

# The Good Start Package

**HAVE YOU RECENTLY PRESENTED YOURSELF AS A HOMELESS PERSON?**

**HAVE YOU BEEN OFFERED & ACCEPTED ACCOMMODATION EITHER BY A HOUSING ASSOCIATION OR IN THE PRIVATE SECTOR?**

**ARE YOU IN RECEIPT OF BENEFITS AND/OR ON A LOW INCOME? \*See below**

**IS THIS YOUR FIRST TENANCY?**



**THEN ELGAR HOUSING ASSOCIATION MAY BE ABLE TO HELP YOU WITH**

## "A Good Start Package"

THE PACKAGE CONSISTS OF VOUCHERS WHICH CAN BE EXCHANGED FOR FOOD AND/OR HOUSEHOLD ITEMS

YOU WOULD ALSO BE ELIGIBLE FOR ASSISTANCE WITH A UTILITY BILL  
THERE IS ALSO ADVICE & INFORMATION ON BUDGETING & CARE

IF YOU THINK YOU MIGHT QUALIFY THEN COMPLETE THE APPLICATION FORM ON THE REVERSE OF THIS LEAFLET & RETURN IT TO



**ELGAR HOUSING ASSOCIATION  
GROVEWOOD ROAD, MALVERN,  
WR14 1GD**



**IF YOU HAVE ANY QUERIES PLEASE CONTACT  
CHRIS MCKELVIE ON 01684 579366**



**\* This package is not available to those people who have access to a community care grant or social fund loan**



# APPLICATION FOR GOOD START PACKAGE

PLEASE COMPLETE THESE DETAILS IN BLOCK CAPITALS AS FULLY AS POSSIBLE

## PERSONAL DETAILS

1. NAME.....  
(FIRST) (SURNAME) (TITLE)

2. DATE OF BIRTH.....

3. N.I. NUMBER.....

4. CONTACT ADDRESS.....

.....

TELEPHONE No.....

5. WHO IS YOUR LANDLORD? .....

6. WHEN DID YOU MOVE IN? .....

## FINANCIAL DETAILS

1. EMPLOYMENT DETAILS:

*EMPLOYMENT/UNEMPLOYMENT/ON TRAINING/STUDENT (DELETE AS APPROPRIATE)*

2. IF YOU ARE EMPLOYED PLEASE STATE NAME AND ADDRESS OF EMPLOYER:

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3. IF EMPLOYED: FULL/PART TIME (*DELETE AS APPROPRIATE*)

APPROXIMATELY HOW MANY HOURS PER WEEK DO YOU WORK ..... HOURS

4. NET WEEKLY/MONTHLY EARNINGS £.....PER WEEK/MONTH (AFTER TAX)

5. ARE YOU IN RECEIPT OR ELIGIBLE FOR HOUSING BENEFIT? YES/NO

6. ARE YOU IN RECEIPT OF JOB SEEKERS ALLOWANCE OR INCOME SUPPORT? YES/NO  
(PLEASE SUPPLY PROOF OF ALLOWANCE)

7. ARE YOU IN RECEIPT OF OTHER STATE BENEFITS? YES/NO  
(PLEASE LIST TYPES & AMOUNT PER WEEK. PLEASE SUPPLY PROOF OF BENEFIT)

8. DO YOU HAVE ANY SAVINGS? YES/NO  
IF YES: HOW MUCH? £..... (PLEASE SUPPLY PROOF OF SAVINGS)

9. DID YOU APPROACH ELGAR HOUSING ASSOCIATION FOR ADVICE & ASSISTANCE YES/NO

APPLICANTS SIGNATURE..... DATE.....

CONSENT: I GIVE MY CONSENT FOR ELGAR HOUSING ASSOCIATION TO CONTACT MY LANDLORD AND HOUSING BENEFITS SECTION OR AN OTHER PERSONS OR INSTITUTIONS IN ORDER TO OBTAIN INFORMATION RELEVANT TO MY APPLICATION FOR A GOOD START PACKAGE.

APPLICANTS SIGNATURE..... DATE.....

YOU WILL BE ADVISED IF YOU QUALIFY FOR THE GOOD START PACKAGE AS SOON AS POSSIBLE

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FOR OFFICE USE ONLY

APPLICATION ACCEPTED: YES/NO REASONS:

RETURN FORM TO: CHRIS MCKELVIE  
ELGAR HOUSING ASSOCIATION  
GROVEWOOD ROAD  
MALVERN.  
WR14 1GD