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# Housing options referral form

Last Modified November 16, 2022



Before making a referral please [see the duty to refer referral flow](#)

If we are unable to accept the referral because the customer is not homeless or threatened with homeless within 56 days, we will notify you on the email address you provide.

Where we cannot accept a referral, we will provide you with advice on how the customer can try and resolve their housing issue.

## Your name

First name

Last name

## Refereing team

## Contact number

## Email

## Date of referral

## Customer details

### Full name

First name

Last name

### Address (including postcode)

Household composition

Telephone number

Date of birth

DD/MM/YYYY

National insurance number

Tenure

Initial reason for referral

- ☐ Homeless
- ☐ Section 21 or 8 notice
- ☐ Rent arrears
- ☐ Property unsuitable (health)
- ☐ Overcrowding
- ☐ Move on from supported
- ☐ Hospital discharge
- ☐ Family/friends asking to leave
- ☐ Domestic violence
- ☐ Leaving care
- ☐ Prison release
- ☐ Harassment/ASB/Violence
- ☐ Other

If other, please specify

Additional information

Submit

## Blackpool Council

Municipal Buildings  
Corporation Street  
Blackpool  
FY1 1NF

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