

For office use only	Officer:
Family Name:	
Received Date:	

PERSONAL DETAILS	
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:_____
Full Name:	
Have you known by another name? If so please state:	
Date of birth:	
National Insurance number:	
Address:	
	Postcode:
Temporary address (if applicable):	
	Postcode:
Daytime telephone no:	
Evening telephone no:	
Mobile telephone no:	
Email address:	

PERSONAL DETAILS OF SPOUSE/PARTNER	
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:_____
Full Name:	
Have you known by another name? If so please state:	
Date of birth:	
National Insurance number:	
Address:	
	Postcode:
Temporary address (if applicable):	
	Postcode:
Daytime telephone no:	
Evening telephone no:	
Mobile telephone no:	
Email address:	

**FAMILY DETAILS (please provide details of people who normally reside with you)**

Title:	First Name:	Family Name:	Date of Birth:	NI number:	Relationship to you:

Is any member of your household pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please state who:	
What is the expected date of birth:	

Do you have any pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please tell us the type of pet/s and how many:	
Do you have any livestock (horses)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Please be aware that livestock is prohibited from being kept on an occupants pitch</b>	

Have you or anyone moving with you ever had any action taken against you due to anti social behaviour?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please tell us who and the reason for this including the date and type of action taken:	
Do you or anyone moving with you have any outstanding criminal charges or has any previous police action been taken?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please tell us who and the reason for this including the date and type of action taken:	
Have you or anyone moving with you ever been convicted or a criminal offence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please tell us who and the reason for this including the date of conviction:	

**YOUR CURRENT ACCOMMODATION**

How long have you lived in your current accommodation?			
Date from:		Date to:	
What type of accommodation do you live in?			
House <input type="checkbox"/>	Bungalow <input type="checkbox"/>	Caravan <input type="checkbox"/>	Hospital <input type="checkbox"/>
Flat <input type="checkbox"/>	Maisonette <input type="checkbox"/>	Armed Forces <input type="checkbox"/>	Prison <input type="checkbox"/>
Bedsit/Studio <input type="checkbox"/>	Hostel/B&B <input type="checkbox"/>	Other: (Please state)	

What type of tenure do you have?			
Owner/Leaseholder <input type="checkbox"/>	Private tenant <input type="checkbox"/>	Licence/B&B <input type="checkbox"/>	Tied <input type="checkbox"/>
Housing association <input type="checkbox"/>	Name of association:		
Council tenant <input type="checkbox"/>	Name of local authority:		
Living with family <input type="checkbox"/>	Please state who and provide contact details:		

Have you been asked to leave your current accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, by what date?:	
Has the landlord applied for a court order?:	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PREVIOUS ADDRESSES - please list all addresses you have lived at over the last five years**

Address:	Type of accommodation:	Dates you lived at this address <small>(from DD/MM/YYYY to DD/MM/YYYY):</small>	Landlords name, address and contact number:	Reason for leaving:

**PARTNER/SPOUSE PREVIOUS ADDRESSES - please list all addresses you have lived at over the last five years**

Address:	Type of accommodation:	Dates you lived at this address <small>(from DD/MM/YYYY to DD/MM/YYYY):</small>	Landlords name, address and contact number:	Reason for leaving:

**Your previous homes:**

	Main applicant		Spouse/Partner	
	Yes	No	Yes	No
Are there any rent arrears, rechargeable repairs or other housing related debts owed from your current or previous homes in the last five years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a property repossessed in the last 5 years because you were not able to meet mortgage payments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any current mortgage arrears?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been evicted from a tenancy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been made bankrupt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you have answered yes to any of the questions above, please provide details:				

**EARNINGS**

	Employers name	Employers address	Self employed	Weekly hours worked
Main applicant			<input type="checkbox"/>	
Spouse/Partner			<input type="checkbox"/>	
None dependents			<input type="checkbox"/>	

<b>OTHER INCOME (You will need to provide proof of income/benefits):</b>				
Please state the amount that you receive of:	Applicant		Partner/ spouse	
	£	p	£	p
			How often do you receive this amount	
			Weekly	Monthly
<b>Wages</b>				
Salary (take home pay)				
Self employed earnings				
<b>Pensions</b>				
Occupational/private/personal pension				
State retirement pension				
Guarantee/savings pension credit				
War disablement pension				
<b>Benefits</b>				
Child benefit				
Child tax credit				
Working tax credit				
Income support				
Maternity/paternity pay				
Adoption/custody allowance				
Payments for foster children				
Employment and support allowance				
Incapacity benefit				
Severe disablement benefit				
Statutory sick pay				
Disability living allowance				
Attendance allowance				
Industrial injuries disablement benefit				
Carer's allowance				
Job seekers allowance				
Widowed allowance/payments				
Bereavement benefit				
<b>Other income</b>				
Personal injury payments				
Student grant/loan				
Educational maintenance allowance				
Maintenance payments received				
Any other income (please specify)				
<b>TOTAL INCOME</b>				

**Please use the space below to provide any further information you think we need to know:**

**DECLARATION OF APPLICANT**

The information supplied on this form will be held on computer.

I have read/had read to me the declaration below: and,

I/we agree that Middlesbrough Council may make enquiries on my/our behalf and authorise you to release any information requested by the Council that may be held under the Data Protection Act 1998.

I/we authorise Middlesbrough Council to make such enquiries of other agencies as are thought necessary in connection with any of the information given by me/us.

I/we understand that relevant agencies may include, but are not limited to, any police force, previous landlords, probation service, any other service identified on this form and other council departments.

I/we understand that enquiries will be made concerning my character and conduct of any previous tenancies or occupations of any property.

I/we understand that the council reserves the right to suspend, remove or exclude from any scheme or service within the Housing Service, if information received or held by Middlesbrough Council indicates that I/we may not make a suitable tenant in accordance with current legislation.

I/we declare that the information contained in this application is true and correct to the best of my/our knowledge. I/we understand that I/we may lose any pitch offered or let to me/us if it is subsequently found that false information has been given

I/we understand that the information recorded on this form will be retained by the Council for a period of five years and used to inform assessments of unmet need for pitches.

Applicant/owner: (print name)	Date:
----------------------------------	-------

Signature:
------------

Spouse/Partner: (print name)	Date:
---------------------------------	-------

Signature:
------------

Please return this form and any supporting documentation to:

Community Safety  
Newport Settlement Community Hub  
St. Paul's Road  
Middlesbrough  
TS1 5NQ

--