



Leaseholder Contact Information

It is essential that we have your most recent details to contact you about any issues relating to your property.

Please request further forms for each owner of the property.

Property Address:

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| |
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| | |
|---------------------------|------------|
| Title | |
| Forename | |
| Surname | |
| Date of Birth | (DD/MM/YY) |
| Gender | |
| National Insurance | |
| Telephone Numbers | |
| Home | |
| Mobile | |
| Work | |
| Other | |
| Email Address | |

Do you sublet the property? (circle the appropriate answer) **YES / NO**

If you answered 'YES' please provide an away address for all correspondence. It is essential that we can contact you at your alternative address should any emergencies arise and for up to date administration.

Away Address:

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| |
| |
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| |
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Managing Agents details (if applicable)

| | |
|------------------|--|
| Name | |
| Address | |
| Telephone Number | |
| Email | |

If you would like another person to discuss details about your lease and service charges, we must have your permission. Please provide their contact details:

| | |
|---------------------|--|
| Name | |
| Telephone Number | |
| Relationship to you | |

Ethnicity:

| | | | | | |
|-------------------|--------------------------|-----------|--------------------------|----------|--------------------------|
| Asian: | | Black: | | Chinese: | |
| Indian | <input type="checkbox"/> | Caribbean | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| Pakistani | <input type="checkbox"/> | African | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Bangladeshi | <input type="checkbox"/> | Other | <input type="checkbox"/> | | |
| Other | <input type="checkbox"/> | | | | |
| Mixed: | | White: | | Refused | <input type="checkbox"/> |
| White & Caribbean | <input type="checkbox"/> | British | <input type="checkbox"/> | | |
| White & African | <input type="checkbox"/> | Irish | <input type="checkbox"/> | | |
| White & Asian | <input type="checkbox"/> | Other | <input type="checkbox"/> | | |
| White & Other | <input type="checkbox"/> | | | | |

Please indicate any vulnerabilities you consider yourself to have (e.g. hard of hearing, sight or mobility impairment, mental illness):

Do you require any of the following? (tick all that apply)

| | | | |
|---|--------------------------|---------------------|--------------------------|
| Translation services (specify language) | <input type="checkbox"/> | Literacy assistance | <input type="checkbox"/> |
| _____ | | Braille | <input type="checkbox"/> |
| Large print documents | <input type="checkbox"/> | Audio | <input type="checkbox"/> |
| Non verbal communication only | <input type="checkbox"/> | Hearing loop | <input type="checkbox"/> |
| Disabled access | <input type="checkbox"/> | Sign language | <input type="checkbox"/> |
| Home visits only | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| For mhs to contact your support worker in all instances (please provide contact details) | | | <input type="checkbox"/> |

Thank you for taking the time to complete this form

Please return to:
 Leasehold Manager
 Broadside
 Leviathan Way
 Chatham
 ME4 4LL