**Section 1 – Data Subject Details**

|  |  |
| --- | --- |
| Surname |  |
| Forename(s) |  |
| Tenant Reference |  |
| Contact Number |  |
| Address |  |
| Email address |  |
| Date of Birth |  |

We may need to contact you to clarify your request using the details provided above.

**Section 2 – the Personal data you would like access to**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Housing Application |  |  | Housing Benefit  |  |
| Tenant Files |  |  | Complaints |  |
| Rent Information |  |  | Other | Please note below |

|  |
| --- |
| **Other: Please enter as much detail, including any relevant date about the data you are requesting:** |

**Section 3 - how would you like the data to be provided to you?**

|  |  |
| --- | --- |
| Email |  |
| Posted |  |
| Collection from our Office |  |

**Section 4 – Declaration**

I certify that the information which I have provided within this form is true to the best of my knowledge. I understand that Craigdale Housing Association may require to verify my identification and may contact me to provide them with more details, in order that they may locate the information that I am seeking. I confirm that I am the data subject and I am not making this request on behalf of anyone else.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Representative Declaration (if relevant)**

I confirm that I am making this request on behalf of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ENTER NAME and have provided evidence of my identity and written authorisation to act on the data subject’s behalf.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number or Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Please email a copy of your completed form and copies of any required photos or identification to:**

**Craigdale Housing Association,** 83/85 Dougrie Road, Castlemilk, Glasgow, G45 9NS

**Or**

info@craigdaleha.co.uk

|  |  |
| --- | --- |
| **Office Use Only** |  |
| Date Request Received |  |
| Verification of ID completed |  |
| SAR Reference |  |
| Data Subject |  |
| Representative (if relevant) |  |
| Due Date |  |
| Completed within 1 month |  |
| Extension / Other Notes |  |