

# **DOGS** Deposit Guarantee Scheme

Tel & Fax: 01946 694166

Please indicate which area this referral relates to  
Barrow  West Cumbria  Carlisle

## Referral Form 1 of 6

### Personal Details

Name \_\_\_\_\_

Contact Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone number \_\_\_\_\_

### Accommodation for which you require a deposit guarantee

Address \_\_\_\_\_  
\_\_\_\_\_

Rent for a month £ \_\_\_\_\_ Length of Tenancy \_\_\_\_\_

Name and address of Landlord \_\_\_\_\_  
\_\_\_\_\_

Phone no. \_\_\_\_\_ Amount of deposit required £ \_\_\_\_\_

### Agency making referral

Contact \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Tel No. \_\_\_\_\_ Fax No. \_\_\_\_\_



# DI@GS Deposit@ Guarantee Scheme

Tel & Fax: 01946 694166

Please indicate which area this referral relates to

Barrow  West Cumbria  Carlisle

## Eligibility Checklist

2 of 6

Is the property in

Barrow  West Cumbria  
 Eden  Carlisle

Is the applicant aged over 16 years?

Yes  No

Why is the applicant in housing need?

- Living in poor conditions  
 About to lose home  
 Family under stress  
 In hostel, temporary accommodation  
 Sleeping on someone's floor  
 Sleeping rough  
 Other (Please explain) \_\_\_\_\_

Is the applicant excluded from  
priority need by Local Authority?

Yes  No

Is the applicant unemployed?

Yes  No

Is the applicant low waged?

Yes  No

*if so, How much wage?* \_\_\_\_\_

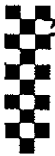
Does the applicant have any savings?  
*Enough to be able to pay own deposit?*

Yes  No

### Local Connection

- Applicant resident in area for 6 of the last 12 months, or 3 of the last 5 years  
 Applicant works in the area  
 Close family connection in area with person who has lived there for 5 years  
 Moving here to take up a job offer

Where does applicant come from? \_\_\_\_\_



# DI@GS Deposit Guarantee Scheme

Tel & Fax: 01946 694166

Barrow  West Cumbria  Carlisle

## Monitoring Form 3 of 6

Whilst you do not have to complete this form, it will help us if you do. The information you provide will be used for monitoring purposes only, as part of our equal opportunities policy, and will not be used to decide eligibility under the scheme. Your co-operation is appreciated.

Gender  Male  Female

Date of Birth

### Ethnic Background

- White European
- Pakistani
- Black Caribbean
- Black African
- Other (please specify) \_\_\_\_\_
- Indian
- Bangladeshi
- Chinese

### Disability

Are you disabled?  Yes  No

What other agencies have you approached for help with housing?

- Local Authority (please state which one) \_\_\_\_\_
- Citizens Advice Bureau
- Youth Enquiry Service
- Others (please say which others) \_\_\_\_\_

# **DiGS** Deposit Guarantee Scheme

Tel & Fax: 01946 694166

Please indicate which area this referral relates to  
Barrow  West Cumbria  Carlisle

## Tenants Agreement 4 of 6

I (name) ..... agree to:

1. Keep my accommodation clean and well maintained.
2. Report any loss or damage to my accommodation as soon as possible.
3. Inform DiGS when I leave the accommodation.
4. Repay any money that the scheme has to pay out to my landlord. I also understand that I will continue to be liable for all other claims made by the landlord.

I wish to be accepted on the Deposit Guarantee Scheme and agree to abide by the above conditions.

I understand that breaches of these conditions bar me from receiving a deposit guarantee in the future.

Signature of Tenant ..... Date .....

Signature of DiGS Representative ..... Date .....

# **DIGS** Deposit Guarantee Scheme

Tel & Fax: 01946 694166

Barrow  West Cumbria  Carlisle

## Inventory (2 Pages) 5 of 6

Property Address

Please note WHAT is provided, and give the number and condition of each item including the condition of wallpaper, curtains and carpets.

Room 1

Room 2

Room 3

Room 4

Room 5

Room 6

The undersigned agree this inventory provides a true and accurate record.

Signatures:

DiGS Rep: \_\_\_\_\_ Date: \_\_\_\_\_

Tenant: \_\_\_\_\_ Date: \_\_\_\_\_

Landlord: \_\_\_\_\_ Date: \_\_\_\_\_

Fax to: 01946 694166

What does the guarantee cover?

1. Maximum amount equivalent to one months rent
2. Uninsured damage (beyond fair wear and tear) caused by the tenant, of items listed on the inventory.
3. Theft by tenant of uninsured items listed on the inventory
4. The guarantee does not cover unpaid rent or unpaid bills
5. The guarantee will be for an initial period of six months and may be extended to a maximum of twelve months.
6. The property must be within the eligible local authority area.
7. The guarantee is not transferable to other properties or other tenants.