

HAMA REFERRAL FORM

Client Name			
Other Names Used			
Date of Birth			M / F
Telephone landline			
Telephone mobile			
Email Address			
Ethnic Origin			

Partner's Name			
Other Names Used			
Date of Birth			M / F
Telephone landline			
Telephone mobile			
Email Address			
Ethnic Origin			

Children's Names	M/F	DOB's	Age	Any Specific Additional Issues / Medical / Schools

(If Homeless Assessment completed – can delete above tables and copy/paste Top 7 Rows)

Current Address			
Landlord/Tenure			
Date moved in			
Current Situation			

Former Addresses for past 6 years

HAMA particularly need to know who was liable for the property (who named on tenancy etc)

Needs to be detailed for both applicant and partner

App Ptr Both	Address	Type of Property	Tenure / Landlord	Date From	Date to	Reason for Leaving

Temporary Accommodation Placements

App Ptr Both	Address	Type of Property	Landlord / Provider (Who rental liability paid to)	Date From	Date to

Priority Debts Known	App Ptr		Non-Priority Debts Known	App Ptr	
Current Rent					
Council Tax Debts					
Benefit Overpayments (DWP / HB)					
TV Licence					
Court Fines					
Child Maintenance					
Utility Debts					

Housing Related Debts Known

Provider	Address of Property (Dates)	Any additional information

Income Details

	Earnings Employer/Hours/Overtime	Benefits / other Include claims made
Applicant		
Partner		

Any additional information you can add.

(Could include PHP tasks, difficulties with housing providers, particular vulnerabilities of the client, changes to circumstances, other professionals/agencies involved, health issues etc)

Referral agency		Contact Number	
Email Address		Date of Referral	