

Housing application form

Please post this form to the Housing Assessment Team, Berneslai Homes, PO Box 627, Barnsley S70 9FZ. Or you can drop off the form at any Barnsley Connects office. If you need any help filling in this form, please call us on 01226 775555.



A fresh approach to people, homes and communities

For office use

Our reference:

Date received:

Your details

If you do not supply all the following information, we may not be able to process your application.

Main applicant (you)

Title: Mr Mrs Ms Miss First names: Surname:

Date of birth: / / Age: Previous surname (if appropriate):

National Insurance number:

Current address and postcode: Date you moved to this address: / /

Phone - home: work: mobile:

E-mail address:

Contact address and postcode in case we need to contact you (if different from above):

Are you a British citizen? Yes No

If 'no', we will contact you for proof of your nationality and right to live in the UK.

Joint applicant (someone applying with you)

Title: Mr Mrs Ms Miss First names: Surname:

Date of birth: / / Age: Previous surname (if appropriate):

National Insurance number:

Current address and postcode: Date you moved to this address: / /

Phone - home: work: mobile:

E-mail address:

Contact address and postcode in case we need to contact you (if different from above):

Are you a British citizen? Yes No

If 'no', we will contact you for proof of your nationality and right to live in the UK.

Where have you lived in the past five years?

- 1 Please give **every** address you and anyone applying with you have lived at over the past five years.
- 2 Also tell us about **any** council or housing-association tenancies you have **ever** held.

Do not include your present address.

You

Address	Date moved in	Date moved out	Please say whether you were a lodger, a tenant or an owner	Names and addresses of landlords or housing associations	Reason for leaving
	///	///			
	///	///			
	///	///			
	///	///			

Joint applicant

Address	Date moved in	Date moved out	Please say whether you were a lodger, a tenant or an owner	Names and addresses of landlords or housing associations	Reason for leaving
	///	///			
	///	///			
	///	///			
	///	///			

People who live with you at your present address

Name	Date of birth	Age	Sex (male or female)	Relationship to you	Is this person moving with you?
	/ /				Yes <input type="checkbox"/> No <input type="checkbox"/>
	/ /				Yes <input type="checkbox"/> No <input type="checkbox"/>
	/ /				Yes <input type="checkbox"/> No <input type="checkbox"/>
	/ /				Yes <input type="checkbox"/> No <input type="checkbox"/>
	/ /				Yes <input type="checkbox"/> No <input type="checkbox"/>
	/ /				Yes <input type="checkbox"/> No <input type="checkbox"/>
	/ /				Yes <input type="checkbox"/> No <input type="checkbox"/>

Are you or anyone else in your household pregnant?

Yes No

If 'yes', who is pregnant?

When is the baby due?

Living apart

(Please give details of anyone who is not currently living with you but will be moving in with you when you move.)

Name	Date of birth	Age	Sex (male or female)	Current address	Relationship to you
	/ /				
	/ /				
	/ /				
	/ /				

Why do you want to move?

(Please tick up to three reasons why you want to move.)

Reason for wanting to be rehoused

Want to be independent
(for example - leaving your parents' home)

Homeless
(no current home)

Newly forming households
(you have not lived together before)

Private rented tenancy ended

Asked to leave by family or friends

Moving to take up employment

Rehousing from prison, hospital or some other institution

Moving to give or receive support

Home in poor condition
(needs repairs)

Need extra care
(you will need to have a special assessment)

Health reasons
(we will send you a medical assessment form to fill in)

Under-occupation
(your current property is too large for your needs)

You have been evicted from (forced to leave) your home or your home has been repossessed

Domestic violence

Relationship breakdown
(no violence involved)

Racial harassment

Leaving the armed forces

Problems with neighbours

Overcrowding
(current property is too small)

Cannot afford current rent or mortgage

Losing tied accommodation
(property that came with your job)

Move to supported accommodation

Want sheltered housing

Refugee
(we will ask for proof of this)

Other

Please give details

Personal information

Please tell us why you ticked the relevant boxes on the previous page.

If you can, please provide any proof to support your answers as this may help us to assess your application.

(Please continue on the next page if necessary.)

Your current home

We need this information to assess how suitable your current accommodation is.

Are you a tenant of Barnsley Council or Berneslai Homes?

Yes

No

If 'no', which of the following are you? (Please tick the relevant box.)

A council tenant

A housing-association tenant

A private tenant

A lodger

An owner-occupier

None of these

If 'none of these', please explain.

Please tick the box which best describes the type of property you live in.

House

Upper flat

Lower flat

Bungalow

Maisonette

Bedsit

Hostel

Bed and breakfast

Hospital

Prison

Live on the street (homeless)

Other

If 'other', please explain.

Number of bedrooms in the property:

0

1

2

3

4

5 or more

Number of bedrooms for your family to use:

0

1

2

3

4

5 or more

What type of heating do you have?

Gas

Electric

Solid fuel

District heating

(District heating is heating from a central boiler which serves a group of homes.)

If you live in rented accommodation, please give your landlord's name, address and phone number.

Name:

Address:

Phone number:

Has your landlord given you a notice to quit?

Yes

No

(A notice to quit is a letter from your landlord telling you that your tenancy will end on a certain date and that you have to leave by then.)

If 'yes', what is the date you have to leave?

 / /

If you have received a notice to quit, please send us a copy.

What sort of property would you consider?

(Tick as many boxes as you like from the list below.) I would consider:

- a house a bungalow an upper flat (with stairs) an upper flat (with lift)
 a lower flat a maisonette a bedsit

How many bedrooms do you need?

- Bedsit One Two Three Four

What type of heating would you consider? (Tick as many boxes as you like.)

- Gas Electric Solid fuel
(coal or coke) District heating
(heating from a community boiler)

Would you consider sheltered or supported housing? Yes No
(A charge for a warden or alarm is a condition of the tenancy.)

Would you consider housing with a shower only (no bath)? Yes No

Do you need a shower for medical reasons? Yes No

Would you consider being put forward for a housing-association property? Yes No

Would you be interested in shared ownership? Yes No
(For more information, please see 'Affordable home ownership' on page 10.)

If you are a council or housing-association tenant, would you consider exchanging with another tenant? Yes No

Would you be interested in renting from an approved private landlord? Yes No

Do you have any religious or cultural needs we need to take into account? Yes No

If 'yes', please give details.

Does anyone in your household use a wheelchair? Yes No

Does anyone in your household consider themselves to be disabled? Yes No

Do you have any pets? Yes No

If 'yes', please give details.

Where would you like to live?

You can choose as many areas as you want. We will use this information to measure demand for properties in each area. Even if you choose one or more of these areas, you can still apply for other areas as properties become available.

Area 1

- | | | | |
|--|--|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Athersley North | <input type="checkbox"/> Burton Grange | <input type="checkbox"/> Lundwood | <input type="checkbox"/> New Lodge |
| <input type="checkbox"/> Athersley South | <input type="checkbox"/> Carlton | <input type="checkbox"/> Monk Bretton | <input type="checkbox"/> Royston |
| <input type="checkbox"/> Smithies | <input type="checkbox"/> Cundy Cross | | |

Area 2

- | | | | |
|-----------------------------------|-------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Brierley | <input type="checkbox"/> Cudworth | <input type="checkbox"/> Grimethorpe | <input type="checkbox"/> Great Houghton |
| <input type="checkbox"/> Shafton | <input type="checkbox"/> West Green | | |

Area 3

- | | | | |
|-----------------------------------|------------------------------------|---|--|
| <input type="checkbox"/> Broadway | <input type="checkbox"/> Honeywell | <input type="checkbox"/> Measborough Dyke | <input type="checkbox"/> Wilthorpe |
| <input type="checkbox"/> Gawber | <input type="checkbox"/> Kingstone | <input type="checkbox"/> Town centre | <input type="checkbox"/> Worsbrough Common |

Area 4

- | | | | |
|---------------------------------------|---|--|---|
| <input type="checkbox"/> Barugh Green | <input type="checkbox"/> Dodworth | <input type="checkbox"/> Hoylandswaine | <input type="checkbox"/> Pilley and Tankersley |
| <input type="checkbox"/> Carlecotes | <input type="checkbox"/> Dunford Bridge | <input type="checkbox"/> Ingbirchworth | <input type="checkbox"/> Redbrook |
| <input type="checkbox"/> Cawthorne | <input type="checkbox"/> Gilroyd | <input type="checkbox"/> Kexborough | <input type="checkbox"/> Silkstone |
| <input type="checkbox"/> Crane Moor | <input type="checkbox"/> Green Moor | <input type="checkbox"/> Mapplewell | <input type="checkbox"/> Silkstone Common |
| <input type="checkbox"/> Crowe Edge | <input type="checkbox"/> High Hoyland | <input type="checkbox"/> Millhouse Green | <input type="checkbox"/> Staincross |
| <input type="checkbox"/> Cubley | <input type="checkbox"/> Higham | <input type="checkbox"/> Oxspring | <input type="checkbox"/> Thurgoland and Wortley |
| <input type="checkbox"/> Darton | <input type="checkbox"/> Hood Green | <input type="checkbox"/> Penistone | <input type="checkbox"/> Thurlstone |

Area 5

Bolton on Dearne Goldthorpe Highgate Thurnscoe

Area 6

Ardsley Stairfoot Worsbrough Bridge Worsbrough Dale
 Kendray Ward Green

Area 7

Billingley Darfield Little Houghton Wombwell

Area 8

Birdwell Elsecar Hoyland Jump
 Blacker Hill Hemingfield Hoyland Common Platts Common

Affordable home ownership

Barnsley Council's Strategic Housing Service works with private developers and housing associations in Barnsley to provide affordable home-ownership schemes (often on a shared-ownership basis) to help people get onto the property ladder. In South Yorkshire, you can get more information about affordable, low-cost home-ownership schemes from 'my4walls' by visiting www.my4walls.org.uk.

Do you want to know more about affordable home ownership or shared ownership?

Yes No

If 'yes', do you want us to pass your details to 'my4walls' so that they can send you information on available schemes?

Yes No

To help us assess if you are eligible for these schemes, please tick the relevant box to show your yearly income (before deductions for tax and so on).

- Up to £4,999
- £5,000 to £9,999
- £10,000 to £14,999
- £15,000 to £19,999
- £20,000 to £24,999
- £25,000 and over

Please fill in this section if you live outside the Barnsley area

Do you have a local connection with Barnsley?

Yes No

By 'local connection', we mean having family living in Barnsley

(for example, parents, children, brothers, sisters and grandparents), or working or studying in Barnsley.

If you have a family connection, please give the names and addresses of the people who live in Barnsley, and their relationship to you.

Professional support

Does anyone in your household get professional support?

Yes No

If 'yes', who do they get support from?

Social worker Probation officer Mental-health worker Other support worker or family member

Please give the names and contact details of the people giving support.

Is there any extra support that you or other members of your household may need to manage a tenancy?

When we contact you

Is there anything we can do to make things easier when we contact you?

You may have difficulties with your hearing, sight or speech, you may have a physical disability that makes it difficult for you to get around, you may be frail and elderly, or you may prefer to go through a tenancy support worker or other representative. We offer services like information in Braille or on audio tape, and signing and translation services.

Please give details of which services will help you.

If we need to speak to you, which language do you prefer to use?

English Other

(If 'other', please give details.)

Crime and antisocial behaviour

(Please fill in this section, even if you do not have any convictions.)

We can refuse to put any person or household on the housing register if they have been involved in crime or antisocial behaviour. **If you answer 'yes' to any of the following questions, it does not necessarily mean we will refuse your application. We will consider each case carefully when we are making a decision.**

If you want us to consider this application, you must tell us whether you, or anyone who wants to be rehoused with you, has been involved in or convicted of any of the following.

	Yes	No
Using or possessing drugs (or both)	<input type="checkbox"/>	<input type="checkbox"/>
Supplying drugs	<input type="checkbox"/>	<input type="checkbox"/>
Theft or damage to our property, or other property owned by a landlord	<input type="checkbox"/>	<input type="checkbox"/>
Burglary or theft from homes, motor vehicles and so on	<input type="checkbox"/>	<input type="checkbox"/>
Racial harassment	<input type="checkbox"/>	<input type="checkbox"/>
Sexual harassment or sexual discrimination	<input type="checkbox"/>	<input type="checkbox"/>
Assault (verbal or physical)	<input type="checkbox"/>	<input type="checkbox"/>
Intimidating or harassing neighbours, other residents or our employees	<input type="checkbox"/>	<input type="checkbox"/>
Being evicted for unpaid rent from council, housing-association, or other landlord-owned property	<input type="checkbox"/>	<input type="checkbox"/>
Being evicted for noise or other nuisance from council, housing-association or other landlord-owned property	<input type="checkbox"/>	<input type="checkbox"/>
Antisocial behaviour order (ASBO)	<input type="checkbox"/>	<input type="checkbox"/>
Any other convictions (apart from minor traffic offences)	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to any question is 'yes', please give details below of all convictions. Include convictions of all those people who want to be rehoused with you. (Do not include minor traffic offences.)

Full name	Conviction	Date of conviction	Court convicted at	Length of sentence
		/ /		
		/ /		
		/ /		
		/ /		

We will treat information about you or your application as confidential. We will only pass on information, or make enquiries, if you give us permission and it is relevant to your application.

Declaration of interest

Are you, or are you related to:

- an elected member of Barnsley Council;
- an employee of Barnsley Council; or
- an employee of Berneslai Homes?

Yes No

If 'yes', please give details

General declaration

If you have not given us enough information on this form, we may have to return it to you for more details or supporting proof. You must **always** tell us about any change in your circumstances.

Under section 6 of the Audit Commission Act 1998, we routinely provide the Audit Commission with information we hold about our tenants. The Audit Commission uses this information to prevent and detect fraud.

We may share relevant information with other organisations (for example, the police and the probation service) and council departments (for example, council tax, housing benefits and social services.)

Please print your name and the names of anyone applying to be rehoused with you.

As far as I know, the information I have given on this application is correct. I understand that if I deliberately make false statements, or fail to provide relevant information, you can cancel my application or, if you have already rehoused me, you can evict me (force me to leave my home).

I give you permission to contact my existing and previous landlords for details about any tenancies I have held, and to contact the police, courts or other relevant organisations to make enquiries about the information I have given.

Your signature

Date

/ /

Joint applicant's signature

Date

/ /

Your right to appeal

You have the right to appeal against any decision we make about your housing application. If you want to appeal, you should contact the Housing Assessment Team, Berneslai Homes, PO Box 627, Barnsley S70 9FZ, or your local Barnsley Connects office. Or, you can fill in an appeal form at the back of our Homeseeker booklet.

If you need help to fill in this form, please call us on 01226 775555.

Have you been given a Homeseeker booklet?

Yes

No

Equal opportunities (We will only use information to check our policy on equal opportunities.)

You

Are you male? female?

How would you describe your ethnic origin?

- | | | |
|--|--|---|
| <input type="checkbox"/> White British | <input type="checkbox"/> White Irish | <input type="checkbox"/> Any other white background |
| <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 | <input type="checkbox"/> Indian | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Asian British | <input type="checkbox"/> Any other Asian background |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Black African | <input type="checkbox"/> Black British |
| <input type="checkbox"/> Any other black background | <input type="checkbox"/> Chinese | <input type="checkbox"/> Gypsy traveller |
| <input type="checkbox"/> Gypsy Romany | <input type="checkbox"/> Any other ethnic group | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Don't know | | |

What is your first language?

- | | | | | | | |
|----------------------------------|-----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Albanian | <input type="checkbox"/> Farsi | <input type="checkbox"/> Polish | <input type="checkbox"/> Hindi | <input type="checkbox"/> Russian | <input type="checkbox"/> French |
| <input type="checkbox"/> Urdu | <input type="checkbox"/> Spanish | <input type="checkbox"/> Bengali | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Chinese | <input type="checkbox"/> Arabic | <input type="checkbox"/> Other |

(If 'other', please give details.)

What is your faith?

- | | | | | | | |
|--------------------------------------|--|--|-------------------------------|---------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> Christian | <input type="checkbox"/> Buddhist | <input type="checkbox"/> Jewish | <input type="checkbox"/> Sikh | <input type="checkbox"/> Muslim | <input type="checkbox"/> Hindu | <input type="checkbox"/> Rastafarian |
| <input type="checkbox"/> No religion | <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Other (please give details) | | | | |

Disability

Do you consider yourself to be disabled?

Yes No

If you have a disability, please tick any of the following that apply.

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Hearing problem | <input type="checkbox"/> Sight problem | <input type="checkbox"/> Speech problem | <input type="checkbox"/> Use a wheelchair |
| <input type="checkbox"/> Mental-health problem | <input type="checkbox"/> Need help to walk | <input type="checkbox"/> Almost unable to walk | <input type="checkbox"/> Learning disability |

If we get in touch with you, do you need any of the following?

- | | | | | |
|--------------------------------------|--|----------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Large print | <input type="checkbox"/> Sign language | <input type="checkbox"/> Braille | <input type="checkbox"/> Audio tape or CD | <input type="checkbox"/> Interpreter |
|--------------------------------------|--|----------------------------------|---|--------------------------------------|

If we visit you, should we do any of the following?

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Knock loudly | <input type="checkbox"/> Use the back door | <input type="checkbox"/> Use the side door | <input type="checkbox"/> Wait to be let in |
| <input type="checkbox"/> Use the front door | <input type="checkbox"/> Make a special appointment (see below) | | <input type="checkbox"/> Does not apply |

If we have to make a special appointment to visit you, should we:

- | | |
|---|---|
| <input type="checkbox"/> make the appointment with a key worker (for example, social worker)? | <input type="checkbox"/> make the appointment with someone who has the power of attorney for you? |
|---|---|

Contact details

Contact details

How would you describe your sexuality?

- | | | | | | |
|---|-----------------------------------|---|----------------------------------|--------------------------------|--|
| <input type="checkbox"/> Heterosexual or 'straight' | <input type="checkbox"/> Bisexual | <input type="checkbox"/> Gay woman or lesbian | <input type="checkbox"/> Gay man | <input type="checkbox"/> Other | <input type="checkbox"/> Prefer not to say |
|---|-----------------------------------|---|----------------------------------|--------------------------------|--|

Joint applicantAre you male? female?

How would you describe your ethnic origin?

- | | | |
|--|--|---|
| <input type="checkbox"/> White British | <input type="checkbox"/> White Irish | <input type="checkbox"/> Any other white background |
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| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Asian British | <input type="checkbox"/> Any other Asian background |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Black African | <input type="checkbox"/> Black British |
| <input type="checkbox"/> Any other black background | <input type="checkbox"/> Chinese | <input type="checkbox"/> Gypsy traveller |
| <input type="checkbox"/> Gypsy Romany | <input type="checkbox"/> Any other ethnic group | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Don't know | | |

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- | | | | | | | |
|----------------------------------|-----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|---------------------------------|
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| <input type="checkbox"/> Urdu | <input type="checkbox"/> Spanish | <input type="checkbox"/> Bengali | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Chinese | <input type="checkbox"/> Arabic | <input type="checkbox"/> Other |

(If 'other', please give details.)

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- | | | | | | | |
|--------------------------------------|--|---|-------------------------------|---------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> Christian | <input type="checkbox"/> Buddhist | <input type="checkbox"/> Jewish | <input type="checkbox"/> Sikh | <input type="checkbox"/> Muslim | <input type="checkbox"/> Hindu | <input type="checkbox"/> Rastafarian |
| <input type="checkbox"/> No religion | <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Other (please give details) <input type="text"/> | | | | |

Disability

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 Yes No

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- | | | | |
|--|--|--|--|
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|--------------------------------------|--|----------------------------------|---|--------------------------------------|

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|---|---|

Contact details

Contact details

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- | | | | | | |
|---|-----------------------------------|---|----------------------------------|--------------------------------|--|
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|---|-----------------------------------|---|----------------------------------|--------------------------------|--|



If you need help to fill in this form, please ask one of our staff or call Customer Services on 01226 772720.

আপনার যদি এই তথ্য বোঝার জন্য সাহায্যের প্রয়োজন হয়, তবে অনুগ্রহ করে আমাদের কোন একজন স্টাফকে জিজ্ঞাসা করুন, অথবা গ্রাহক পরিসেবায়া যোগাযোগ করুন, টেলিফোন 01226 772720

अगर आप इस जानकारी को समझने में सहायता चाहते हैं तो कृपया हमारे किसी कर्मचारी से पूछें, या उपभोक्ता सेवा, टेलीफोन 01226 772720 पर संपर्क करें

Jeśli nie rozumieją Państwo tych informacji i potrzebują pomocy, mogą Państwo poprosić o pomoc kogoś z naszych pracowników lub zadzwonić pod numer telefonu: 01226 772720 (Biuro Obsługi Klienta)

Если вам требуется помощь в понимании этой информации, обратитесь к нашим сотрудникам или позвоните в Отдел обслуживания клиентов по телефону 01226 772720.

اگر برای درک این مطالب نیاز به کمک دارید، از یکی از کارکنان ما کمک بخواهید، یا با بخش خدمات رسانی به مشتریان ما تماس بگیرید، شماره تلفن 01226 772720

اگر آپ کو ان معلومات کو سمجھنے کے لئے مدد کی ضرورت ہے، تو براہ مہربانی ہمارے عملے کے کسی رکن کو پوچھیں، یا کسٹمر سروسز سے رابطہ کریں، ٹیلیفون 01226 772720

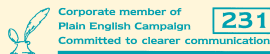
اذا كنت بحاجة للاستفسار عن هذه المعلومات، رجاء اطلب المساعدة من احد الموظفين او اتصل بخدمات الزبائن على الرقم 01226772720

如果您需要协助，以便更好地了解该信息，请与我们联系，或致电客户服务：01226 772720。



A fresh approach to people, homes and communities

Berneslai Homes, Springfield House, Springfield Street, Barnsley, S70 6HH
Visit our website www.berneslaihomes.co.uk



Berneslai Homes Ltd is a company controlled by Barnsley Metropolitan Borough Council.
A company limited by guarantee, registered in England and Wales, number 4548803.
Registered office: Springfield House, Springfield Street, Barnsley S70 6HH