## **Homes for Ukraine Accommodation Form**

Date:		Officer:	
Address			
Post Code:			
Sponsor			
Tel No		Mobile No	
		Email	
General desc	ription of property	. Detached/se	emi number of floors? Approx age

Have a	or household members Il over 16's had their DBS Checks?	Relationship to Lead Sponsor	ID / Passport	M/F	DOB	Illness, disability and/or mobility issues
Lead						
Guest	Household Members	Relationship to Lead Guest	Guest relationship to each other	M/F	DOB	Illness, disability and/or mobility issues
Lead						
		1				

Total Current	Adults (18+)	Children (<18)	Children (<10)
Occupancy			

	Males (age)	Females (age)	Children (<18)	Children (<10)									
Which rooms are		(ugc)											
available for guests?													
Name of Landlord/Owi	ner/Agent if app	licable.											
Permission granted for			Y/N										
Address													
Phone			Post code Mobile										
Email			Tioblic										
• Has the MODICACE	Has the MORTGAGE Company been notified of participation in this scheme? Y/N												
<ul> <li>Has the Mokroade Company been notified of participation in this scheme: 1/N</li> <li>Has permission been granted? Y/N</li> </ul>													
ndo pormission been granted. 1/11													
Has the INSURANCE Company been notified of participation in this scheme? Y/N													
<ul><li>Has the Insurance</li><li>Has permission bee</li></ul>		i notified of pa	articipation in this s	cneme? Y/N									
U H EDEELIOLD		-£ i -i £i -	: Hair la 2 Y	A//NI									
<ul><li>Has the FREEHOLDI</li><li>Has permission bee</li></ul>		or participation	on in this scheme?	Y/N									
Thus permission bee	ii grantea. 1/14												
			1										
1. EPC													
2. Gas safety certification													
3. Electrical Safety –	do visual check												
4. Smoke Alarms on	each floor of the	e property?											
5. Solid fuel burned a	at the property?	If so, CO2 m	onitor?										
6. Adequate means of	of escape/fire sat	fety											
			•										
Does anyone regula these rooms (if so w		ı Uni/workin	g away/etc. who	also uses one of									
these rooms (ii so w	mich rooms):												
<b>5</b> 1 4													
Declaration													
I consent to the council	sharing the info	rmation provide	ed in this document	with other relevant									
agencies including the	•	•											
Council will process all				Oata Protection									
Regulation and use the				olata if wat awaliaabla)									
I agree to my email/pho	number being	y snared to otr	iei nostiamilies ( de	яете ії пот арріісавіе)									
Signed		Date											
g													
				if need to be confirmed.									
Any reasons to refuse of	or limit persons v	vho may be ac	commodated.										
Is the Property Satisfa	actory for accor	nmodation an	nd will not be over	rowded for the									

Is the Property Satisfactory for accommodation and will not be overcrowded for the proposed guests?

Pass	Issues to Resolve	Unsuitable
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CROWDING AND SPACE									
SPACE STANDARD	CRITERIA	ROOM STANDAI	ROOM STANDARD CRITERIA						
FLOOR AREA	No. PERSONS	HABITABLE ROOMS	No. PERSONS						
>10.22 sq m	2	1	2						
8.36 - 10.22 sq m	1.5	2	3						
6.50 - 8.36 sq m	1	3	5						
4.65 - 6.50 sq m	0.5	4	7.5						
<4.65 sq m	0	5 or more	2 per room						

WHICH ROOMS ARE AVAILABLE FOR THE EXCLUSIVE USE OF THE GUESTS? LOCATION: **GROUND DIMENSIONS:** FLOOR: SKETCH PLAN: Comments: Comments: E.g: Any trailing cables? **ELECTRICS** No. of Sockets YES NO Comments: **HEATING** Adequate Heating YES NO Good Repair/Clean **DECORATION** YES NO Condition Comments: **DEFECTS** / **HAZARDS** Windows, Ceiling, Floors, Lighting etc

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<4.65 sq m	0	5 or more	2 per room						

WHICH ROOMS ARE AVAILABLE FOR THE EXCLUSIVE USE OF THE GUESTS? LOCATION: **DIMENSIONS:** 1st FLOOR: **SKETCH** Comments: PLAN: Comments: E.g: Any trailing cables? **ELECTRICS** No. of Sockets YES NO Comments: **HEATING** Adequate Heating YES NO Good Repair/Clean Condition **DECORATION** YES NO

## Commnts: **DEFECTS** / **HAZARDS** Windows, Ceiling, Floors, Lighting etc

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WHICH	AVAIL	.ABLE	E FOF	RTH	IE EX	(CL	USI	۷E	USI	ЕΟ	F TH		UE	ST	S?								
2nd FLOOR:	:			LOC	ATIC	ON:					DIMENSIONS:												
SKETCH PLAN:	H	Comm	nents:																				
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ELECT	RICS	'	No. of	Sock	kets		Υ	ES			NO	A ( '!'			iling	cab	les?	•					
HEA <sup>-</sup>	TING	Ac	dequa	ite He	atino	,	Y	ES			NO		Co	mme	ents:								
						,																	
DECOR	ATION	G	Good R Co	epair/C ndition	Clean		Υ	ES			NO												
		Comm	nents:						_														
DEFE HAZA Windows Floors, Lig	, Ceiling,																						