



Accommodation Referral Form

Velour Housing Ltd | 07526 602376 | enquiry@velourhousing.co.uk

Please complete with the applicant. Contact our team to agree a suitable secure method before sending sensitive supporting records. Do not send identity documents or a National Insurance number with an initial enquiry.

Applicant name

Date of birth

Current address

Applicant phone and email

Referrer name, organisation and role

Referrer phone and email



Housing, support and consent

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Reason for referral and current housing situation

Support needs and relevant health or wellbeing information

Relevant risk information and immediate safety concerns

Income / benefits and other agencies involved

Consent and information sharing

I confirm that the applicant knows about this referral and that relevant information can be shared with Velour Housing to consider accommodation and support. Please discuss any limits, alternative lawful basis or consent concerns with our team before sending.

Applicant signature and date

Referrer signature and date