

**Housing Referral Form**

We may be able to assist with homelessness, disrepair, evictions, rehousing and rent increases. We cannot give advice on mortgage issues, Right to Buy issues or advise landlords.

We may not be able to help in every case, but we will assess every referral and let you know what next steps we can take. We aim to respond to referrals within 5-10 working days.

If you are unable to complete parts of this form, please indicate that you do not have this information in the relevant box.

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| **Client name** |  | | | |
| **Email address** |  | | | |
| **Telephone number(s)** |  | | | |
| **Which method is best to contact your client?** | **Phone call  Text message/WhatsApp  Email**  **Any notes on contacting your client:** | | | |
| **Address**  Please include flat or room numbers where possible. | **Postcode:** | | | |
| **DOB** |  | | | |
| **National Insurance Number** |  | | | |
| **Nationality** | **Immigration status if relevant:** | | | |
| **Languages spoken** | **Does your client need an interpreter?  Yes  No** | | | |
| **What is your client’s gender?** | **Female  Male  Prefer not to say**  **Prefer to self-describe:** | | | |
| **Does your client have any health issues?** Please include physical and mental health issues including any treatment they are receiving and medication they are taking. Medical evidence is relevant in all matters. |  | | | |
| **Please provide contact details of all medical professionals working with your client.** |  | | | |
| **Does your client have any dependents?** | **Name** | **Relationship to client** | **DOB** | **Gender** |
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| **Is your client in work?** Please detail income and hours.This is important for us to be able to assess eligibility for funding. |  | | | |
| **Is your client receiving any welfare benefits?** Please detail any benefits they are in receipt of. This is important for us to be able to assess eligibility for funding. |  | | | |
| **Please explain your client’s housing issue e.g. disrepair, eviction, homelessness, rent arrears.** |  | | | |
| **Please confirm your client has given their consent for you to refer and share their confidential information.**  **Yes  No** | | | | |
| **Referrer’s name** |  | | | |
| **Referrer’s job title and organisation** |  | | | |
| **Date of referral** |  | | | |

**Please attach all relevant documentation to this referral such as tenancy agreements, eviction notices and pictures of disrepair, court papers etc.**

**Please return this form to** [**housing@vauxhalllawcentre.org.uk**](mailto:housing@vauxhalllawcentre.org.uk)**.**