General Customer Details

TVH wants to get to know you better so that we can shape our housing services to meet your needs. We recognise that you are individuals living in individual communities. By having accurate information about you we can ensure we make the right decisions about how we deliver our services to you. We also want to ensure that all our residents are treated equally and have easy access to our services. The information we collect will help us to understand our residents better, update information, complete missing information & gather equalities information to ensure we are not discriminating against anyone. It will also provide us with a comprehensive picture of our customer base. The information that we collect is for our own use and it will not be used for anything other than the purposes we have outlined above. Please remember that you do not have to answer any of the questions; you are providing this information to us voluntarily so feel free to miss out any questions you are not happy answering.

Customer Reference:		I do not wish to take part in this questionnaire ☐

Please return to:	

Contact

1. Preferred method of contact for household? Phone ☐ Letter ☐ Email ☐ Visit ☐
2. Do you or any member of your household have easy access to a computer with an internet connection? Yes ☐ No ☐

3. YOUR HOUSEHOLD

Person 1: Main rent/service charge payer — Tick preferred method of contact

Title:	Home No.:	☐
First Name:	Work No.:	☐
Surname:	Mob No.:	☐
D.of B.:	Email:	☐
Nationality:	Household ethnicity (see Q10 for categories):	
Gender: Male ☐ Female ☐ Transgender ☐ Prefer not to say ☐		

Person 2: Joint rent/ service charge payer or partner/ spouse — Tick preferred method of contact

Title:	Home No.:	☐
First Name:	Work No.:	☐
Surname:	Mob No.:	☐
D.of B.:	Email:	☐
Nationality:		
Relationship to Person 1: Partner/Spouse ☐ Child ☐ Other child relative ☐ Other adult ☐		
Gender: Male ☐ Female ☐ Transgender ☐ Prefer not to say ☐		

Person 3: — Tick preferred method of contact

Title:	Home No.:	☐
First Name:	Work No.:	☐
Surname:	Mob No.:	☐
D.of B.:	Email:	☐
Nationality:		
Relationship to Person 1: Partner/Spouse ☐ Child ☐ Other child relative ☐ Other adult ☐		
Gender: Male ☐ Female ☐ Transgender ☐ Prefer not to say ☐		

Person 4: — Tick preferred method of contact

Title:	Home No.:	☐
First Name:	Work No.:	☐
Surname:	Mob No.:	☐
D.of B.:	Email:	☐
Nationality:		
Relationship to Person 1: Partner/Spouse ☐ Child ☐ Other child relative ☐ Other adult ☐		
Gender: Male ☐ Female ☐ Transgender ☐ Prefer not to say ☐		

Person 5: — Tick preferred method of contact

Title:	Home No.:	☐
First Name:	Work No.:	☐
Surname:	Mob No.:	☐
D.of B.:	Email:	☐
Nationality:		
Relationship to Person 1: Partner/Spouse ☐ Child ☐ Other child relative ☐ Other adult ☐		
Gender: Male ☐ Female ☐ Transgender ☐ Prefer not to say ☐		

Person 6: Tick preferred method of contact

Title:	Home No.:	☐
First Name:	Work No.:	☐
Surname:	Mob No.:	☐
D.of B.:	Email:	☐
Nationality:		
Relationship to Person 1: Partner/Spouse ☐ Child ☐ Other child relative ☐ Other adult ☐		
Gender: Male ☐ Female ☐ Transgender ☐ Prefer not to say ☐		

(if there are more than 6 members in your household, please add their details to the back of this form)

4. Do you or any member of your household have any special requirements?

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
Text Phone	☐	☐	☐	☐	☐	☐
Hearing Loop	☐	☐	☐	☐	☐	☐
Large Print	☐	☐	☐	☐	☐	☐
Type Talk	☐	☐	☐	☐	☐	☐
Audio Tape	☐	☐	☐	☐	☐	☐
Braille/Moon	☐	☐	☐	☐	☐	☐
Sign Language	☐	☐	☐	☐	☐	☐

5.

Preferred spoken language (please indicate person 1-6)……..

Preferred written language (please indicate person 1-6)……

Other requirement (please indicate person 1-6)……

We are now introducing security questions to help protect your account with us. All you need to do is answer one of the following questions, or alternatively, you can set your own question. The question cannot be more than 30 characters long including spaces. Please don't forget to provide us with the answer! We will ask you this question when you call us about your account.

6.

Person 1 Please provide us with one of the following (write each letter in a box)

Mother's maiden name																				
Name of first school																				

Person 2

Mother's maiden name																				
Name of first school																				

Household

Write your own question																				
Write answer to question																				

7. What is the current employment status of the household members?

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
Child under 16	☐	☐	☐	☐	☐	☐
Full Time Employment	☐	☐	☐	☐	☐	☐
Gvt Training/New Deal	☐	☐	☐	☐	☐	☐
Job Seeker	☐	☐	☐	☐	☐	☐
Not Seeking Work	☐	☐	☐	☐	☐	☐
Other Adult	☐	☐	☐	☐	☐	☐
Part Time Employment	☐	☐	☐	☐	☐	☐
Self Employed	☐	☐	☐	☐	☐	☐
Retired	☐	☐	☐	☐	☐	☐
Student	☐	☐	☐	☐	☐	☐
Unable to work	☐	☐	☐	☐	☐	☐
Carer	☐	☐	☐	☐	☐	☐
Prefer not to say	☐	☐	☐	☐	☐	☐

8. Does any member of your family have a disability?

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
No disability	☐	☐	☐	☐	☐	☐
Mental Health	☐	☐	☐	☐	☐	☐
Serious medical condition	☐	☐	☐	☐	☐	☐
Wheelchair user	☐	☐	☐	☐	☐	☐
Sight problems	☐	☐	☐	☐	☐	☐
Hearing problems	☐	☐	☐	☐	☐	☐
Speaking problems	☐	☐	☐	☐	☐	☐
Mobility problems	☐	☐	☐	☐	☐	☐
Learning disability	☐	☐	☐	☐	☐	☐
Prefer not to say	☐	☐	☐	☐	☐	☐
Other (please state)	☐	☐	☐	☐	☐	☐

9. What religion does each member of your household practice?

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
None	☐	☐	☐	☐	☐	☐
Christian	☐	☐	☐	☐	☐	☐
Buddhist	☐	☐	☐	☐	☐	☐
Hindu	☐	☐	☐	☐	☐	☐
Jewish	☐	☐	☐	☐	☐	☐
Muslim	☐	☐	☐	☐	☐	☐
Sikh	☐	☐	☐	☐	☐	☐
Prefer not to say	☐	☐	☐	☐	☐	☐
Other (please state)	☐	☐	☐	☐	☐	☐

10. What ethnic group are the members of your household?

White	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
British	☐	☐	☐	☐	☐	☐
Irish	☐	☐	☐	☐	☐	☐
European	☐	☐	☐	☐	☐	☐
Other White	☐	☐	☐	☐	☐	☐

Mixed	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
White and black Caribbean	☐	☐	☐	☐	☐	☐
White and black African	☐	☐	☐	☐	☐	☐
White and Asian	☐	☐	☐	☐	☐	☐
Other mixed	☐	☐	☐	☐	☐	☐

Gypsy/Romany/Irish traveller	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
	☐	☐	☐	☐	☐	☐

Asian or Asian British	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
Indian	☐	☐	☐	☐	☐	☐
Pakistani	☐	☐	☐	☐	☐	☐
Bangladeshi	☐	☐	☐	☐	☐	☐
Other Asian	☐	☐	☐	☐	☐	☐

Black or Black British	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
Caribbean	☐	☐	☐	☐	☐	☐
African	☐	☐	☐	☐	☐	☐
Other Black	☐	☐	☐	☐	☐	☐

Chinese or Other	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
Chinese	☐	☐	☐	☐	☐	☐
Any other (please state)	☐	☐	☐	☐	☐	☐
Prefer not to say	☐	☐	☐	☐	☐	☐

11. Sexual Orientation (adults only)	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
Heterosexual	☐	☐	☐	☐	☐	☐
Gay man	☐	☐	☐	☐	☐	☐
Gay woman	☐	☐	☐	☐	☐	☐
Bisexual	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐
Prefer not to say	☐	☐	☐	☐	☐	☐
Child (not required)	☐	☐	☐	☐	☐	☐