



**Brighton & Hove  
City Council**

**HOUSING MANAGEMENT  
CONSULTATIVE COMMITTEE  
ADDENDUM**

**3.00PM, MONDAY, 27 SEPTEMBER 2010**

**COUNCIL CHAMBER, HOVE TOWN HALL**



# ADDENDUM

ITEM	Page
34. TENANCY VISITS	1 – 4
APPENDIX 1 – STANDARD LETTER (COPY ATTACHED)	



M  
Hove/Brighton/Portslade  
BN

Date:  
Our Ref:  
Your Ref:  
Phone: 01273 29  
Fax: 01273 29  
e-mail:

Dear

**Tenancy visit**

The council has a policy of visiting all of its tenants in order to carry out a property inspection and update our records on who is living at the property.

I would like to visit you on \_\_\_\_\_ at \_\_\_\_\_. Please let me know if this is not convenient.

This will be an opportunity for you to raise any issues you may have about your tenancy.

In order to help us ensure that the services we provide meet your needs, we would like to ensure that the information we hold about you is up to date. I have, therefore, enclosed a Person Checklist Form and would be grateful if you could complete this and have two forms of identity that are listed on the form ready for when I visit.

The questions on the form are optional and you do not have to complete them if you do not wish to. Any information you do choose to share with us will be held in the strictest confidence and help us when dealing with any issues you might have.

If you do wish to complete the questions but are need help with this, please ask me at the appointment and I will be happy to help.

I look forward to meeting with you.

Yours sincerely

Housing Officer



## Person Checklist

Name:

Address:

ID check (1)		ID check (2)	
Passport	<input type="checkbox"/>	Passport	<input type="checkbox"/>
Birth Certificate	<input type="checkbox"/>	Birth Certificate	<input type="checkbox"/>
Driving Licence	<input type="checkbox"/>	Driving Licence	<input type="checkbox"/>
Marriage Certificate	<input type="checkbox"/>	Marriage Certificate	<input type="checkbox"/>
Divorce/Annulment Papers	<input type="checkbox"/>	Divorce/Annulment Papers	<input type="checkbox"/>
Medical Card	<input type="checkbox"/>	Medical Card	<input type="checkbox"/>
Credit Card	<input type="checkbox"/>	Credit Card	<input type="checkbox"/>
Bank/Building Society Statement	<input type="checkbox"/>	Bank/Building Society Statement	<input type="checkbox"/>
Utility Bill (last quarter)	<input type="checkbox"/>	Utility Bill (last quarter)	<input type="checkbox"/>
Life Assurance/Insurance Policy	<input type="checkbox"/>	Life Assurance/Insurance Policy	<input type="checkbox"/>
Benefits Payment Book	<input type="checkbox"/>	Benefits Payment Book	<input type="checkbox"/>
Last Wage Slip (current employer)	<input type="checkbox"/>	Last Wage Slip (current employer)	<input type="checkbox"/>
Forces Cert of Employment	<input type="checkbox"/>	Forces Cert of Employment	<input type="checkbox"/>
UK Residents Permit	<input type="checkbox"/>	UK Residents Permit	<input type="checkbox"/>
EC/EEA Identity Card	<input type="checkbox"/>	EC/EEA Identity Card	<input type="checkbox"/>
Home Office Standard Letter	<input type="checkbox"/>	Home Office Standard letter	<input type="checkbox"/>
Solicitors' letter	<input type="checkbox"/>	Solicitors' letter	<input type="checkbox"/>
Inland Revenue letter	<input type="checkbox"/>	Inland Revenue letter	<input type="checkbox"/>
Probation Officer letter	<input type="checkbox"/>	Probation Officer letter	<input type="checkbox"/>

### Communication Methods

What is your preferred contact method?		Do you require any alternative type?	
Phone	<input type="checkbox"/>	Large type	<input type="checkbox"/>
Text	<input type="checkbox"/>	Braille	<input type="checkbox"/>
Email	<input type="checkbox"/>	Audio tape	<input type="checkbox"/>
Fax	<input type="checkbox"/>	Sign Language	<input type="checkbox"/>
Letter	<input type="checkbox"/>	Video	<input type="checkbox"/>

What is your 1 <sup>st</sup> written language?		What is your 1 <sup>st</sup> spoken language?	
Albanian	<input type="checkbox"/>	Albanian	<input type="checkbox"/>
Arabic	<input type="checkbox"/>	Arabic	<input type="checkbox"/>
Bengali	<input type="checkbox"/>	Bengali	<input type="checkbox"/>
Cantonese	<input type="checkbox"/>	Cantonese	<input type="checkbox"/>
English	<input type="checkbox"/>	English	<input type="checkbox"/>
Farsi	<input type="checkbox"/>	Farsi	<input type="checkbox"/>
French	<input type="checkbox"/>	French	<input type="checkbox"/>
Mandarin	<input type="checkbox"/>	Mandarin	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>	Portuguese	<input type="checkbox"/>
Turkish	<input type="checkbox"/>	Turkish	<input type="checkbox"/>
Other	<input type="checkbox"/>	Other	<input type="checkbox"/>

If English is not your 1<sup>st</sup> language, is there an English speaker in household?    Yes     No

<p>Do you write in any other Languages?</p> <p>Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p>Please specify .....</p>	<p>Do you speak any other Languages?</p> <p>Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p>Please specify .....</p>
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Do you require written translation? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you require spoken translation? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you require a female interviewer? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Do you require a male interviewer? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Do you consider yourself to have speech problems? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you consider yourself to have literacy problems? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Health – Do you consider yourself ...</b>			
to be blind/ partially sighted? Yes <input type="checkbox"/> No <input type="checkbox"/>		to have hearing problems? Yes <input type="checkbox"/> No <input type="checkbox"/>	
to be a wheelchair user? Yes <input type="checkbox"/> No <input type="checkbox"/>		to have learning difficulties? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Which of the following Mobility Groups would you consider yourself to be in?</b>			
No Mobility Issues Mobility 1 Mobility 2 Mobility 3 (see mobility definitions)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Mobility Group 1</b> Full time wheelchair users for indoor & outdoor mobility
<b>Mobility Group 2</b> Unable to manage steps/stairs/steep gradients and require a wheelchair for outdoor mobility		<b>Mobility Group 3</b> Able to manage 2-3 steps/stairs but unable to manage steep gradients	
Do you have any other mobility problems you wish to tell us about? Yes <input type="checkbox"/> No <input type="checkbox"/> Details _____			
<b>Do you consider yourself ...</b>			
to have mental health issues? Yes <input type="checkbox"/> No <input type="checkbox"/>	to have issues with alcohol? Yes <input type="checkbox"/> No <input type="checkbox"/>	to be a substance user? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are there any other health issues you wish to tell us about? Yes <input type="checkbox"/> No <input type="checkbox"/> Details _____			
<b>Optional Equalities Questions</b>			
Religion		Sexuality	
Christian Jewish Hindu Muslim Sikh Buddhist None Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Bisexual Gay Heterosexual Lesbian Transgender Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>