

Tenant Census 2023 Report



South Holland District Council

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1. Introduction

Background

In summer 2023, South Holland District Council commenced a survey, or 'census', of all its council tenants and shared owners. There were two principal aims in conducting the census.

- To check that the data held on the housing management system was correct, and to update that information where necessary.
- Provide a thorough description of residents that can be used in a wide range of contexts to inform strategic and operational decision making.

Methodology

The census was conducted between May - July 2023. Paper self completion questionnaires were distributed to all households, followed by a reminder approximately three weeks later for all those that had not yet replied. After the first week, online survey invitations/reminders were also sent to non-respondents on a weekly basis to the sample via email and SMS where suitable contacts were available, for a total of two emails and two text messages. Finally, at the end of the process, follow-up telephone interviews were conducted with all remaining tenancies that could be contacted by phone and were willing to take part. There were 1843 completions on paper (71%), 488 online (19%) and 275 via telephone (11%). The survey was incentivised with a free prize draw.

In total, 3,740 households received questionnaires, and 2,606 completed the survey, giving details for 5,234 total residents, 730 of which were additions. This represented a 70% response rate (error margin +/- 1.1). Tenants (including joint tenants at the address) were asked a number of profiling questions, and they were asked to give details of other people occupying the property. An example of the questions asked can be found in the Appendix.

Glossary

Because demographic data can be viewed in a number of slightly different ways, this report uses specific terms for the purpose of clarity and internal consistency throughout. This terminology may differ slightly from common terminology used elsewhere in the council but has been chosen to best describe the distinctions within this specific set of data.

- "Household" a single tenancy
- "Tenant" any adult named on the tenancy agreement
- "Resident" anyone living in a the property, including children

Understanding the results

Most of the results are given as percentages, which may not always add up to 100% because of rounding. It is also important to take care when considering the results for groups where the sample size is small. For most topics, the percentages are calculated from those that responded to the question. Where pertinent the profile information is also compared to the applicable 2021 UK census data from the Office for National Statistics.



2. Executive summary



The 'typical' tenant is a woman in her mid sixties, living on their own in general needs housing.



The median age across all **tenants** is 63, but when considering **all household members** the average age falls to 48.



The median age of a South Holland **tenant** is 11 years older than the **national average**.



The median age of **general needs tenants** is 56, with two thirds being of working age.



It is important to remember that a quarter of all **general needs residents** are children, including 15% aged under 10 and 7% aged under 5.



Indeed, almost 1/3 of **general needs households** have children (29%), although 53% are lead by a single person.



Over one in ten **general needs households** have at least one pre-school child (12%), and 18% have at least one child of school age.



9% of **general needs properties** have more people than available bedspaces, compared to 54% that are underoccupied.



56% of all **residents** are female, but they make up 64% of all **tenants**.



Three quarters of **general needs tenants** aged under 35 are female, two thirds of whom have children (64%), including a quarter with pre-school age children (24%).



1 in every 59 **tenants** are from the LGBTQ community (1.7%) which is similar to 1.9% across the South Holland population as a whole.



1/2 of **general needs households** are single person.



80% of **sheltered households** are single person.



8% of **tenants** are from a Black or minority ethnic group (BAME), which is fewer than in South Holland population as a whole (13%).



The largest single group of BAME **tenants** are from an other white background (6%). This group are primarily Polish, Lithuanian, Portuguese or Latvian.



BAME **tenants** are on average 15 years younger than White British tenants. This means that 15% of tenants aged under 50 are BAME.



40% of **residents** have a limiting disability, which includes 51% of all **tenants**. 63% of all **households** had at least one member with a limiting disability.



There is a greater proportion of social housing **tenants** with a limiting disability in South Holland properties than in England and Wales as a whole (51% v 41%).



There are permanent mobility issues within 40% of **households**, and mental health issues amongst 30%.



Only 39% of **households** gave a fixed line home phone number.



Over half of all **households** (54%) have at least one email address.



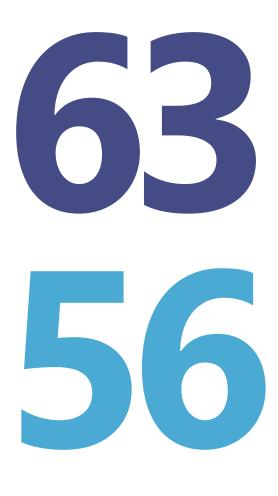
Third thirds of **households (66%)** would like extra information, including over half (54%) that want to know about investments in their home



17% of **households** would like to be involved in reviewing and improving services



3. Age



is the median age of all **tenants**

is the median age of general needs **tenants**



of general needs **residents** are children

Patch 3 residents

are notably younger than other areas

The median age of **tenants** is 63, but it should also be noted that there are more 76 year old tenants than any other single tenant age (modal average), indeed eight of the top ten biggest single ages are in the mid sixties to mid seventies. However, if one includes all **residents** living in the Council's properties, the median age falls to 48.

Two thirds of **general needs tenants** are of working age (67%), therefore the median age of this group is a little lower (56), as is the median age of all **general needs residents** (38%).

When considering all general needs **residents**, only 19% are of retirement age compared to almost a quarter who are children aged under 16 (24%). This includes 15% of residents aged under 10, and 7% aged under 5.

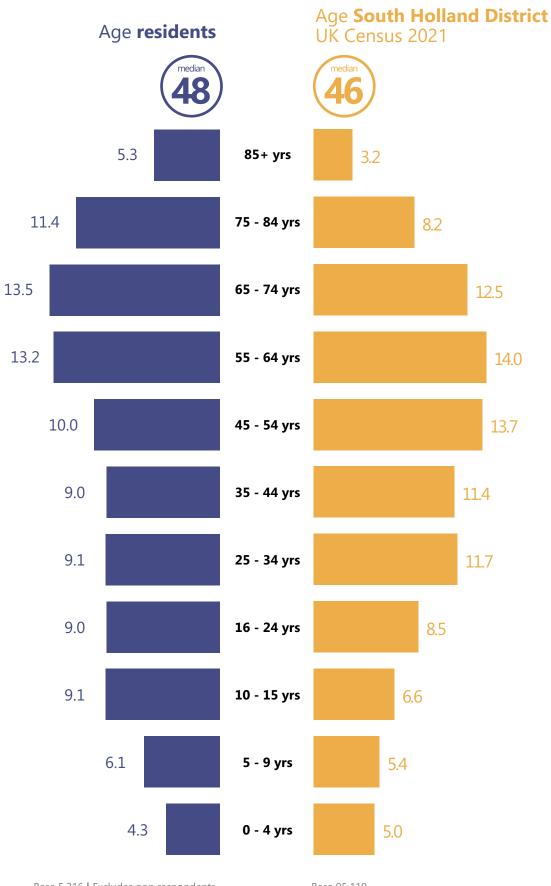
The median age of **sheltered tenants** is 74. There are only a handful of sheltered tenants (6%) aged under 55, but a fifth are aged under 65.

There are around 100 residents aged 90 or above.

The age profile of **residents** in South Holland was compared to the UK census data for the district, which revealed that it is on average slightly older than the population as a whole (median $48 \vee 46$).

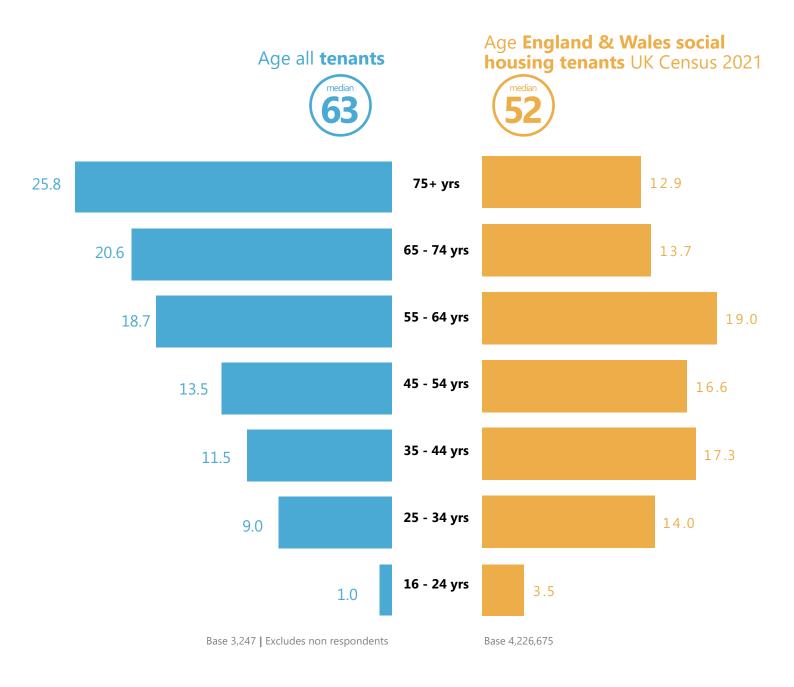
However, when the age profile of just **tenants** is compared to the norm for tenants in social housing across England and Wales the media age if considerably higher than average ($63 \vee 52$).

The Council's properties are divided into 8 different management patches. Of these, **Patch 3** has a notably lower median age for both **residents** (40) and **tenants** (58). Conversely, **residents** (median 57) and **tenants** (median 66) in **Patch 6** are older than average.

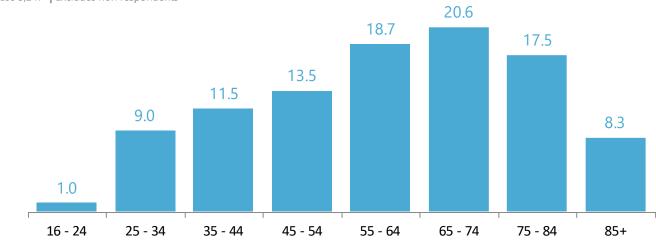


Base 5,216 | Excludes non respondents

Base 95,119



Age all tenants



Base 3,247 | Excludes non respondents

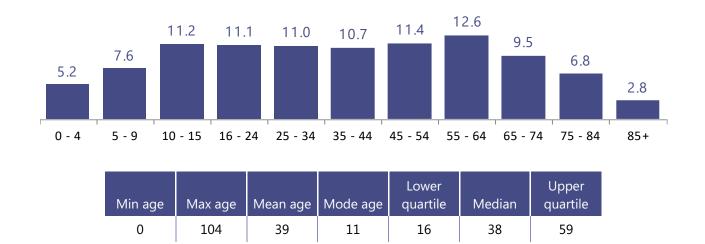
Tenant age by stock

	Base (valid)	Min age	Max age	Mean age	Mode age	Lower quartile	Median	Upper quartile
General needs	2271	19	104	55	60	42	56	69
Sheltered	960	34	99	73	76	66	74	81
Shared owners	16	23	65	41	27	-	37	55

	70						
	General needs	Sheltered	Shared owners				
Base (valid)	2271	960	16				
16 - 24 years	1.4	0.1	5.3				
25 - 34 years	12.5	0.0	31.6				
35 - 44 years	15.6	1.7	10.5				
45 - 54 years	17.4	4.0	10.5				
55 - 64 years	20.1	15.3	21.1				
65 - 74 years	16.2	31.0	5.3				
75 - 84 years	11.6	31.7	0.0				
85 years +	4.9	16.3	0.0				

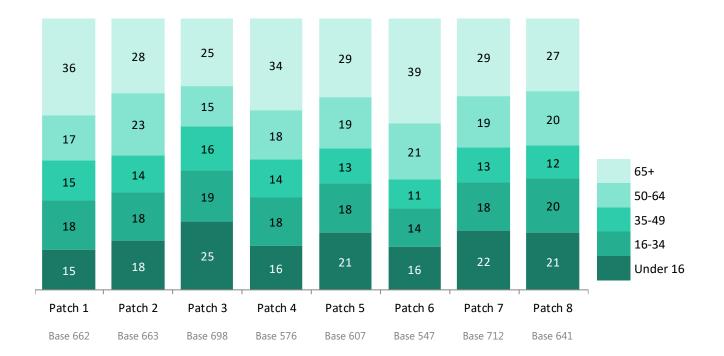
Resident age for general needs

Base 4,193 | Excludes non respondents



%

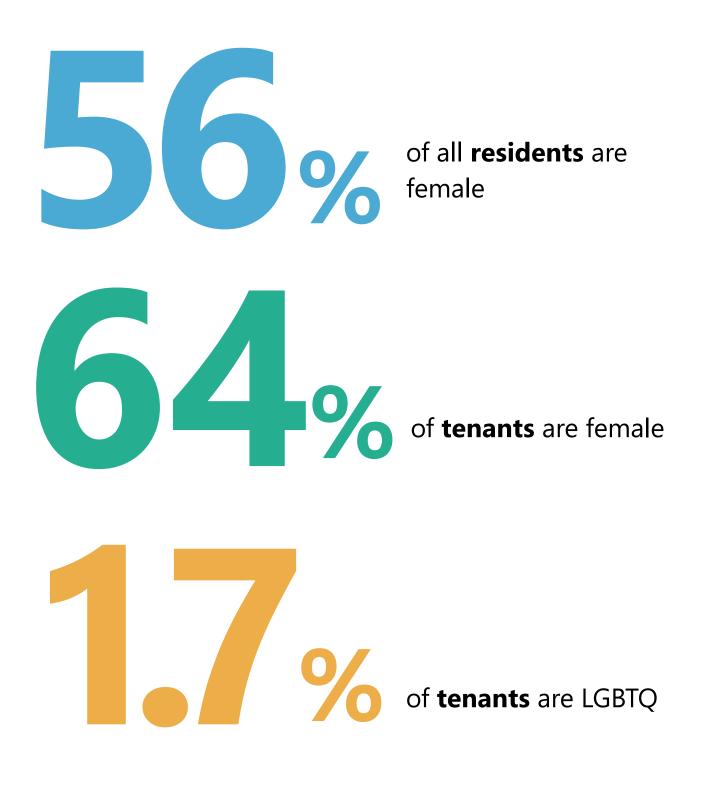
Resident age by housing management patch



		residents				tenants	
	Bases	Mean age	Median age	Mode age	Mean age	Median age	Mode age
Patch 1	662 / 436	48	52	76	62	66	76
Patch 2	663 / 409	45	50	76	60	61	69
Patch 3	698 / 398	41	40	11	58	58	80
Patch 4	576 / 387	48	52	63	61	64	63
Patch 5	607 / 357	44	48	59	60	62	73
Patch 6	547 / 383	50	57	76	63	66	76
Patch 7	712 / 429	44	47	60	61	63	60
Patch 8	641 / 391	43	46	59	59	60	59



4. Gender and sexual orientation



The proportion of male and female **residents** in Council homes is fairly consistent across the geographic areas, with a ratio of males to females being 44/56 overall. Less than 10 individuals had a different gender identity.

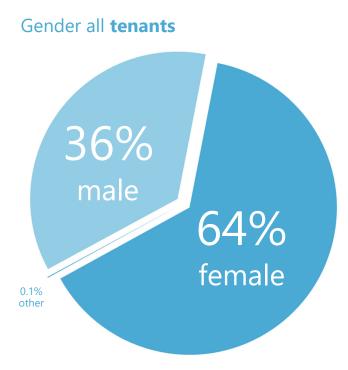
However, when restricted just to **tenants** the ratio becomes more unbalanced, with roughly a third of tenants being male compared to two thirds female (36/64).

The gender profile is most balanced amongst older middle aged and retired tenants aged 55-84 (41/59).

As expected, the ratio becomes 29/71 for tenants aged 85 or over.

However, the greatest discrepancy is amongst tenants aged under 35, being 24/76.

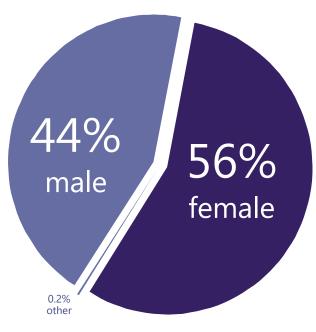
A little over one in ten of those **tenants** that completed the census declined to give their sexual orientation, but amongst those that did, 1.7% are LGBTQ including 0.7% gay or lesbian, 0.6% bisexual and 0.4% other.



Base 3,176 | Excludes non respondents

	Female	Male	Other
General needs	66	34	0.04
Sheltered	60	40	0.2
Shared owners	68	32	0

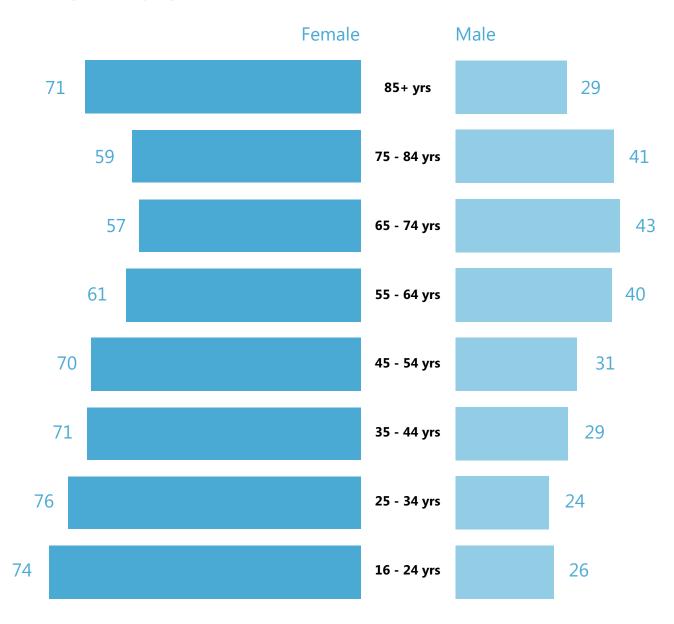
Gender all residents



Base 5,088 | Excludes non respondents

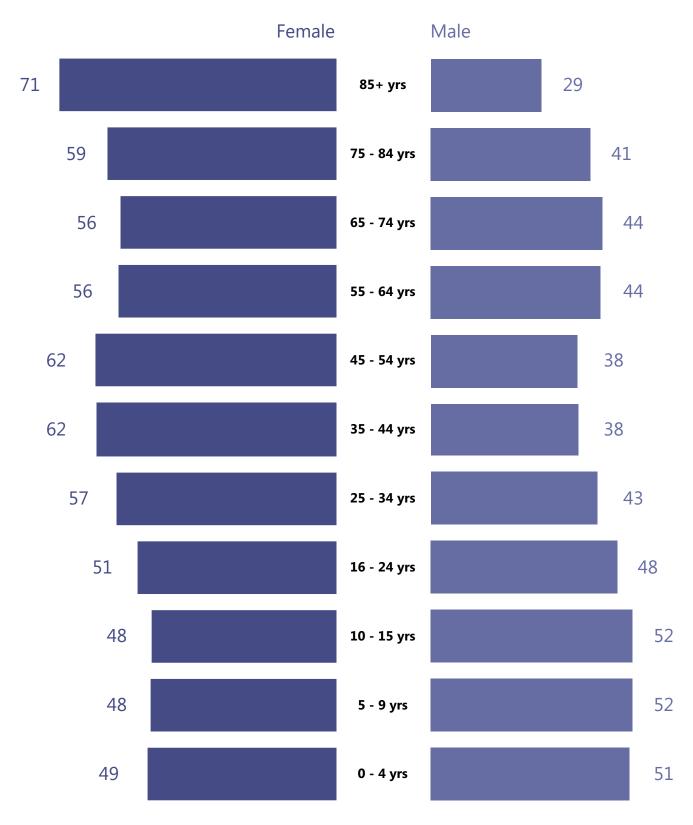
	Female	Male	Other
General needs	56	44	0.2
Sheltered	60	40	0.2
Shared owners	55	45	0

Tenant gender by age



Excludes non respondents

Resident gender by age



Excludes non respondents



5. Families



least one child



of general needs tenants with children are single

The household composition of South Holland properties is obviously highly dependent on the tenancy category, with the majority of **sheltered tenancies** being single households (80%), compared to just 33% of **sheltered households** and 41% of **shared owner households**.

Amongst **general needs tenants**, the majority are single (61%), compared to 39% that are married, in a civil partnership or have a partner.

Just under a third of **general needs households** have at least one child living there (29%). Over one in ten households have at least one pre-school child (12%), and 18% have at least one child of school age.

In a small proportion of general needs households (2.5%) children live in the home of their grandparent(s).

Within those **general needs households** where there is at least one child, 53% of the tenants are single. This equates to 16% of all general needs households.

There are notable differences in household composition between different housing management patches – 37% of **general needs households** in Patch 3 have at least one child, compared to 25% or fewer in Patches 1,2 and 6.

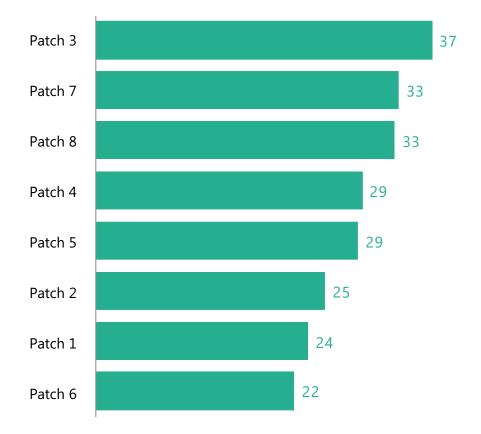
	All tenures	General needs	Sheltered	Shared owners
Base	2606	1766	823	17
1 person	48%	33%	80%	41%
2 person	27%	30%	19%	35%
3 person	11%	16%	0.6%	18%
4 person	8%	11%	0.1%	6%
5 person	4%	6%	-	-
6 person	1.6%	2.4%	-	-
7 person	0.5%	0.7%	-	-
8 person	0.2%	0.2%	_	-
9 person	0.1%	0.1%	-	_

5. Families

Children in general needs households

	All Ages	Aged 0-4	Aged 5-9	Aged 10-15
None	70.8%	87.7%	85.3%	83.6%
1 child	12.1%	9.1%	10.9%	11.5%
2 children	9.7%	2.8%	3.5%	4.2%
3 children	5.0%	0.5%	0.3%	0.6%
4 children	1.5%	0%	0%	0%
5+ children	0.9%	0%	0%	0.1%

General needs **households** with children by area

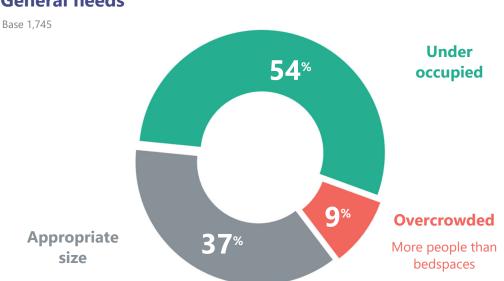


5. Families

The number of bedspaces was compared against the household composition to determine the level of overcrowding or under occupation across the **general needs stock**.

In line with South Holland District Council's letting standard, a bedroom could be shared between a couple, any 2 children aged under 10, or same sex children under 16. Everyone else requires a bedroom of their own.

All properties where there are more people than suitable available bedspaces were considered to be overcrowded, whereas those with a bedroom spare were considered to be under occupied.



Household composition versus property size **General needs**

Overcrowding

Overall, 9% of general needs properties are overcrowded based upon the criteria above, rising to 11% in Patches 3 and 7.

Most overcrowded properties have one bedroom too few, but 28 have two bedrooms too few (18% of all overcrowded) and 5 have three bedrooms too few (3% of all overcrowded).

A third of overcrowded households have only 2-4 members, 54% have 5-6 and 12% have 7 or more. The mean average household size of overcrowded properties is 5.

Most overcrowded households have children (82%), including 28% with 3-4 children and 8% with 5 or more children.

Looking at it the other way around, 43% of homes with 3 or more children are overcrowded and 32% of children live in an overcrowded home.

Overcrowded properties by area **General needs**

Underoccupied properties by area **General needs**

	Total households	Percentage		Total households	Percentage
Patch 3	24	11.0	Patch 6	131	63.9
Patch 7	24	10.9	Patch 5	131	57.5
Patch 4	18	9.5	Patch 8	117	55.2
Patch 6	19	9.3	Patch 4	104	54.7
Patch 2	21	8.9	Patch 3	119	54.6
Patch 1	19	8.6	Patch 1	116	52.5
Patch 8	17	8.0	Patch 2	124	52.3
Patch 5	16	7.0	Patch 7	101	45.7

Under occupation

Over half of **general needs properties** have 1 or more spare bedrooms (54%).

Underoccupied properties are split equally between two bed and three bed homes.

Viewed another way, 63% of two bed homes and 56% of three bed homes are under occupied.

Most underoccupied homes have 1 spare bedroom, but 276 (29%) have two spare bedrooms (16% of all households).

Patch 6 has the highest proportion of under-occupation at 64%, whereas fewer than half of the properties in Patch 7 are under occupied.





of all **households** have a member with a limiting disability

6. Disability

The South Holland tenant census used the same criteria for disability as the UK census, with respondents asked if they had a long-term physical or mental health condition or illness, lasting or expected to last 12 months or more, and whether it limited their day-to-day activities "a little", "a lot" or "not at all".

Using the same UK census criteria, those reporting a limiting disability (either a little or a lot) are classified as disabled under the Equality Act (2010).

40% of all council housing **residents** have a such a limiting disability. This compares to just 19% of the South Holland district population as whole that has a limiting disability.

When restricting analysis to just **tenants**, the proportion with a limiting disability increases to 51%. This proportion is higher than average, as only 41% of **tenants** in social housing in England and Wales in the UK 2021 census have a limiting disability (household reference person).

Almost two thirds of households had at least one member with a disability (60%).

A similar proportions of **sheltered tenants** have a limiting disability (63%). In contrast, only 6% of **shared owners** have a disability.

Households in Patch 1 (57%), Patch 8 (57%) and Patch 2 (58%) are the least likely to have a member with a disability compared to other areas.

The most common disabilities within **households** are permanent mobility issues (40%), mental health (30%) and stamina, fatigue or breathing issues (29%). 15% of **households** have a member who is hearing impaired, and 9% that are visually impaired.

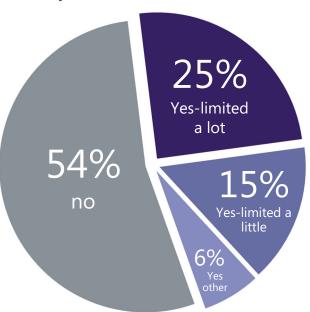
41% no 8% Yes other

Base 2,982 | Excludes non respondents

Disability all tenants

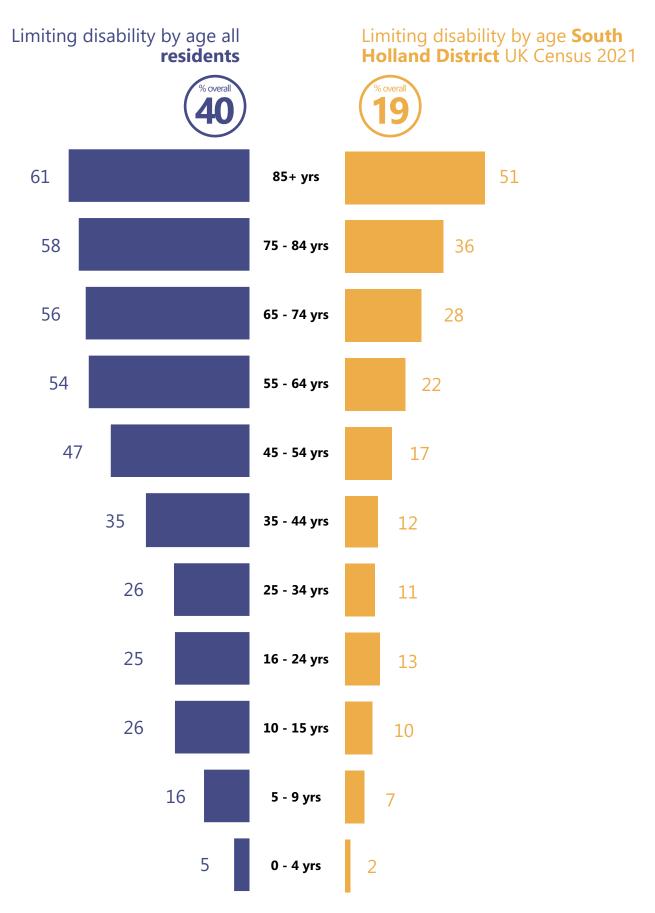
	A lot	A little	Other	No
General needs	29	17	7	47
Sheltered	40	23	10	27
Shared owners	0	6	0	94

Disability all residents



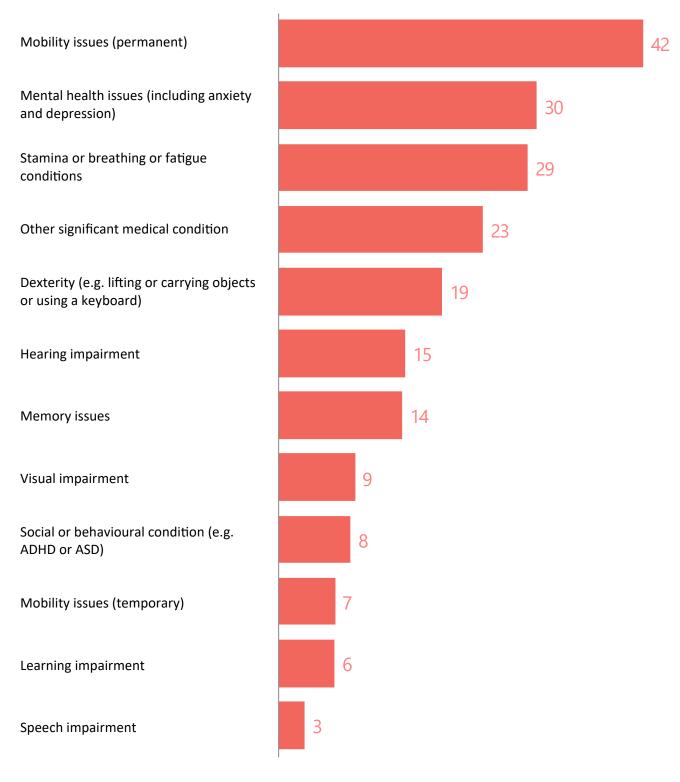
Base 4,808 | Excludes non respondents

	A lot	A little	Other	No
General needs	22	14	5	59
Sheltered	40	23	10	27
Shared owners	3	3	0	93



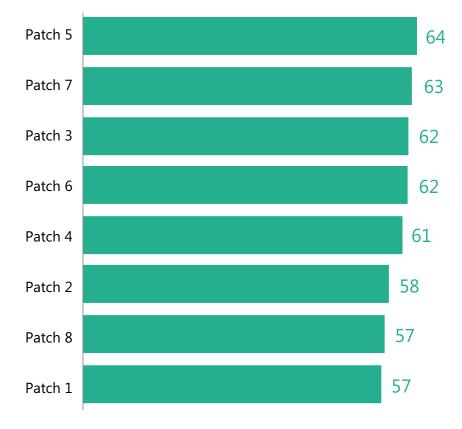
Excludes non respondents

Type of disability in **household**



Base 2,434 | Households where at least one member answered about disability

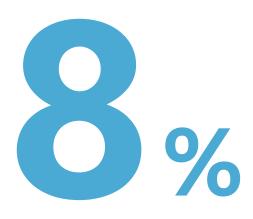
Limiting disability in **household** by housing management patch



Households where at least one member answered about disability



7. Ethnic background & nationality



of **tenants** are from a Black or minority ethnic group (BAME)

The largest single group of BAME residents are of **Other White** background (6%)

Patch 6 & Patch 7

have the most diverse **tenant** population, with 10% BAME

Tenants

are less diverse than householders in the District as a whole Fewer than one in ten tenants (8%) are from a Black or minority ethnic group (BAME).

The proportion of BAME **tenants** is lower than amongst South Holland householders in the wider population, amongst whom 13% are from a BAME background.

Within the broad BAME category, the most common sub-category is Other White, which accounts for approximately 6% of all **tenants**. This sub-category includes white Europeans, with 2.5% of tenants being Polish, 1.4% Lithuanian and around 1% each being Portuguese or Latvian.

Patches 6 and 7 have the most diverse **tenant** population with 10% BAME tenants in each. The least diverse areas are Patch 4 (5% BAME) and Patches 1 & 5 (6% BAME).

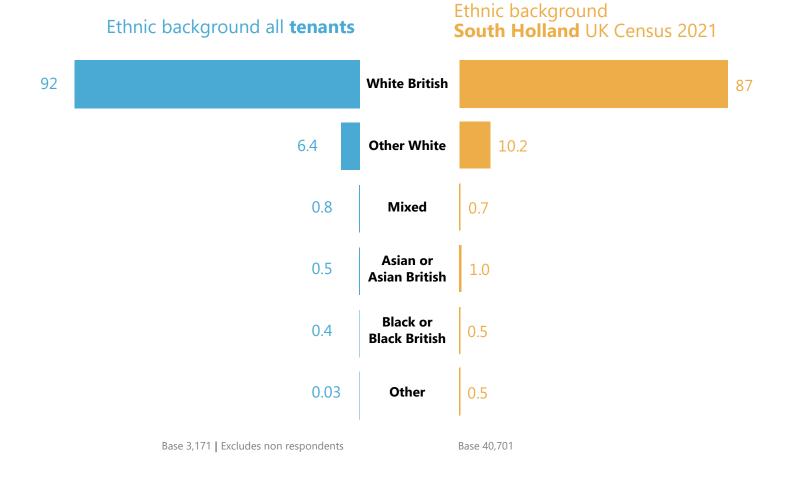
When comparing the median age of **tenants** across different ethnic groups, BAME tenants are on average 15 years younger than White British tenants.

This means that 15% of tenants aged under 50 are BAME.

Ethnic background of tenants

White British	92
English, Welsh, Scottish, Northern Irish or British	92.0
Other White	6
Irish	0.1
Gypsy or Irish Traveller	0.1
Any other white	6.1
Mixed	1
White and Black Caribbean	0.2
White and Black African	0.2
White and Asian	0.1
Any other mixed	0.3
Asian or Asian British	0.5
Indian	0.1
Bangladeshi	0.1
Any other asian	0.3
Black or Black British	0.4
Caribbean	0.2
African	0.2
Any other black	0.03
Other	0.03
Other	0.03

Base 3,171 | Excludes non respondents



Ethnic background of **tenants** by stock

	General needs	Sheltered	Shared owners
Base (valid)	2220	932	19
White British	91.4	93.6	84.2
BAME	8.6	6.4	15.8

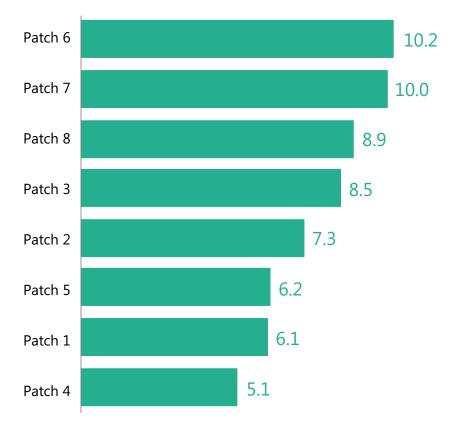
Ethnic background by age **tenants**



Ethnic background by household size **tenants**

	Avg. household size	Avg. number of children
White British	2.0	0.4
BAME	2.4	0.6

BAME tenant in **households** by housing management patch



Households where lead tenant answered about ethnic background

	%		
	All tenants	South Holland UK Census	
Base (valid)	3,166	40,707	
United Kingdom	93.0	90.1	
Poland	2.5	3.0	
Lithuania	1.4	2.1	
Portugal	1.0	0.5	
Latvia	0.9	Not known	
Any other country	1.2	4.3	

Nationality



8. Contact preferences

88% of households provided at least one telephone number.

Only 39% of **households** gave a fixed line home phone number.

71% of **households** gave at least one mobile number.

54% households have at least one email address.

291 tenants requested large print documents, 12 requested Braille and 12 use British Sign Language.

Interpreter language

	42 tena
Polish	20
Lithuanian	9
Russian	4
Bangla	2
Latvian	2
Portuguese	2
Czech	1
Slovakian	1
Spanish	1

Document language

	37 tenants
Polish	21
Lithuanian	7
Latvian	4
Portuguese	2
Russian	2
Czech	1
	-

66% of **households** would like to be kept informed about at least one issue in the list below.

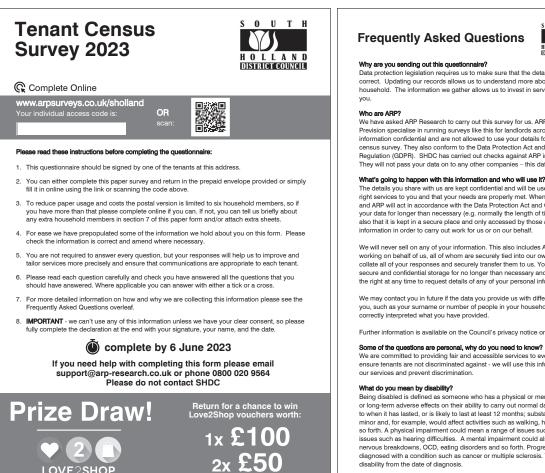
The most popular information is on investment in the home (54%), the least popular is how rent is spent (23%)

17% of **households** would like to be involved in reviewing and improving these topics, including 29% of those that are interested in at least one. 72% of those wanting to be involved have at least one email address in their household.

What would you like to be kept informed about?

	% yes	% yes and has email
Investment in your home – repairs and upgrades	54%	35%
Keeping your home safe – fire safety & health and safety	46%	28%
Supporting you – financial help and support available	42%	27%
Looking after your neighbourhood – anti social behaviour and maintaining your estate	39%	24%
How we spend your rent	23%	15%





-	
1st Tenant	
Your full name according to our records:	A6 Your national insurance number:
Title	
First name	Personal data
Middle name	Knowing who lives in our homes, allows us to tailor our services to the needs of our tenants. You do not have to answer these questions, but it will help us to serve you better if you do.
Last name	A7 What gender do you identify as?
	Female
A1 Your full name if different from above:	Male
Title	Other
First name	Prefer not to say
	A8 Which of the following best describes your sexual orientation?
	Heterosexual/Straight
Last name	Gay or lesbian
	Bisexual
Your date of birth according to our records:	Other sexual orientation
Day Month Year	Prefer not to say
	A9 What is your current marital status?
A2 Your date of birth if different from above:	Never married or in registered civil partnership
Day Month Year	Married
	In a registered civil partnership
A3 Does this person still permanently live at this	Separated but still legally married
address?	Separated but still legally in a civil partnership
Yes GO TO A6 →	Divorced
No	Formerly in a civil partnership which is now
A4 Date stopped permanently living at the address	legally dissolved
Day Month Year	Surviving partner from a registered civil
	marriage
A5 Why did they stop living permanently at this address (write in)?	Prefer not to say
GO TO Section 2 🛶	

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LOVE2SHOP



page 2

What do I need to do?

You and your household members need to simply fill in the questionnaire which will only take you a short period of time. If there is anyone in your household under 18 then you can complete their information on their behalf. Once you have filled out the questionnaire, one of the named tenants (or a representative with the power of attorney) needs to sign the back of the form to show us that you give your consent for us to have this information and to use it to help you and improve our services.

If I am having difficulty who can help me fill the form out? ARP can help, you can email them at support@arp-research.co.uk or phone them on 0800 020 9564.

Can I have the form in another language or format?

If you need a large print copy of the questionnair or need to complete the survey on the phone, please call ARP on 0800 020 9564. For other formats or languages, please contact either ARP on 0800 020 9564 or the Council on 01775 761161 for us to arrange for you to take part.

Can I have a replacement form?

Yes, you can request one from ARP by emailing support@arp-research.co.uk or by phoning 0800 020 9564. Alternatively, the census can be completed online at www.arpsurveys.co.uk/sholland

Can I have a replacement freepost envelope?

The census can be sent back in any envelope to the following address: Freepost RTZK-RGZT-BSKU

ARP Research PO Box 5928

SHEFFIELD

S35 5DN

If you do would like an envelope posting to you, you can request one from ARP by email support@arp-research.co.uk or phone 0800 020 9564.

I am having trouble accessing the census online, who can help me?

The online census is available to all tenants at the following address: www.arpsurveys.co.uk/sholland You must type in your unique code found on the paper census and covering letter. If you still need help, please contact ARP by emailing support@arp-research.co.uk or by phoning 0800 020 9564.

How do I enter the free prize draw?

All completed and signed returns will automatically be entered into a prize draw. There will be no more than one prize per household. The competition prizes are gift cards. There is no cash alternative offered to winners and the prize is not transferable. ARP will select the winners and we will contact them by 4 August 2023. You can opt out of the prize draw on the back page

se remember:

This data will be kept confidential and will be used to update our records, to help us to plan for future In a data will be kept contracting and will be bed to docume to the contractions, to help us to plan to induce services and identify any current services that we need to alter. It will only be accessed by those who require the information in order to carry out work for us or on our behalf.



Data protection legislation requires us to make sure that the details we hold about our tenants is correct. Updating our records allows us to understand more about you and others living in your household. The information we gather allows us to invest in services that are relevant and valued by

We have asked ARP Research to carry out this survey for us. ARP and their call centre partner Prevision specialise in running surveys like this for landlords across the country. They will keep your information confidential and are not allowed to use your details for any reason other than running this census survey. They also conform to the Data Protection Act and the General Data Protection Regulation (GDPR). SHDC has carried out checks against ARP including their storage of your data. They will not pass your data on to any other companies – this data is for SHDC only as your landlord.

What's going to happen with this information and who will use it?

The details you share with us are kept confidential and will be used to make sure we are providing the right services to you and that your needs are properly met. When handling your information SHDC and ARP will act in accordance with the Data Protection Act and GDPR. This means we will not keep your data for longer than necessary (e.g. normally the length of time you have a tenancy with us) and also that it is kept in a secure place and only accessed by those authorised who require the information in order to carry out work for us or on our behalf.

We will never sell on any of your information. This also includes ARP, any of our contractors or those working on behalf of us, all of whom are securely tied into our own Data Protection Policy. ARP will collate all of your responses and securely transfer them to us. Your completed form will be kept in secure and confidential storage for no longer than necessary and then securely shredded. You have the right at any time to request details of any of your personal information we hold on our systems.

We may contact you in future if the data you provide us with differs from what we currently hold about you, such as your surname or number of people in your household. This is to ensure that we have correctly interpreted what you have provided.

nation is available on the Council's privacy notice online at: bit.ly/SHDCprt

We are committed to providing fair and accessible services to everyone. We have a legal obligation to ensure tenants are not discriminated against - we will use this information to monitor the take-up of our services and prevent discrimination

Being disabled is defined as someone who has a physical or mental impairment that has substantial or long-term adverse effects on their ability to carry out normal day to day activities. Long-term refers to when it has lasted, or is likely to last at least 12 months; substantial refers to it being more than minor and, for example, would affect activities such as walking, having a bath, completing forms and so forth. A physical impairment could mean a range of issues such as a loss of limb, or sensory issues such as hearing difficulties. A mental impairment could also refer to a range of issues such as nervous breakdowns, OCD, eating disorders and so forth. Progressive conditions refer to anyone diagnosed with a condition such as cancer or multiple sclerosis. These conditions are classed as a disability from the date of diagnosis.

1st Tenant - continued		1st Tenant - continued	
A10 What is your ethnic group? Choose one section from A to E, then tick one box to best describe your ethnic group or background A: White	A11 What is your nationality? United Kingdom (inc. British, English, Welsh, Scottish, Northern Irish) Uropean Economic Area (EEA) country, (write in below)	Communication needs A15 Do you need any of the following help when we communicate with you? Tick all that apply. You can tell us about other languages in the next question	 We may use this the following contact details to get in touch with you regarding sensitive information, please bear this in mind if any are not your own personal number or email. A17 Please tell us your mobile telephone number if you have one and consent for us to use it:
English, Welsh, Scottish, Northern Irish or British Irish Gypsy or Irish Traveller Roma Any other White background	Any other country (write in below) Prefer not to say A12 Do you have any physical or mental health conditions or illnesses lasting or expected to	Large print Braitle British Sign Language Interpreter Documents in a different language	Mobile number: I consent for SHDC to text this number If this number belongs to someone else, please tell us their name and relationship to you:
B: Mixed or multiple ethnic groups White and Black African White and Asian Any other Mixed or Multiple background C: Asian or Asian British Indian Pakistani Bangladeshi Chinese Any other Asian background D: Black, Black British, Caribbean or African Caribbean background African background E: Other ethnic group Arab Any other ethnic group Prefer not so say	last 12 months or more? Yes No GO TO A15 → Prefer not to say GO TO A15 → A13 Do any of your conditions or illnesses reduce your ability to carry out day to day activities? Yes, a lot Yes, a lot Prefer not to say A14 Which of the following best describe your conditions or illnesses? A14 Which of the following best describe your conditions or illnesses? Tick all that apply Hearing impairment Speech impairment Visual impairment Mobility issues (temporary) Mobility issues (permanent) Dexterity (e.g. lifting or carrying objects or using a keyboard) Stamina or breathing or fatigue conditions Mental health issues (including anxiety and depression) Learning impairment Social or behavioral condition (e.g. ADHD or ASD) Memory issues Other significant medical condition Prefer not to say	At6 What is your preferred written language? English Other - please write in below	A15 Please tell us your landline telephone number if you have one and consent for us to use it: Landline number: I this number belongs to someone else, please tell us their name and relationship to you: A19 Please tell us your email address if you have one and consent for us to use it: I this email belongs to someone else, please tell us their name and relationship to you: If this email belongs to someone else, please tell us their name and relationship to you: If this email belongs to someone else, please tell us their name and relationship to you:
	page 5	page 6	
2nd Tenant This person must be named on the legal tenancy address please skip to Section Three. If no one e If the joint tenant no longer permanently lives here, p living here, the reason and then skip to Section Three Please note that someone who would normally live I ror other temporary residence should still be include Full name according to our records: Title If Full name if different from above: Title If the lone if different from above: Date of birth according to our records: Day Month Year B2 Date of birth if different from above:	Ise lives here, skip to the back page. Nease still tell us their name, the date they stopped e. Here but may be away at university, hospital, prison	2nd Tenant - continued B9 Which of the following best describes your sexual orientation? Heterosexual/Straight Gay or lesbian Bisexual Other sexual orientation Prefer not to say B10 What is your current marital status? Never married or in registered civil partnership Married In a registered civil partnership Separated but still legally married Separated but still legally in a civil partnership Divorced Formerly in a civil partnership which is now legally dissolved Widowed Surviving partner from a registered civil marrieg Prefer not to say	B11 What is your ethnic group? Choose one section from A to E, then tick one background A: White English, Welsh, Scottish, Northern Irish or British Irish Gypsy or Irish Traveller Roma Any other White background B: Mixed or multiple ethnic groups White and Black Caribbean White and Black African White and Asian Any other Mixed or Multiple background C: Asian or Asian British Indian Pakistani Bangladeshi Chinese Any other Asian background D: Black, Black British, Caribbean or African Aritican background Aritican background Any other Asian background
Day Month Year B3 Does this person still permanently live at this address? Yes G0 T0 B6 → No B4 Date stopped permanently living at the address Day Month Year Image: Comparison of the stopped permanently living at the address	Grandson or step grandson Other female Other male B8 What gender do you identify as? Female Male Other Prefer not to say page 7	page 8	Arab Any other ethnic group Prefer not so say

2nd Tenant - continued		Person 3	
B12 What is your nationality?	Communication needs	Please give us the details of all other people who p	ermanently live in the property. Once finished, please
United Kingdom (inc. British, English, Welsh, Scottish, Northern Irish) European Economic Area (EEA) country, (write in below)	Bit Do you need any of the following help when we communicate with you? Tick all that apply. You can tell us about other languages in the next question Large print	go to the back page . Please note that someone wh university, hospital, prison or other temporary reside resident . If this person no longer permanently lives here, plea the person previously permanently moved away, bu returned.	
Any other country (write in below)	Braille British Sign Language	Full name according to our records:	C4 Does this person still permanently live at this address?
B13 Do you have any physical or mental health conditions or illnesses lasting or expected to	Documents in a different language	First name	☐ Yes GO TO C7 🖜 ☐ No
last 12 months or more?	B17 What is your preferred written language? English Other - please write in below	Middle name	C5 Date stopped permanently living at the address Day Month Year
No GO TO B16 → Prefer not to say GO TO B16 →	We may use the following contact details to get	Last name	C6 Why did they stop living permanently at this
B14 Do any of your conditions or illnesses reduce your ability to carry out day to day activities? Yes, a lot	in touch with you regarding sensitive information, please bear this in mind if any are not your own personal number or email.	C1 Full name if different from above: Title	address (write in)?
Yes, a little	B18 Please tell us your mobile telephone number if you have one and consent for us to use it:	First name	GO TO Section 4 → C7 What is their relationship to the 1st tenant?
Prefer not to say B15 Which of the following best describe your conditions or illnesses?	Mobile number:	Middle name	Wife Husband
Tick all that apply Hearing impairment	If this number belongs to someone else, please tell us their name and relationship to you:		Registered Civil Partner Partner Partner
Speech impairment Visual impairment	B19 Please tell us your landline telephone number if you have one and consent for us to use it:	Date of birth according to our records: Day Month Year	Daughter or step daughter Son or step son Granddaughter or step granddaughter
Mobility issues (temporary) Mobility issues (permanent)	Landline number:	C2 Date of birth if different from above:	Grandson or step grandson Other female
 Dexterity (e.g. lifting or carrying objects or using a keyboard) Stamina or breathing or fatigue conditions 	If this number belongs to someone else, please tell us their name and relationship to you:	Day Month Year C3 Date permanently started living at the address,	Cther male C8 What gender do they identify as?
Mental health issues (including anxiety and depression)	B20 Please tell us your email address if you have one and consent for us to use it:	or date moved back if they had permanently lived elsewhere before returning.	Female Male
Social or behavioral condition (e.g. ADHD or ASD)		Day Month Year	Other Prefer not to say
Memory issues Other significant medical condition Prefer not to say	If this email belongs to someone else, please tell us their name and relationship to you:		
	page 9	page 10	
Person 3 - continued	Person 4	Person 4 - continued	
 Person 3 - continued C9 Do they have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more? 	Person 4	Person 4 - continued D5 Date stopped permanently living at the address Day Month Year	D9 Do they have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?
C9 Do they have any physical or mental health conditions or illnesses lasting or expected to	Full name according to our records:	D5 Date stopped permanently living at the address	conditions or illnesses lasting or expected to
C9 Do they have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more? Yes No G0 T0 Section 4 →	First name	D5 Date stopped permanently living at the address Day Month Year	conditions or illnesses lasting or expected to last 12 months or more? Yes No G0 T0 Section 5 →
C9 Do they have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more? Yes Or Colspan="2">Or Section 4 → Prefer not to say G0 TO Section 4 → C10 Do any of their conditions or illnesses reduce their ability to carry out day to day activities? Yes, a lot Yes, a little Yes, a little	First name Middle name Last name DI Full name if different from above:	D5 Date stopped permanently living at the address Day Month Year D6 Why did they stop living permanently at this address (write in)?	conditions or illnesses lasting or expected to last 12 months or more? Yes No G0 T0 Section 5 → Prefer not to say G0 T0 Section 5 → D10 Do any of their conditions or illnesses reduce their ability to carry out day to day activities? Yes, a lot Yes, a little
C9 Do they have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more? Yes No G0 TO Section 4 → Prefer not to say G0 TO Section 4 → C10 Do any of their conditions or illnesses reduce their ability to carry out day to day activities? Yes, a lot Yes, a little Not at all Prefer not to say	Full name according to our records: Title First name Middle name Last name	D5 Date stopped permanently living at the address Day Month Year D6 Why did they stop living permanently at this address (write in)? G0 T0 Section 5 → D7 What is their relationship to the 1st tenant? Wife Husband Registered Civil Partner	conditions or illnesses lasting or expected to last 12 months or more? Yes No G0 T0 Section 5 → Prefer not to say G0 T0 Section 5 → D10 Do any of their conditions or illnesses reduce their ability to carry out day to day activities? Yes, a lot Yes, a little Not at all Prefer not to say
C9 Do they have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more? Yes No G0 TO Section 4 → Prefer not to say G0 TO Section 4 → C10 Do any of their conditions or illnesses reduce their ability to carry out day to day activities? Yes, a lot Yes, a little Not at all	Full name according to our records: Title First name Last name D1 Full name if different from above: Title	D5 Date stopped permanently living at the address Day Month Year D6 Why did they stop living permanently at this address (write in)? G0 T0 Section 5 → D7 What is their relationship to the 1st tenant? Wife Husband	conditions or illnesses lasting or expected to last 12 months or more? Yes No G0 TO Section 5 → Prefer not to say G0 TO Section 5 → D10 Do any of their conditions or illnesses reduce their ability to carry out day to day activities? Yes, a lot Yes, a little Not at all
C9 Do they have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more? Yes No GO TO Section 4 → Prefer not to say GO TO Section 4 → C10 Do any of their conditions or illnesses reduce their ability to carry out day to day activities? Yes, a lot Prefer not to say C11 Which of the following best describe their conditions or illnesses?	Full name according to our records: Title First name Last name D1 Full name if different from above: Title First name First name First name	D5 Date stopped permanently living at the address Day Month Year D6 Why did they stop living permanently at this address (write in)? G0 T0 Section 5 → D7 What is their relationship to the 1st tenant? Wife Husband Registered Civil Partner Partner Daughter or step daughter Granddaughter or step granddaughter Grandson or step grandson	conditions or illnesses lasting or expected to last 12 months or more? Yes No G0 TO Section 5 → Prefer not to say G0 TO Section 5 → D10 Do any of their conditions or illnesses reduce their ability to carry out day to day activities? Yes, a lot Yes, a little Not at all Prefer not to say D11 Which of the following best describe their conditions or illnesses?
C9 Do they have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more? Yes No GO TO Section 4 → Prefer not to say GO TO Section 4 → C10 Do any of their conditions or illnesses reduce their ability to carry out day to day activities? Yes, a lot Yes, a little Not at all Prefer not to say C11 Which of the following best describe their conditions or illnesses? ① Tick all that apply Hearing impairment	Full name according to our records: Title First name Middle name Last name D1 Full name if different from above: Title First name Middle name	D5 Date stopped permanently living at the address Day Month Year D6 Why did they stop living permanently at this address (write in)? G0 T0 Section 5 → D7 What is their relationship to the 1st tenant? Wrife Husband Registered Civil Partner Partner Daughter or step daughter Grandaughter or step granddaughter Grandson or step grandson Other female Other male	conditions or illnesses lasting or expected to last 12 months or more? Yes No G0 T0 Section 5 → Prefer not to say G0 T0 Section 5 → 10 Do any of their conditions or illnesses reduce their ability to carry out day to day activities? Yes, a lot Yes, a lot No ta all Prefer not to say D11 Which of the following best describe their conditions or illnesses? ① Tick all that apply Hearing impairment
C9 Do they have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more? No Prefer O TO Section 4 → Prefer not to say G0 TO Section 4 → C10 Do any of their conditions or illnesses reduce their ability to carry out day to day activities? Yes, a lot Yes, a little Not at all Prefer not to say C11 Which of the following best describe their conditions or illnesses? ① Tick all that apply Hearing impairment Speech impairment Visual impairment	Full name according to our records: Title First name Middle name D1 Full name if different from above: Title First name Middle name Last name Eist name Last name	D5 Date stopped permanently living at the address Day Month Year D6 Why did they stop living permanently at this address (write in)? G0 T0 Section 5 → D7 What is their relationship to the 1st tenant? Wife Husband Registered Civil Partner Partner Daughter or step daughter Son or step son Granddaughter or step granddaughter Grandson or step grandson Other female D8 What gender do they identify as? Female	conditions or illnesses lasting or expected to last 12 months or more? Yes No G0 T0 Section 5 → Prefer not to say G0 T0 Section 5 → 10 Do any of their conditions or illnesses reduce their ability to carry out day to day activities? Yes, a lot Yes, a lot Prefer not to say D11 Which of the following best describe their conditions or illnesses? ① Tick all that apply Hearing impairment Speech impairment Visual impairment
C9 Do they have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more? Yes No GO TO Section 4 → Prefer not to say GO TO Section 4 → C10 Do any of their conditions or illnesses reduce their ability to carry out day to day activities? Yes, a lot Yes, a little Not at all Prefer not to say C11 Which of the following best describe their conditions or illnesses? Itck all that apply Hearing impairment Speech impairment Mobility issues (temporary) Mobility issues (temporary) Desterity (e.g. lifting or carrying objects or using a keyboard) Stamina or breathing or fatigue conditions	Full name according to our records: Title First name Middle name Last name D1 Full name if different from above: Title First name Last name Last name Last name D1 Full name if different from above: Title Last name Last name Date of birth according to our records: Day Month Year Day Month Year Day Month Year Day Month Year Last name Last name Last name Date of birth according to our records: Day Month Year	D5 Date stopped permanently living at the address Day Month Year D6 Why did they stop living permanently at this address (write in)? G0 T0 Section 5 → D7 What is their relationship to the 1st tenant? Wife Husband Registered Civil Partner Partner Daughter or step daughter Grandaughter or step granddaughter Grandson or step grandson Other female Other male D8 What gender do they identify as?	conditions or illnesses lasting or expected to last 12 months or more? Yes No G0 T0 Section 5 → Prefer not to say G0 T0 Section 5 → 10 Do any of their conditions or illnesses reduce their ability to carry out day to day activities? Yes, a lot Yes, a little Not at all Prefer not to say D14 Which of the following best describe their conditions or illnesses? It which of the following best describe their conditions or illnesses? It is all that apply Hearing impairment Speech impairment Mobility issues (temporary) Mobility issues (permanent) Dexterity (e.g. lifting or carrying objects or using a keyboard) Stamina or breathing or fatigue conditions Mental health issues
C9 Do they have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more? Yes No GO TO Section 4 → Prefer not to say GO TO Section 4 → C10 Do any of their conditions or illnesses reduce their ability to carry out day to day activities? Yes, a lot Yes, a little Not at all Prefer not to say C11 Which of the following best describe their conditions or illnesses? Tick all that apply Hearing impairment Speech impairment Visual impairment Deskterity (e.g. lifting or carrying objects or using a keyboard) Stamina or breathing or fatigue conditions Mental health issues (including anxiety and depression) Learning impairment	Full name according to our records: Title First name Middle name Last name D1 Full name if different from above: Title First name Last name Last name D1 Full name if different from above: Title Last name Last name Date of birth according to our records: Day Month Year D3 Date permanently started living at the address, or date moved back if they had permanently lived elsewhere before returning.	D5 Date stopped permanently living at the address Day Month Year D6 Why did they stop living permanently at this address (write in)? G0 T0 Section 5 → D7 What is their relationship to the 1st tenant? Wife Husband Registered Civil Partner Partner Daughter or step daughter Son or step son Granddaughter or step granddaughter Grandson or step grandson Other female D8 What gender do they identify as? Female Male Other	conditions or illnesses lasting or expected to last 12 months or more? Yes No G0 T0 Section 5 → Prefer not to say G0 T0 Section 5 → 10 Do any of their conditions or illnesses reduce their ability to carry out day to day activities? Yes, a lot Yes, a lot No tat all Prefer not to say D14 Which of the following best describe their conditions or illnesses? It Which of the following best describe their conditions or illnesses? It issues (temporary) Mobility issues (temporary) Mobility issues (temporary) Stamina or breathing or fatigue conditions Metal health issues (including anxiety and depression) Learning impairment Social or behavioral condition
C9 Do they have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more? Yes No G0 TO Section 4 → Prefer not to say G0 TO Section 4 → C10 Do any of their conditions or illnesses reduce their ability to carry out day to day activities? Yes, a lot Yes, a little Not at all Prefer not to say C11 Which of the following best describe their conditions or illnesses? ① Tick all that apply Hearing impairment Speech impairment Visual impairment Desterity (e.g. lifting or carrying objects or using a keyboard) Stamina or breathing or fatigue conditions Mental health issues (including anxiety and depression) Learning impairment	Full name according to our records: Title First name Middle name Last name D1 Full name if different from above: Title First name Last name Last name Middle name D1 Full name if different from above: Title Last name Middle name Last name D2 Date of birth according to our records: Day Month Year D3 Date permanently started living at the address, or date moved back if they had permanently lived elsewhere before returning. Day Month Year	D5 Date stopped permanently living at the address Day Month Year D6 Why did they stop living permanently at this address (write in)? GO TO Section 5 → D7 What is their relationship to the 1st tenant? Wife Husband Registered Civil Partner Partner Daughter or step daughter Grandsoughter or step granddaughter Grandson or step grandson Other female D8 What gender do they identify as? Female Male Other	conditions or illnesses lasting or expected to last 12 months or more? Yes No G0 T0 Section 5 → Prefer not to say G0 T0 Section 5 → 10 Do any of their conditions or illnesses reduce their ability to carry out day to day activities? Yes, a lot Yes, a lot Prefer not to say D14 Do any of their conditions or illnesses reduce their ability to carry out day to day activities? Yes, a lot Yes, a little Not at all Prefer not to say D14 Which of the following best describe their conditions or illnesses? Tick all that apply Hearing impairment Speech impairment Visual impairment Dexterity (e.g. lifting or carrying objects or using a keyboard) Stamina or breathing or fatigue conditions Mental health issues (including anxiety and depression) Learning impairment
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C9 Do they have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more? Yes No G0 TO Section 4 → Prefer not to say G0 TO Section 4 → C10 Do any of their conditions or illnesses reduce their ability to carry out day to day activities? Yes, a lot Yes, a little Not at all Prefer not to say C11 Which of the following best describe their conditions or illnesses? ① Tick all that apply Hearing impairment Speech impairment Visual impairment Desterity (e.g. lifting or carrying objects or using a keyboard) Stamina or breathing or fatigue conditions Mental health issues (including anxiety and depression) Learning impairment Social or behavioral condition Memory issues Other significant medical condition	Full name according to our records: Title First name Middle name Last name D1 Full name if different from above: Title First name Last name D1 Full name if different from above: Title First name Last name D1 Full name if different from above: Title D1 Full name if different from above: D2 Date of birth according to our records: Day Month Year D3 Date permanently started living at the address, or date moved back if they had permanently lived elsewhere before returning. Day Month Year D3 Date permanently started living at the address, or date moved back if they had permanently lived elsewhere before returning. D4 Does this person still permanently live at this address?	D5 Date stopped permanently living at the address Day Month Year D6 Why did they stop living permanently at this address (write in)? GO TO Section 5 → D7 What is their relationship to the 1st tenant? Wife Husband Registered Civil Partner Partner Daughter or step daughter Grandsoughter or step granddaughter Grandson or step grandson Other female D8 What gender do they identify as? Female Male Other	conditions or illnesses lasting or expected to last 12 months or more? Yes No G0 T0 Section 5 → Prefer not to say G0 T0 Section 5 → 10 Do any of their conditions or illnesses reduce their ability to carry out day to day activities? Yes, a lot Yes, a lot Yes, a lot Prefer not to say D14 Do any of their conditions or illnesses reduce their ability to carry out day to day activities? Yes, a lot Yes, a little Not at all Prefer not to say D14 Which of the following best describe their conditions or illnesses? If Tick all that apply Hearing impairment Speech impairment Visual impairment Dexterity (e.g. lifting or carrying objects or using a keyboard) Stamina or breathing or fatigue conditions Mental health issues (including anxiety and depression) Learning impairment Social or behavioral condition (e.g. ADHD or ASD) Memory issues Other significant medical condition
C9 Do they have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more? Yes No G0 TO Section 4 → Prefer not to say G0 TO Section 4 → C10 Do any of their conditions or illnesses reduce their ability to carry out day to day activities? Yes, a lot Yes, a little Not at all Prefer not to say C11 Which of the following best describe their conditions or illnesses? ① Tick all that apply Hearing impairment Speech impairment Visual impairment Desterity (e.g. lifting or carrying objects or using a keyboard) Stamina or breathing or fatigue conditions Mental health issues (including anxiety and depression) Learning impairment Social or behavioral condition Memory issues Other significant medical condition	Pull name according to our records: Title First name Middle name Last name D1 Full name if different from above: Title First name Last name Last name D2 Date of birth according to our records: Day Month Year D3 Date permanently started living at the address, or date moved back if they had permanently live at this address? D4 Poes this person still permanently live at this address?	D5 Date stopped permanently living at the address Day Month Year D6 Why did they stop living permanently at this address (write in)? GO TO Section 5 → D7 What is their relationship to the 1st tenant? Wife Husband Registered Civil Partner Partner Daughter or step daughter Grandsoughter or step granddaughter Grandson or step grandson Other female D8 What gender do they identify as? Female Male Other	conditions or illnesses lasting or expected to last 12 months or more? Yes No G0 T0 Section 5 → Prefer not to say G0 T0 Section 5 → 10 Do any of their conditions or illnesses reduce their ability to carry out day to day activities? Yes, a lot Yes, a lot Yes, a lot Prefer not to say D14 Do any of their conditions or illnesses reduce their ability to carry out day to day activities? Yes, a lot Yes, a little Not at all Prefer not to say D14 Which of the following best describe their conditions or illnesses? If Tick all that apply Hearing impairment Speech impairment Visual impairment Dexterity (e.g. lifting or carrying objects or using a keyboard) Stamina or breathing or fatigue conditions Mental health issues (including anxiety and depression) Learning impairment Social or behavioral condition (e.g. ADHD or ASD) Memory issues Other significant medical condition

Person 5		Person 5 - continued	Person 6
Full name according to our records:	E5 Date stopped permanently living at the address	E9 Do they have any physical or mental health conditions or illnesses lasting or expected to	Full name according to our records:
Title	Day Month Year	last 12 months or more?	Title
First name	E6 Why did they stop living permanently at this		First name
Middle name	address (write in)?	No GO TO Section 6 → Prefer not to say GO TO Section 6 →	Middle name
Last name		E10 Do any of their conditions or illnesses reduce	Last name
	GO TO Section 5 → E7 What is their relationship to the 1st tenant?	their ability to carry out day to day activities?	
E1 Full name if different from above: Title First name Last name Last name E2 Date of birth according to our records: Day Month Year Date of birth according to our records: Day Month Year Date of birth if different from above: Day Month Year Date of birth if different from above: Day Month Year Date of birth if different from above: Day Month Year Date of birth if different from above: Day Month Year Date of birth if different from above: Day Month Year Year No	 Wife Husband Registered Civil Partner Partner Daughter or step daughter Son or step son Granddaughter or step granddaughter Grandson or step grandson Other female Other male Male Other Prefer not to say 	Yes, a little Not at all Prefer not to say Eff Which of the following best describe their conditions or illnesses? Tick all that apply Hearing impairment Speech impairment Visual impairment Mobility issues (temporary) Mobility issues (temporary) Mobility issues (temporary) Stamina or breathing or fatigue conditions Mental health issues (including anxiety and depression) Learning impairment Social or behavioral condition (eg. ADHD or ASD) Memory issues Other significant medical condition Prefer not to say	F1 Full name if different from above: Title First name Middle name Last name Last name Date of birth according to our records: Day Month Year Date of birth according to our records: Day Month Year Date of birth if different from above: Day Month Year Month Year P3 Date of birth if different from above: Day Month Year Day Month Year Day Month Year Day Month Year No
Person 6 - continued	page 13	page 14	
${\bf F5}$ Date stopped permanently living at the address	F9 Do they have any physical or mental health conditions or illnesses lasting or expected to	G1 What would you like to kept informed about?	
Day Month Year	last 12 months or more?	Tick all that apply	
F6 Why did they stop living permanently at this address (write in)? G0 TO Section 7 → F7 What is their relationship to the 1st tenant?	Yes No G0 T0 Section 7 Prefer not to say G0 T0 Section 7 F10 Do any of their conditions or illnesses reduce their ability to carry out day to day activities? Yes, a lot	Investment in your home – repairs and upgrat Keeping your home safe – fire safety & health Looking after your neighbourhood – anti socia Supporting you – financial help and support at How we spend your rent G2 Would you like to be involved in reviewing and Yes	and safety I behaviour and maintaining your estate vailable
Wife Husband	Yes, a little Not at all	□ No	
Registered Civil Partner Partner Daughter or step daughter Son or step son Granddaughter or step granddaughter Grandson or step grandson Other female Other male F8 What gender do they identify as? Female Male	 Prefer not to say F11 Which of the following best describe their conditions or illnesses? Tick all that apply Hearing impairment Speech impairment Visual impairment Mobility issues (temporary) Mobility issues (permanent) Dexterity (e.g. lifting or carrying objects or using a keyboard) 	Consent Completed by: Signature:	urning please sign in the box below, write in your r us to use this information. Tenant name(s):
Mate Other Prefer not to say	Stamina or breathing or fatigue conditions Mental health issues (including anxiety and depression) Learning impairment Social or behavioral condition (e.g. ADHD or ASD) Memory issues Other significant medical condition Prefer not to say	Your signature Name: Your full name here Completed on: Day Month Year Do Month Year Do Month Year Do Month Year	Property address:
Ferson 7+ If more than 6 people permanently live in this proper Please provide their details on additional sheets, or a future to collect this information.		RETURN TO: Freepost RTZK-RGZT-BSKU, ARP Research, PO Box 5928, SHEFFIELD, S35 5DN	S O U T H H O L L A N D DISTRICT COUNCIL





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