

# Waltham Estate RMO Resident Profile Information Form



Waltham Estate RMO and United Residents Housing are committed to providing an excellent service to all residents.



Giving us more information about you ensures that we provide the best possible support to you and your household and shape improved services in the future.

Please ensure that each resident in your household completes a form.

Please use **CAPITAL LETTERS** and write clearly when completing this form.

Q1 Your address: \_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_

Q2 Your details

Title (Ms, Mrs, Miss, Mr, etc.):

Surname: \_\_\_\_\_

First name(s): \_\_\_\_\_

Date of birth: \_\_\_\_\_

Relationship to tenant (e.g. wife, son etc.): \_\_\_\_\_

Home phone number: \_\_\_\_\_

Mobile phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Q3 How would you prefer us to contact you?

Phone

Email

Text message

Through someone else (please state): \_\_\_\_\_

Letter

Home visit

Other: \_\_\_\_\_

Q4 **Leaseholders**: If you are renting your property to others, please give us your contact address and the name of your tenant living in the above address:

Your contact address: \_\_\_\_\_

Name of your tenant(s): \_\_\_\_\_

Q5a What is your gender identity?

Male (including trans male)

Female (including trans female)

Other gender identity: \_\_\_\_\_

Q5b Is your gender identity the same as the gender you were assigned at birth?

Yes

No

**Q6 What is your sexual orientation?**

<input type="checkbox"/> Heterosexual / Straight	<input type="checkbox"/> Lesbian / Gay Woman
<input type="checkbox"/> Bisexual	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Gay Man	<input type="checkbox"/> Prefer not to disclose

**Q7 Are you pregnant?**

Yes, estimated delivery date: \_\_\_/\_\_\_/\_\_\_\_

No

**Q8 What is your current work status?**

<input type="checkbox"/> Work full-time	<input type="checkbox"/> Full-Time Student
<input type="checkbox"/> Work part-time	<input type="checkbox"/> Retired
<input type="checkbox"/> Self-employed	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Prefer not to disclose

**Q9 What is your ethnic group?**

<b>White</b>	<input type="checkbox"/>	White British
	<input type="checkbox"/>	White Irish
	<input type="checkbox"/>	White Portuguese
	<input type="checkbox"/>	White East European
	<input type="checkbox"/>	White Gypsy/Roma
	<input type="checkbox"/>	Any other white background
<b>Mixed</b>	<input type="checkbox"/>	Mixed white and black Caribbean
	<input type="checkbox"/>	Mixed white and black African
	<input type="checkbox"/>	Mixed white and Asian
	<input type="checkbox"/>	Any other mixed background
<b>Black or black British</b>	<input type="checkbox"/>	Black or black British Caribbean
	<input type="checkbox"/>	Black or black British African
	<input type="checkbox"/>	Any other black background
<b>Asian or Asian British</b>	<input type="checkbox"/>	Asian or Asian British Indian
	<input type="checkbox"/>	Asian or Asian British Pakistani
	<input type="checkbox"/>	Asian or Asian British Bangladeshi
	<input type="checkbox"/>	Chinese
	<input type="checkbox"/>	Any other Asian background
<b>Other</b>	<input type="checkbox"/>	Any other ethnic background (please state): _____
	<input type="checkbox"/>	I prefer not to disclose

**Q10 What is your religion or belief?**

<input type="checkbox"/> No religion	<input type="checkbox"/> Sikh
<input type="checkbox"/> Buddhist	<input type="checkbox"/> Jewish
<input type="checkbox"/> Christian	<input type="checkbox"/> Prefer not to disclose
<input type="checkbox"/> Hindu	<input type="checkbox"/> Other (please state): _____
<input type="checkbox"/> Muslim	

**Q11 Do you need us to contact you in a language other than English?**

Yes (which language): \_\_\_\_\_  No

**Q12 Do you have any physical or mental impairments which have a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities?**  
n.b. Includes problems which are due to old age

Yes

No

**If "Yes" what is the nature of the impairment? Please tick all that apply:**

- Physical Disability
- Wheelchair User
- Other Mobility or Access Needs
- Blind
- Partially Sighted
- Deaf
- Hearing Impairment
- Speech Impediment
- Literacy Problems
- Mental Health
- Learning Difficulties
- Other Disability (please specify) \_\_\_\_\_

**Q13 Do you have a support/social worker/emergency contact? If so, please give their details below along with any other details about your disability relevant to the services you receive from URH:**

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**Q14 Do you have specific needs when we visit your home?**

- Knock loudly
- Prefer a female/male officer
- Other \_\_\_\_\_
- Please give me time to answer door
- My carer must be with me

**Q15 Do you require any the following when we communicate with you?**

- Large Print
- Braille
- Other \_\_\_\_\_
- Induction Loop
- Audio tape/CD

**Q16 Do you have pets in your household?**

Yes (please list): \_\_\_\_\_  No

**Q17 Please tell us if there is anything else we should know about you or your household to provide better access to our services and improve their quality:**

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**Q18 Please indicate if any of the following are applicable to you:**

- I would like to receive a copy of the Resident Estate Compact  
 I would like to sign up the Good Neighbourhood Agreement  
 I am a shareholder of the TMO  
 I am interested in becoming a board member of the TMO/ALMO  
 I would like to be on the Choice Based Lettings email list  
 I would like to form part of the TMO's virtual panel  
 I would like a copy of the TMO's Business Plan

**Data Protection Declaration**

I understand that the information recorded on this form will be used by Waltham Estate RMO and United Residents Housing to provide services to residents. This information will also be used for monitoring purposes to ensure equal of access to services. I understand that this information will not be given to third parties without my prior consent.

**Signed (resident):** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please tick here if you do not wish to take part in the prize draw, if applicable.

Thank you for taking your time to complete this questionnaire. We will update residents about how this information has helped improved your services in the near future.

Please ensure that every member of your household fills in one of these forms. For more forms please visit <http://www.urh.org.uk> or email: [info@urh.org.uk](mailto:info@urh.org.uk)

Please **return** or **post** completed forms to:

**Waltham Estate RMO  
The Old Laundry  
Thornicroft House  
Stockwell Road  
London  
SW9 9PT**

**United Residents Housing  
Loughborough Community Centre  
105 Angell Road  
London  
SW9 6PD**

**Spanish**

Si desea esta información en otro idioma, rogamos nos llame al

**Portuguese**

Se desejar esta informação noutro idioma é favor telefonar para

**French**

Si vous souhaitez ces informations dans une autre langue veuillez nous contacter au

**Bengali**

এই তথ্য অন্য কোনো ভাষায় আপনার প্রয়োজন হলে অনুগ্রহ করে ফোন করুন

**Twi**

Se woƆe saa nkaeƆoy yi wo kasa foƆoro mu a fre

**Yoruba**

Tí ẹ ba ẹ imoràn yí, ní èdè Òmíràn, ẹjò, ẹ kàn wà l'ágogo

If you would like this information in large print, Braille, audio tape or another language, please contact us on 020 7733 9929

