



MEMBERSHIP RENEWAL FORM

Owners Details

Title:.....First Names.....Surname.....

Title:.....First Names.....Surname.....

Address.....

.....Postcode

Tel No Mobile No.....

E-mail.....Fax No.....

Joint Owner Address if different:

.....

.....Postcode.....

Correspondence Address if different:

.....

.....Postcode.....

Managing Agent Name (if applicable):

Address:

.....

.....Postcode.....

Telephone: Mobile.....

Email:Fax.....

PROPERTY LIST

Please list all properties you own or manage in Bolton to maximise your access to a range of benefits and services we offer in geographical areas and targeted initiatives. Include where appropriate individual flat or bedsit details i.e. 1,2,3 / A, B, C and the sub-district such as Farnworth, Little Lever, Lostock, Horwich, Westhoughton etc where applicable

Address 1.....
.....Post Code.....

Address 2.....
.....Post Code

Address 3.....
.....Post Code

Address 4.....
.....Post Code

Address 5.....
.....Post Code

Address 6.....
.....Post Code

Address 7.....
.....Post Code.....

Address 8.....
.....Post Code.....

Continue on a separate page if you have more properties.

Include with this application original copies of current gas and electrical safety certificates as described below [originals will be copied and then returned to you] for each property you wish to seek accreditation status. If you do not have a current satisfactory gas and or electrical certificate, send your application form in now and then we can advise on how to identify a reputable contractor, and details of preferential rates offered to members of this accreditation scheme.

Type of Certificates Accepted

- Landlord Gas Safety Report valid 1 year from date of issue.
- Domestic Periodic Installation Report valid 5 years from date of issue.

Bolton Landlord, Accreditation Scheme

Self Declaration

I declare that I have read and understood the Code of Standards for Bolton Landlord Accreditation Scheme and that the named properties will, whilst I hold membership of the scheme, meet the scheme terms and conditions subject to any transitional arrangements agreed by Bolton at Home.

I further declare that my conduct will be in accord with the provisions of the Scheme and I will recognise the authority of BARLO Housing Ltd and ultimately the Director of Development & Regeneration Services in the administration of the scheme and for my part acknowledge and authorise the public disclosure of details relating to my membership of the scheme.

I also declare that to the best of my knowledge and belief the information in this application is correct. I understand that Bolton Council and Bolton at Home will use the information provided on this form to verify any details provided in the application. They may also share this information within Bolton Council and Bolton at Home for the prevention and detection of fraud, prevention and detection of crime, to administer grants and to carry out public duties. They will only share this information if this is necessary and is in accordance with the Data Protection Act 1998

(Joint Owners must also sign declaration)

SignedDate.....

SignedDate.....

If you require this information in another format i.e. large print, audio or translated into Urdu or Gujarati please Tel. 01204 335744

જો તમને આ માહિતી અન્ય રીતે મેળવવી હોય જેવીકે, મોટી લીપીમાં, સાંભળવાની ટેપ ઉપર અથવા ગુજરાતી ભાષામાં તો મહેરબાની કરીને ૦૧ ૨૦૪ ૩૩૫૭૪૪ ઉપર ટેલીફોન કરો.

اگر آپ کو یہ معلومات کسی دیگر صورت (فارمیٹ) مثلاً بڑی لکھائی میں، آڈیو ٹیپ پر یا اردو میں ترجمہ درکار ہو تو براہ مہربانی ٹیلی فون نمبر 01204 335744 پر رابطہ قائم کریں۔

Please return your signed form / relevant supporting documents to: Landlord Accreditation Scheme, 2nd Floor, 2 Silverwell lane, Bolton BL1 1QN Tel: 01204 335486/8721 Fax 01204 335365 Email: barlo@bolton.gov.uk

**Homes for
Bolton**

Fairness Monitoring Form

Strictly Confidential [The information provided will be used for monitoring only and will not be used for any other purpose.]

Ethnic Group

White British Irish European
 Other

Black or Black British Caribbean African

Asian or Asian British Indian Pakistani Kashmiri
 Bangladeshi

Mixed Race White and Black Caribbean
 White and Black African
 White and Indian
 White and Pakistani

Chinese Chinese
Other [please write here] _____

Gender Female Male

Disability Status **[please read definition 1 below]**
 I am not a disabled person
 I consider myself to be a disabled person

Age 16 – 19 30 – 39 50 – 59 65+
 20 – 29 40 – 49 60 – 64

Religion Christian **[please read definition 2 below]**
 Jewish Sikh
 Hindu Muslim
 Buddhist None

Other religion [please write here] _____

Disability Definition 1 A person has a disability if he or she has a physical or mental impairment which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities Disability Discrimination Act 1995

Christian Definition 2 Including Church of England, Catholic, Protestant and all other Christian denominations