

## HOUSING REFERRAL FORM

### APPLICANT DETAILS

Name of applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female

NI number: \_\_\_\_\_

Contact address: \_\_\_\_\_

\_\_\_\_\_

### REFERRAL AGENCY

Agency name: \_\_\_\_\_

Contact name: \_\_\_\_\_

Contact details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Why does the applicant need low support housing? Is client working or on benefits?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Does the applicant have any on-going alcohol, drug or cannabis use?

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3. How long have you known the applicant?

\_\_\_\_\_

4. Any other information that would help with this application (language issues, reading/writing skills)

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

Thank you for your referral.

Please return it to Alice Tibbert – [alice.tibbert@kingschurchlondon.org](mailto:alice.tibbert@kingschurchlondon.org)

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