Overcrowding Assessment Form

Please complete this form to assist the Private Sector Housing Team in Telford & Wrekin Council to determine potential overcrowding at your property. If you or anyone in your household has any special needs then please **DO NOT** complete this form as you will need to make your referral through Family Connect by clicking the following link: [Telford & Wrekin Council | Family Connect](https://www.telford.gov.uk/children-and-young-people/family-connect/)

**Section 1: Property Details**

* **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Landlord’s Contact Details:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Do you have a smoke detector in the property?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Do you have a Carbon Monoxide detector in the property: Yes or No**

**(This only applies if there is gas supply to the property)**

**Section 2: Room Measurements**

Please provide the measurements for each *habitable room* in your property.

**Notes for Completion:**

* **Habitable Rooms:** Please only include rooms used for living or sleeping. This typically excludes bathrooms, WCs, hallways, and landings
* **Measurements:** Try to be as accurate as possible. Measurements help determine if the property meets the minimum space standards.
* **Occupants:** List everyone who lives at the property, regardless of age or relationship.

|  |  |  |  |
| --- | --- | --- | --- |
| **Room (e.g., Living Room, Bedroom 1)** | **Length (metres or feet)** | **Width (metres or feet)** | **Approximate Area (Length x Width) (sq m/sq ft)** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| *(Add more rows if needed)* |  |  |  |

**Section 3: Occupants**

Please list all individuals currently living in the property, including yourself.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Full Name** | **Date of Birth (DD/MM/YYYY)** | **Age (Years)** | **Relationship to Householder (e.g., Self, Spouse, Son, Daughter etc)** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |
| 7. |  |  |  |  |
| 8. |  |  |  |  |
| *9.*  *(Add more rows if needed)* |  |  |  |  |

**Section 4: Declaration**

I declare that the information provided in this form is accurate to the best of my knowledge and belief.

**Signature of Householder/Applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Mobile Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Once you have completed all sections of the form then please email the form to Telford & Wrekin Private Sector Housing Team at: [PrivateSectorHousing@telford.gov.uk](mailto:PrivateSectorHousing@telford.gov.uk)