CHT e HidichHe e Hial i fHT a iHT Ha hid a

We ake da a Hiller iHiller lad Hilke had Hilkee Hiller e Hillal ifHiller aiHiller e a dafe. We al Hiller de a dha Hiller e i e Hiller a Hiller ele (a hida) Hiller eak fHill Hiller Hiller ac Hiller behalf. Thi cHild be a elaie, e a e e e a i e, lHical MPHILCHI cill Hiller, Hilici Hiller af ie d.

Your species consent is required before the Housing Association can release personal information which we hold about you to any third party including people speaking or acting on your behalf. This is an important part of keeping your personal data safe.

The information you provide in this form will be kept securely in our systems and your consent will be valid for 12 months. We ask for this information so we can cross-reference the answers to the security questions from the third party to verify their identity and share

| To identify you, we will need your name and address. help us to identify your records, such as your tenancy | · · · · · · · · · · · · · · · · · · · |
|--|--|
| Name: | |
| Address: | |
| | |
| Postcode: | |
| Reference number(s): | |
| number(s). | |
| 2. We eed HHk HH ha e HH ali fHH a | iĦ- Ħ- ih Ħ-bediclĦ-ed. |
| This may be information in respect of a speciec matter housing or transfer, or your rent account. If you are had the All category. If you only want certain information selecting the relevant line. | ppy for all information to be disclosed, select |
| Rent and Service Charge account | Tenancy Management (e.g. mutual exchanges, neighbour problems etc) |
| ☐ Bene t claims and enquiries | Repairs and property improvements |
| Application for housing or rehousing | Domiciliary care enquiries |
| All | |
| 3. Pleae ell h Ħ-a heifĦ-ai | iH-HibedicHH-ed,ad ha Hi-ae |

a hMiighe e Mille e Mi hMieceiei MidMiihi.

This helps us manage requests and improves security.

FĦ he e a

1. YH ide i

| We will need their name and cont | |
|--|--|
| Name: | |
| Address: | |
| Postcode: | Telephone: |
| Email: | |
| Relationship to you: | |
| | |
| After this date, we will not release | your information to the person(s) named without your consent. If you date then this consent will automatically end in 12 months. |
| third party to use a password and password and security questions. | or a password and questions for security purposes, we need the answer security questions. These should be dierent from your own We will ask three dierent questions when the third party calls. An will be undertaken and a review form sent to you. |
| Password (this is mandatory): | |
| Third party postcode: | |
| Third party date of birth: | |
| Mother's maiden name: | |
| Name of third party rst | |

Name of third party rst pet:

Decla a in - The ig edb hid a

Please sign below to con rm you have read, understood, and agree to being a nominated third party and to the Association sharing your information with our Parent organisation, the Housing Plus Group ("the Group"). You agree to the Group storing and using the information you have provided to verify your identity and contact you in connection with third party disclosure in the future. Your consent will remain in place for 12 months, unless you withdraw your consent.

You understand you can indimore information about how the Group processes your personal information on our website (.hlf- i g l g lf- .clf. k/da a- lf-ec ilf-), and that you can withdraw your consent at any time by contacting customer services on **0800 048 8955**, emailing da a. Hec in @hh i g I g h .ch k, or writing to us at Data Protection, Housing Plus Group, Acton Court, Acton Gate, Sta ord, ST18 9AP.

| Sig ed: | | | |
|---------|--|--|--|
| Name: | | | |
| Date: | | | |

Decla a iff - Iff be ig ed b e a

You must sign this section to con rm you have read and understood the guidance and that the information on the form is correct.

I hereby give Homes Plus consent to disclose such personal information which the Association holds and which is detailed above. Disclosure of my personal information is restricted to the person or persons named above and this consent is valid until the date speci ed.

I understand that I can change or withdraw my consent for this disclosure at any time and can do this by contacting customer services team.

You understand you can indimore information about how the Group processes your personal

| information on our website (| .hĦ igl | g HcH - k/da a- | Ħ ec iĦ), and that you can |
|--------------------------------|-----------------|-------------------------|--------------------------------------|
| withdraw your consent at any t | ime by contacti | ng customer services | s on 0800 048 8955 , emailing |
| da a. Ħ⁻ec iĦ⁻@hĦ⁻ i g l | g # .c# k, c | or writing to us at Dat | ta Protection, Housing Plus Group, |
| Acton Court, Acton Gate, Sta | ord, ST18 9AP. | | |
| | | | |
| | | | |
| Sig ed: | | | |

| Date: | |
|-------------------|--|
| Name [.] | |

