

**Housing Options Service
Stafford Borough Council
Civic Centre
Riverside
Stafford
ST16 3AQ
01785 619000**

Authority to Act and Disclose Information:

I/We

NI Number:

DOB:

Declare that all the information that I/we have provided whether written or oral in respect of my housing application is factually correct and I have not withheld any information that may be relevant to my/our housing needs.

I/We authorise any other person, or organisation, including Stafford Borough

Council's Housing Benefit Department to disclose to Stafford Borough Council's Housing Options Team (the Council) such personal information, including financial and medical information that the Council may require for the purpose of assessing my/our housing needs.

The Council will primarily use your personal information for the assessment of your housing need. I/We understand that the Council shall not use any personal information which is contained in my/our housing application, or which is otherwise disclosed to the Council by a third party, for any purpose other than the assessment of my/our housing needs or otherwise where allowed by law, and all such information shall be processed by the Council in accordance with current data protection legislation.

How we use your personal information

The information that you have provided will be used by Stafford Borough Council, who are the data controller, to allow us to investigate reasons for homelessness to assess whether the Council owes a statutory duty to accommodate and how we can prevent you from becoming homeless. We will only share your information, when necessary with relevant agencies both statutory and voluntary such as the police, probation, housing benefit, private landlords, housing service, supported housing providers, social services, housing benefit, mental health, drug related services and debt management services such as CAB or where the law requires or allows us to. For further information, please see www.staffordbc.gov.uk/homelessness-prevention-how-we-use-your-personal-information

I/We understand that the Council will share relevant information with the [Privacy notice for the Homelessness Data England Project \(HDE\) - GOV.UK \(www.gov.uk\)](#)

I/ We confirm that we have read and understood the above further information regarding this data collection and that we consent to this.

I/We understand that the Council and other organisations may act on this information if the Council or such organisations have reason to believe that public protection or adult/child safeguarding issues have arisen. Any information you provide may be used or shared to prevent crime, including fraud. It may also be used to prevent the misuse of resources.

Please tick the agencies you agree for us to share your information with, if required:

Substance Recovery Services	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Housing Providers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Banks/Financial Organisations	Yes <input type="checkbox"/>	No <input type="checkbox"/>
DWP/Job Centre	Yes <input type="checkbox"/>	No <input type="checkbox"/>
GP/Hospital Discharge Team	Yes <input type="checkbox"/>	No <input type="checkbox"/>
HMCS	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Landlords	Yes <input type="checkbox"/>	No <input type="checkbox"/>
MHCLG	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other Local Authorities	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Police and Probation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Revenues and Benefits	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Social Services	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Solicitors/Legal Services	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Support Agencies	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please list below anyone you do not consent to sharing your data with:

Signed

Dated

Print Name

Signed

Dated

Print Name