

ISSUE: 4ND

HOW TO COMPLETE THE QUESTIONNAIRE

Please read these instructions carefully before completing the questionnaire

- 1) It should be completed by the tenant at this address, or their partner/spouse or carer.
- 2) Please read the instructions for answering each question carefully.
- 3) Ignore the numbers beside each question – they are for office use only.
- 4) Please check that you have answered all the questions that apply to you.
- 5) Please return the completed questionnaire in the envelope provided.
- 6) If you do not wish to take part please return the blank questionnaire in the envelope provided.

INFORMATION ABOUT YOUR HOUSEHOLD

Building up a picture of each household allows us to assess which groups of tenants are satisfied with their home and the services provided by their housing association.

1. How long have you been a tenant of this housing association?

TICK ONE BOX ONLY ✓

- | | | |
|---------------------------|--------------------------|---|
| Under 6 months | <input type="checkbox"/> | 8 |
| 6 months - 1 year | <input type="checkbox"/> | 1 |
| 1 - 2 years | <input type="checkbox"/> | 2 |
| 3 - 5 years | <input type="checkbox"/> | 3 |
| 6 - 10 years | <input type="checkbox"/> | 4 |
| 11 - 20 years | <input type="checkbox"/> | 5 |
| 21+ years | <input type="checkbox"/> | 6 |
| Don't know/can't remember | <input type="checkbox"/> | 7 |

DISABILITY

Knowing about the needs of your household will help your housing association improve the service they provide.

2. Do you have any long-term illness, health problems or disability which limits your daily activities or the work you can do, including any problems which are due to old age?

TICK ONE BOX ONLY ✓

- | | | |
|-----|--------------------------|---|
| Yes | <input type="checkbox"/> | 1 |
| No | <input type="checkbox"/> | 2 |

3. Do you use a wheelchair?

TICK ONE BOX ONLY ✓

- | | | |
|-----|--------------------------|---|
| Yes | <input type="checkbox"/> | 1 |
| No | <input type="checkbox"/> | 2 |

HOUSING SERVICES

Understanding how you feel about your home and the services you receive is important to your housing association

4. Taking everything into account, how satisfied or dissatisfied are you with the services provided by your housing association?

TICK ONE BOX ONLY ✓

- | | | |
|---------------------|--------------------------|---|
| Very satisfied | <input type="checkbox"/> | 1 |
| Fairly satisfied | <input type="checkbox"/> | 2 |
| Neither | <input type="checkbox"/> | 3 |
| Fairly dissatisfied | <input type="checkbox"/> | 4 |
| Very dissatisfied | <input type="checkbox"/> | 5 |

All the information you give will be kept completely confidential. It will only be used to monitor your housing association's performance, and to compare it with that of other housing associations.

5. Overall, how satisfied or dissatisfied are you with the following?

TICK ONE BOX ONLY FOR EACH OF THE FOLLOWING ✓

- | | Very
satisfied | Fairly
satisfied | Neither | Fairly
dissatisfied | Very
dissatisfied |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a) The overall quality of your home | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| b) The general condition of any communal areas | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| c) The general condition of any shared facilities | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| d) This neighbourhood as a place to live | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| e) The value for money for your rent | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

6. How satisfied or dissatisfied are you with each of the following services provided by your housing association?

TICK ONE BOX ONLY FOR EACH OF THE FOLLOWING ✓

- | | Very
satisfied | Fairly
satisfied | Neither | Fairly
dissatisfied | Very
dissatisfied | No
opinion |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a) Advice on rent payments | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| b) Advice on benefits | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| c) Advice on moving home | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| d) Your support plan | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| e) How enquiries are dealt with generally | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

7. Of the following, which do you consider to be the three most important?

TICK NO MORE THAN 3 BOXES ✓

- | | |
|---------------------------------------|----------------------------|
| a) Keeping tenants informed | <input type="checkbox"/> 1 |
| b) Overall quality of your home | <input type="checkbox"/> 1 |
| c) Taking tenants' views into account | <input type="checkbox"/> 1 |
| d) Repairs and maintenance | <input type="checkbox"/> 1 |
| e) Neighbourhood as a place to live | <input type="checkbox"/> 1 |
| f) Value for money for your rent | <input type="checkbox"/> 1 |
| g) Your support worker | <input type="checkbox"/> 1 |
| h) Your support plan | <input type="checkbox"/> 1 |
| i) Support services overall | <input type="checkbox"/> 1 |

8. To what extent are any of the following a problem in your neighbourhood?

TICK ONE BOX ONLY FOR EACH OF THE FOLLOWING ✓

- | | Very big
problem | Fairly big
problem | Not a very
big problem | Not a problem
at all |
|------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a) Rubbish or litter | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| b) Noisy neighbours | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| c) Pets and animals | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| d) Disruptive children / Teenagers | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| e) Racial or other harassment | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| f) Drunk or rowdy behaviour | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| g) Vandalism and graffiti | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| h) People damaging your property | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| i) Drug use or dealing | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| j) Abandoned or burnt out vehicles | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| k) Other crime | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| l) Noise from traffic | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| m) Car parking | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

SUPPORT SERVICES

Understanding how you feel about the support services you receive is important to your housing association.

9. Do you receive any support services?

TICK ONE BOX ONLY ✓

- | | | |
|---------------------------|----------------------------|-----------------|
| Yes, provided by landlord | <input type="checkbox"/> 1 | GO TO 10 |
| Yes, provided by other | <input type="checkbox"/> 2 | GO TO 10 |
| No | <input type="checkbox"/> 3 | GO TO 11 |
| Not sure | <input type="checkbox"/> 4 | GO TO 11 |

10. How satisfied or dissatisfied are you with the following support services?

TICK ONE BOX ONLY FOR EACH OF THE FOLLOWING ✓

- | | Very
satisfied | Fairly
satisfied | Neither | Fairly
dissatisfied | Very
dissatisfied | Not
applicable |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a) Help developing life skills | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| b) Information and advice | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| c) Help establishing social activities | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| d) Help managing my finances | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| e) How enquiries are dealt with generally | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| f) Monitoring health and well being | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| g) Help accessing other services | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| h) Overall support service | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

CONTACT WITH YOUR SUPPORT WORKER

Knowing about satisfaction with your support worker helps your housing association to improve the service they provide.

11. How often are you in contact with your support worker?

TICK ONE BOX ONLY ✓

- | | |
|--------------------------|----------------------------|
| a) More than once a week | <input type="checkbox"/> 1 |
| b) Once a week | <input type="checkbox"/> 2 |
| c) Less than once a week | <input type="checkbox"/> 3 |
| d) Never | <input type="checkbox"/> 4 |

12. How often would you like to be in contact with your support worker?

TICK ONE BOX ONLY ✓

- | | |
|--------------------------|----------------------------|
| a) More than once a week | <input type="checkbox"/> 1 |
| b) Once a week | <input type="checkbox"/> 2 |
| c) Less than once a week | <input type="checkbox"/> 3 |
| d) Never | <input type="checkbox"/> 4 |

13. How satisfied or dissatisfied are you with the services provided by your support worker?

TICK ONE BOX ONLY ✓

- | | |
|---------------------|----------------------------|
| Very satisfied | <input type="checkbox"/> 1 |
| Fairly satisfied | <input type="checkbox"/> 2 |
| Neither | <input type="checkbox"/> 3 |
| Fairly dissatisfied | <input type="checkbox"/> 4 |
| Very dissatisfied | <input type="checkbox"/> 5 |

CONTACT WITH YOUR HOUSING ASSOCIATION

Knowing about your experience when contacting your housing association helps them improve the service they provide.

14. Have you contacted your housing association within the last 12 months?

TICK ONE BOX ONLY ✓

- | | | |
|----------------|----------------------------|----------|
| Yes | <input type="checkbox"/> 1 | GO TO 15 |
| No | <input type="checkbox"/> 2 | GO TO 21 |
| Can't remember | <input type="checkbox"/> 3 | GO TO 21 |

ONLY ANSWER QUESTIONS 15 TO 20 IF YOU ANSWERED "YES" TO 14

15. How did you last contact your housing association?

TICK ONE BOX ONLY ✓

- | | |
|----------------|----------------------------|
| Phoned | <input type="checkbox"/> 1 |
| Visited office | <input type="checkbox"/> 2 |
| Wrote | <input type="checkbox"/> 3 |
| E-mailed | <input type="checkbox"/> 6 |
| Other | <input type="checkbox"/> 4 |
| Can't remember | <input type="checkbox"/> 5 |

16. What did you last have contact about?

TICK ONE BOX ONLY ✓

- | | |
|---------------------------------|----------------------------|
| Repairs | <input type="checkbox"/> 1 |
| Rent/housing benefit | <input type="checkbox"/> 2 |
| Transfer/exchange | <input type="checkbox"/> 3 |
| Neighbours/Neighbourhood issues | <input type="checkbox"/> 4 |
| Support services | <input type="checkbox"/> 8 |
| Garden/Communal areas | <input type="checkbox"/> 7 |
| Other (write in) | <input type="checkbox"/> 5 |
| Can't remember | <input type="checkbox"/> 6 |

17. When you last had contact, was getting hold of the right person...?

TICK ONE BOX ONLY ✓

- | | |
|----------------|----------------------------|
| Easy | <input type="checkbox"/> 1 |
| Difficult | <input type="checkbox"/> 2 |
| Neither | <input type="checkbox"/> 3 |
| Can't remember | <input type="checkbox"/> 4 |

18. Did you find the staff...?

TICK ONE BOX ONLY ✓

- | | |
|----------------|----------------------------|
| Helpful | <input type="checkbox"/> 1 |
| Unhelpful | <input type="checkbox"/> 2 |
| Neither | <input type="checkbox"/> 3 |
| Can't remember | <input type="checkbox"/> 4 |

19. And were they...?

TICK ONE BOX ONLY ✓

- | | |
|----------------------------------|----------------------------|
| Able to deal with your problem | <input type="checkbox"/> 1 |
| Unable to deal with your problem | <input type="checkbox"/> 2 |
| Neither | <input type="checkbox"/> 3 |
| Can't remember | <input type="checkbox"/> 4 |

20. Were you satisfied or dissatisfied with the final outcome?

TICK ONE BOX ONLY ✓

- | | |
|----------------|----------------------------|
| Satisfied | <input type="checkbox"/> 1 |
| Dissatisfied | <input type="checkbox"/> 2 |
| Neither | <input type="checkbox"/> 3 |
| Can't remember | <input type="checkbox"/> 4 |

REPAIRS AND MAINTENANCE

Information about repairs and maintenance helps your housing association improve the service they provide.

21. Generally, how satisfied or dissatisfied are you with the way your housing association deals with repairs and maintenance?

TICK ONE BOX ONLY ✓

- | | | |
|-----------------------|--------------------------|---|
| Very satisfied | <input type="checkbox"/> | 1 |
| Fairly satisfied | <input type="checkbox"/> | 2 |
| Neither | <input type="checkbox"/> | 3 |
| Fairly dissatisfied | <input type="checkbox"/> | 4 |
| Very dissatisfied | <input type="checkbox"/> | 5 |
| No opinion/don't know | <input type="checkbox"/> | 6 |

22. Have you had any repairs completed in the last 12 months?

TICK ONE BOX ONLY ✓

- | | | | |
|----------------|--------------------------|---|-----------------|
| Yes | <input type="checkbox"/> | 1 | GO TO 23 |
| No | <input type="checkbox"/> | 2 | GO TO 24 |
| Can't remember | <input type="checkbox"/> | 3 | GO TO 24 |

ONLY ANSWER QUESTION 23 IF YOU ANSWERED "YES" TO 22

23. Thinking about your last completed repair, how would you rate it in terms of...?

TICK ONE BOX ONLY FOR EACH OF THE FOLLOWING ✓

- | | Very good | Fairly good | Neither | Fairly poor | Very poor | No opinion |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Being told when workers would call | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Time taken before work started | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Speed with which work was completed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Attitude of workers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Overall quality of repair work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Keeping dirt and mess to a minimum | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

COMMUNICATION AND INFORMATION

Providing the right information, and knowing how you want to receive it, is important to your housing association.

24. Which methods do you prefer your housing association to use to inform you or consult with you about issues that may affect you?

TICK AS MANY BOXES AS APPLY ✓

- | | | |
|-----------------------------|--------------------------|---|
| a) Open meetings/AGM | <input type="checkbox"/> | 1 |
| b) House meetings | <input type="checkbox"/> | 1 |
| c) Residents' groups/forums | <input type="checkbox"/> | 1 |
| d) On-line forums | <input type="checkbox"/> | 1 |
| e) By letter | <input type="checkbox"/> | 1 |
| f) Telephone call | <input type="checkbox"/> | 1 |
| g) Personal visit | <input type="checkbox"/> | 1 |
| h) By Project staff | <input type="checkbox"/> | 1 |
| i) By email | <input type="checkbox"/> | 1 |
| j) Magazine/newsletter | <input type="checkbox"/> | 1 |
| k) Other (write in) | <input type="checkbox"/> | 1 |

25. How satisfied or dissatisfied are you that your views are being taken into account by your housing association?

TICK ONE BOX ONLY ✓

- Very satisfied 1
- Fairly satisfied 2
- Neither 3
- Fairly dissatisfied 4
- Very dissatisfied 5
- No opinion/don't know 6

26. How good or poor do you feel your housing association is at keeping you informed about things that might affect you as a tenant?

TICK ONE BOX ONLY ✓

- Very good 1
- Fairly good 2
- Neither 3
- Fairly poor 4
- Very poor 5

ANTI-SOCIAL BEHAVIOUR

Gathering information about anti-social behaviour reports will help your housing association to appropriately deal with them. Anti-social behaviour is any activity that impacts on other people in a negative way.

27. Have you experienced anti-social behaviour while at home in the past 12 months?

TICK ONE BOX ONLY ✓

- a) Yes 1 **GO TO 28**
- b) No 2 **GO TO 30**

28. Did you report it?

TICK ONE BOX ONLY ✓

- a) Yes, to my landlord 1 **GO TO 29**
- b) Yes, to another organisation 2 **GO TO 30**
- c) No 3 **GO TO 30**

29. Are you happy with the way your landlord dealt with or is dealing with your report?

TICK ONE BOX ONLY ✓

- a) Yes 1
- b) No 2

ANY OTHER COMMENTS

30. Is there anything else you would like to say about your home and/or the services your housing association provides?

PLEASE WRITE IN BELOW

.....

.....

.....

.....

BACKGROUND INFORMATION

This information is optional, but by answering these questions you will help your housing association make sure that they are not discriminating against you or anyone else.

31. TICK ONE BOX ONLY ✓

YOUR AGE	TENANT
16-24	<input type="checkbox"/> 1
25-34	<input type="checkbox"/> 2
35-44	<input type="checkbox"/> 3
45-54	<input type="checkbox"/> 4
55-59	<input type="checkbox"/> 5
60-64	<input type="checkbox"/> 6
65-74	<input type="checkbox"/> 7
75-84	<input type="checkbox"/> 8
85+	<input type="checkbox"/> 9

32. TICK ONE BOX ONLY ✓

GENDER	
Male	<input type="checkbox"/> 1
Female	<input type="checkbox"/> 2

33. To which of these groups do you consider you belong?**TICK ONE BOX ONLY ✓****White**

British	<input type="checkbox"/> 1
Irish	<input type="checkbox"/> 2
Any other White background (please tick and write in)	<input type="checkbox"/> 3 _____

Mixed

White and Black Caribbean	<input type="checkbox"/> 4
White and Black African	<input type="checkbox"/> 5
White and Asian	<input type="checkbox"/> 6
Any other mixed background (please tick and write in)	<input type="checkbox"/> 7 _____

Asian or Asian British

Indian	<input type="checkbox"/> 8
Pakistani	<input type="checkbox"/> 9
Bangladeshi	<input type="checkbox"/> 10
Chinese	<input type="checkbox"/> 15
Any other Asian background (please tick and write in)	<input type="checkbox"/> 11 _____

Black or Black British

Caribbean	<input type="checkbox"/> 12
African	<input type="checkbox"/> 13
Any other Black background (please tick and write in)	<input type="checkbox"/> 14 _____
Other (please tick and write in)	<input type="checkbox"/> 16 _____

<p>34. How would you describe your sexual orientation? TICK ONE BOX ONLY ✓</p> <p>Heterosexual <input type="checkbox"/>1 Gay man <input type="checkbox"/>2 Gay woman <input type="checkbox"/>3 Bisexual <input type="checkbox"/>4 Other <input type="checkbox"/>5 Prefer not to say <input type="checkbox"/>6</p>	<p>35. What is your religion? TICK ONE BOX ONLY ✓</p> <p>None <input type="checkbox"/>1 Christian (All denominations) <input type="checkbox"/>2 Buddhist <input type="checkbox"/>3 Hindu <input type="checkbox"/>4 Jewish <input type="checkbox"/>5 Muslim <input type="checkbox"/>6 Sikh <input type="checkbox"/>7 Any other religion <input type="checkbox"/>8 Prefer not to say <input type="checkbox"/>9</p>																																								
<p>36. TICK ONE BOX ONLY ✓</p> <p>WORK STATUS</p> <p>Employee in full time job (30 hours or more per week) <input type="checkbox"/>1 Employee in part time job (Less than 30 hours per week) <input type="checkbox"/>2 Self employed - full or part time <input type="checkbox"/>3 Government supported training <input type="checkbox"/>4 Unemployed and available for work <input type="checkbox"/>5 Wholly retired from work <input type="checkbox"/>6 Full-time education at school, college or university <input type="checkbox"/>7 Looking after family/home <input type="checkbox"/>8 Permanently sick/disabled <input type="checkbox"/>9 Doing something else <input type="checkbox"/>10</p>	<p>37. What kinds of income do you receive? TICK AS MANY BOXES AS APPLY ✓</p> <p>a) Earnings from employment or self-employment <input type="checkbox"/>1 b) Pension from a former employer <input type="checkbox"/>1 c) State pension <input type="checkbox"/>1 d) Child benefit <input type="checkbox"/>1 e) Income support <input type="checkbox"/>1 f) Other state benefits <input type="checkbox"/>1 g) Tax credits <input type="checkbox"/>1 h) Interest from savings, etc. <input type="checkbox"/>1 i) Other kinds of regular allowance from outside the household <input type="checkbox"/>1 j) Other sources e.g rent <input type="checkbox"/>1 k) No source of income <input type="checkbox"/>1</p>																																								
<p>38. Do you currently receive housing benefit (either paid to you, or directly to your landlord)? TICK ONE BOX ONLY ✓</p> <p>Yes <input type="checkbox"/>1 No <input type="checkbox"/>2 Don't know <input type="checkbox"/>3</p>																																									
<p>39. Which group represents your total net income from all these sources after deductions for income tax and national insurance? IF UNSURE, PLEASE ESTIMATE.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">WEEKLY</th> <th style="text-align: center;">OR</th> <th style="text-align: left;">ANNUAL</th> <th style="text-align: right;">TICK ONE BOX ONLY ✓</th> </tr> </thead> <tbody> <tr> <td>Up to £99</td> <td></td> <td>Less than £5,199</td> <td style="text-align: right;"><input type="checkbox"/>1</td> </tr> <tr> <td>£100-£199</td> <td></td> <td>£5,200-£10,399</td> <td style="text-align: right;"><input type="checkbox"/>2</td> </tr> <tr> <td>£200-£299</td> <td></td> <td>£10,400-£15,599</td> <td style="text-align: right;"><input type="checkbox"/>3</td> </tr> <tr> <td>£300-£399</td> <td></td> <td>£15,600-£20,799</td> <td style="text-align: right;"><input type="checkbox"/>4</td> </tr> <tr> <td>£400-£499</td> <td></td> <td>£20,800-£25,999</td> <td style="text-align: right;"><input type="checkbox"/>5</td> </tr> <tr> <td>£500-£599</td> <td></td> <td>£26,000-£31,199</td> <td style="text-align: right;"><input type="checkbox"/>6</td> </tr> <tr> <td>£600-£699</td> <td></td> <td>£31,200-£36,399</td> <td style="text-align: right;"><input type="checkbox"/>7</td> </tr> <tr> <td>£700-£999</td> <td></td> <td>£36,400-£51,999</td> <td style="text-align: right;"><input type="checkbox"/>8</td> </tr> <tr> <td>£1,000 or more</td> <td></td> <td>£52,000 or more</td> <td style="text-align: right;"><input type="checkbox"/>9</td> </tr> </tbody> </table>		WEEKLY	OR	ANNUAL	TICK ONE BOX ONLY ✓	Up to £99		Less than £5,199	<input type="checkbox"/> 1	£100-£199		£5,200-£10,399	<input type="checkbox"/> 2	£200-£299		£10,400-£15,599	<input type="checkbox"/> 3	£300-£399		£15,600-£20,799	<input type="checkbox"/> 4	£400-£499		£20,800-£25,999	<input type="checkbox"/> 5	£500-£599		£26,000-£31,199	<input type="checkbox"/> 6	£600-£699		£31,200-£36,399	<input type="checkbox"/> 7	£700-£999		£36,400-£51,999	<input type="checkbox"/> 8	£1,000 or more		£52,000 or more	<input type="checkbox"/> 9
WEEKLY	OR	ANNUAL	TICK ONE BOX ONLY ✓																																						
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**Thank you for completing this questionnaire.
Please return it as requested in the envelope provided.**