Sign to confirm you have read the following declaration:

I have made an application for housing within The Greater Haven Gateway Partnership under the terms of the Housing Act 1996 (Part 6) Allocation of housing accommodation. By signing this declaration, I understand that it may be necessary for Gateway to Homechoice to carry out enquiries concerning my application so they can identify any support needs I may have in order to make appropriate referrals to any agencies that may be able to offer assistance.

I give permission for Gateway to Homechoice to sharing the information contained in this application and contact any other sources within this Council, other Councils, Government Departments, local authorities, agencies and individuals to carry out investigations into my circumstances including any private landlords, housing associations, social services, GP, probation services or police.

Babergh and Mid Suffolk District Councils (the Data Controller for your application), only processes and shares your personal data with other Gateway to Homechoice partners in relation to your application and to prevent fraud. The processing of the information you provide is for the purpose of fulfilment of a legal obligation.

You have the right to restrict, amend or withdraw your data from processing in certain circumstances by emailing homechoice@baberghmidsuffolk.gov.uk. For more information, please contact our Data Protection

Officer: dataprotection@baberghmidsuffolk.gov.uk

Further information about how we use, store and process your data can be found on the council's website: <u>Privacy Policy</u> or <u>Gateway to Homechoice</u>

I understand that any false or misleading information given in relation to this application which leads to a property being allocated to me may result in eviction proceedings being taken against me and that I may be prosecuted. Please note that we may use the information you have provided to help detect and prevent fraud.

YOU WILL NEED TO PRINT THIS PAGE AND SIGN IN BLACK or BLUE INK

Signed Date......

Print Name.

Gateway to Homechoice Number:

(Electronically typed signatures are not acceptable)