

HOUSING SERVICES – INITIAL APPROACH FORM

NAME: DATE OF BIRTH:

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ADDRESS:

TELEPHONE NUMBER:

NUMBER OF CHILDREN:ARE YOU PREGNANT:

Do you have any of the following: (please circle yes or no)

Mental health problems	yes/no	Drug problems	yes/no
Alcohol problems	yes/no	Convictions	yes/no

Please use this form to explain your question or briefly describe your housing problem. If you are not sure and need help completing this form please ask a member of staff.

I confirm that the information provided is true and understand that this may be used to assess my housing circumstances. I also give authority to Erewash Borough Council to make enquiries regarding my approach for assistance.

Please print your name to confirm you agree to the above:

Name: Date

Name: Date