**E3: Application to rent/lease Council accommodation (community/voluntary)**

1. **Purpose of the form**

Please use this form to tell us your accommodation needs. This will allow us to assess your requirements and check whether we have any suitable accommodation. This form is intended for small/medium community groups and individual community ventures. Please do not use this form if you are a business but instead complete form E1: Application to rent/lease Council accommodation (businesses).

**Please read guidance E3a before completing this form.**

1. **Details of your requirements**

Please complete all sections below and include evidence where requested.

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| **About the organisation completing this form** |
| **1** | **Please tick to indicate whether you are:**1. **a representative of the community group/third sector organisation that requires accommodation** **[ ]**

**or**1. **an officer from the Council who is completing this form on behalf of a community group/third sector organisation** **[ ]**
 |
| **1a** | **If you answered B) to the above, please provide your contact details below:****Your service area:****Name:****Address:****Telephone number(s):** **Direct Line:**  **Mobile:****Email address:** |
| **About the organisation that requires accommodation** |
| **2** | **Name of organisation/venture:** |
| **3** | **Contact details for lead representative of organisation/venture:**Name:Address/email address (whichever is preferred):Telephone number(s): Home: Work:  Mobile: |
| **4** | **Contact details for additional representative of organisation (if applicable):**Name:Address/email address (whichever is preferred):Telephone number(s): Home: Work:  Mobile: |
| **About your organisation/venture** |
| **5** | **Type of organisation (voluntary/community/charity/other)** |
|  |
| **6** | **Aims of your organisation/venture** |
|  |
| **7** | **Are you a registered charity?** |
| Yes [ ]  Please state Charity Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No [ ]  |
| **About the service you provide** |
| **8** | **What do you plan to use the accommodation for?** |
|  |
| **9** | **How have you assessed the community need for the service you plan to provide?**  |
|  |
| **10** | **Are any similar services to what you plan to provide already offered in the area in which you are requesting accommodation?** |
| **Yes** **[ ]** **No** **[ ]** **Not sure** **[ ]**  |
| **11** | **Do you currently receive any sort of support from the Council? This can be any sort of support, such as general support from a member or service or help with funding.**  |
|  |
| **Accommodation requirements** |
| **12** | **Please provide details of size of accommodation required and any other requirements you have regarding layout and facilities** |
| Kitchen [ ] Parking facilities [ ] **Overall space required:**Less than 500sqft [ ] 501sqft -1000sqft [ ] 1001sqft -1500sqft [ ] 1500sqft -2000sqft [ ] 2000sqft -5000sqft [ ] Other space required (Please specify) [ ] Please use text to add any other information below: |
| **13** | **How many people do you need to accommodate and how often do you wish to use the accommodation (please give details of days and times where possible)** |
| Number of people to accommodate (approximately):Number of days per week that accommodation is required 1 [ ] Preferred days/times:2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ]  |
| **14** | **Length of time your organisation wishes to occupy the accommodation - please tick relevant box** |
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|  |  |
| --- | --- |
| Less than 1 year [ ]  |  |
| 1 to 3 years [ ]  |  |
| 4 to 7 years [ ]   |  |
| Any other length of time [ ]  - please state \_\_\_\_\_\_\_ | months/years (delete as required) |

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| **15** | **Date from which you wish to occupy the accommodation** |
|  |
| **16** | **Have you previously used other accommodation in the borough? If so, please provide details, including the address.** |
| Yes [ ]  (please state address):No [ ]  |
| **17** | **Do you have any preferences regarding in which area of the borough the accommodation is located? If so, please state preferred area/postcode district and include details of any transport needs.** |
| Yes [ ]  (please give details):No [ ]  |
| **18** | **Do you need to apply for licensing? (This may apply if you intend to sell alcohol, for example.)** |
| Yes [ ]  - please state type of licence required \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No [ ] Don’t know [ ]  |
| **Rent Concession – only complete this section of the form if you wish to apply for a rent concession, in other words, if you want to apply to pay less than market rent. Otherwise please go to Question 25** |
| **19** | **Please explain why you require a rent concession** |
|  |
| **20** | **Please provide evidence of the benefits to the Council and wider community of the Council renting the site to you at less than market rent** |
|  |
| **21** | **Will the services you offer specifically target/cater for any of the following groups? Please tick if so.** |
| **Elderly people** **[ ]** **Young people** **[ ]** **Adults with disabilities** **[ ]** **Young people with disabilities** **[ ]** **Other** **[ ]  (please state):** |
| **22** | **Please indicate whether you anticipate being able to pay full market rent for the site in future and if so, when. This is to ensure that we have all relevant information about your current and anticipated financial standing.** |
|  |
| **23** | **Please tick to confirm that you have enclosed a copy of your financial accounts for the most recent financial year [ ]** **Please tick here if not applicable** **[ ]**  |
| **24** | **Please tick to confirm that you have enclosed a copy of your current business plan [ ]**  |
| **Funding** |
| **25** | **What funding have you secured so far to support achieving your aims and paying overheads, including rent? (Please include details of organisations you have secured funding from and the amount.)** |
| **Cash in bank** **[ ]** **Grant funding** **[ ]  (please state):****Other** **[ ]  (please state):** |
| **26** | **If you are receiving funding, would you be agreeable to us collecting your rent directly from your funder?** |
| **Yes** **[ ]** **No** **[ ]** **Not applicable** **[ ]**  |
| **Anything else?** |
| **27** | **Please provide any other information that will help the Council understand your requirements – please use additional paper if necessary** |
|  |
| **28** | **Please tick box to confirm that you are committed to diversity and equality of access to the property** **[ ]**  |
| **29** | **Please tick box to confirm that you understand that should an offer of accommodation be made, your organisation will be responsible for ensuring that health and safety, safeguarding and any other statutory obligations are met** **[ ]**  |
| **30** | **The Council usually issues full repairing and insuring leases. This means that if we grant you a lease you will be responsible for internal and external repairs and servicing any equipment in the building (e.g. alarms/fire extinguishers). If we have accommodation to offer you, the details of these requirements will be given to you in the Heads of Terms that you will receive before being given the lease. Please tick the box to indicate that you understand that you will be responsible for repairs and maintenance, should an offer of accommodation be made** **[ ]**  |
| **31** | **Privacy Notice and Consent:**[**https://www.walthamforest.gov.uk/content/estate-management-services-privacy-notice**](https://www.walthamforest.gov.uk/content/estate-management-services-privacy-notice)**I have read the Privacy Notice and I confirm and give consent to The Council to collect, store and process my information as pertaining to assessing my application to lease a council property. [ ]**  |

1. **Contact Details**

Return the completed form, along with supporting information / documents in the post or via email – Contact details below:

Commercial Estate and Investment Team

**Address:** Waltham Forest Town Hall, Forest Rd, London E17 4JF

**Telephone:** 020 8496 8074 / 8069

**Email:** PropertyEnquiries@walthamforest.gov.uk

**PLEASE NOTE WE WILL, WITH YOUR PERMISSION, KEEP THIS FORM ON FILE FOR ONE YEAR SO WE CAN CHECK ASSESS YOUR ACCOMMODATION REQUIREMENTS AGAINST OUR VACANT PROPERTY LIST AND INFORM YOU IF WE HAVE ANY SUITABLE PROPERTIES AVAILABLE.**