

Tenancy Survey



Important – please complete all boxed areas using **CAPITAL** letters in **BLACK INK** and tick all relevant boxes

Home address

Home telephone number

Work telephone number

Mobile telephone number

E-mail address

Q1 – How many people live in your home?

1 2 3 4 5 6 6+

Q2 – Your details

Gender Male Female

Title (e.g. Mr, Mrs)

First name

Last name

Date of birth (e.g. 30 09 1981)

Are you a tenant or leaseholder? Yes No

If you are not the tenant or leaseholder, what is your relationship to them?

Q2a – Person 1 (Please fill in details of all other people living in your home)

Gender Male Female

Title (e.g. Mr, Mrs)

First name

Last name

Date of birth (e.g. 30 09 1981)

Is this person a tenant or leaseholder? Yes No

If No, what is the relationship to the tenant or leaseholder?

Q2b – Person 2 (Please fill in details of all other people living in your home)

Gender Male Female

Title (e.g. Mr, Mrs)

First name

Last name

Date of birth (e.g. 30 09 1981)

What is the relationship to the tenant or leaseholder?

Q2c – Person 3 (Please fill in details of all other people living in your home)

Gender Male Female

Title (e.g. Mr, Mrs)

First name

Last name

Date of birth (e.g. 30 09 1981)

What is the relationship to the tenant or leaseholder?

Q2d – Person 4 (Please fill in details of all other people living in your home)

Gender Male Female

Title (e.g. Mr, Mrs)

First name

Last name

Date of birth (e.g. 30 09 1981)

What is the relationship to the tenant or leaseholder?

Q2e – Person 5 (Please fill in details of all other people living in your home)

Gender Male Female

Title (e.g. Mr, Mrs)

First name

Last name

Date of birth (e.g. 30 09 1981)

What is the relationship to the tenant or leaseholder?

Q9 – How would you define your sexuality?

Bisexual

Heterosexual

Homosexual

Lesbian

Other

Prefer not to answer

If Other, please specify

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Q10 – Would you like more information about owning your home?

Yes

No

Not applicable

Q11 – Would you consider moving to a smaller property?

Yes

No

Not applicable

Q12 – Further information

If there are any other personal details relating to yourself or a member of your household that you would like us to take into consideration when delivering your housing service and visiting your home which has not been covered in the rest of this form, please provide details below, for example, any particular medical circumstances or difficulties that you would like to make us aware of:

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DECLARATION

Tor Homes is collecting this data for the purposes of research. The data will be processed lawfully and fairly in accordance with the Data Protection Act 1998. The data will be used to help Tor Homes plan its services to meet the needs of its residents.

I/we declare that the information I/we have given in this survey is correct and freely given.

I/we give Tor Homes permission to use the information contained in this survey to ensure services delivered are designed to suit my/our needs.

Please sign and print your name below

Tenant 1 signature

Print name

Date

Tenant 2 signature

Print name

Date

