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| --- | --- |
| [http://www.gatesheadhousing.co.uk/wp-content/uploads/2015/06/TGHC_Logo_Round_Colour-RGB-WEB.jpg](http://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&ved=0ahUKEwiqlbXfjbvNAhVhBMAKHXlPDz0QjRwIBw&url=http://www.gatesheadhousing.co.uk/&psig=AFQjCNHh3pn-fZPpmVM2ihgHy_iXgO8fWA&ust=1466666797765659) | **Informed Consent Form** |

I understand that The Gateshead Housing Company may need to make enquiries about my character, the conduct of my current or previous tenancies and my support needs. I therefore give my informed consent to The Gateshead Housing Company to make all relevant enquiries and share any relevant information about me with appropriate agencies in respect of:-

|  |  |
| --- | --- |
| My Housing and/or Homeless application |  |
| My housing support needs |  |
| Rent/ Mortgage payment history |  |
| Conduct of tenancy including anti – social behaviour and criminal behaviour |  |

The appropriate agencies could include:-

|  |  |  |  |
| --- | --- | --- | --- |
| Housing Benefit |  | Department of Work & Pensions |  |
| National Probation Service |  | Police |  |
| Community Rehabilitation Company |  | Health Services / Doctor |  |
| Social Services |  | Previous and/or current Landlords |  |
| Other Local Authorities |  | Other (must specify) |  |

I understand that if I choose to withhold my consent this may delay or restrict my housing or homeless application.

I understand that it is an offence to give false information or to withhold any information relevant to my housing application, and to do so could make me liable for a monetary fine. In addition I understand that should a tenancy be granted to me based on false or withheld information by me or anyone acting on my behalf, I may be at risk of legal proceedings to recover possession of any property allocated to me.

I understand that my Personal data will be stored securely in line with General Data Protection Regulations 2018.

|  |  |  |  |
| --- | --- | --- | --- |
| Your Name | Your Signature | | Date |
| Your NI Number | | Your D.O.B | |
| Witness Name | Witness Signature | | Date |
| Title | | Agency | |

**Your signature must be witnessed by a professional person – this could include a housing officer.**