



Application No:

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Housing Application Form

Title: Mr Mrs Miss Ms

First Name: Last Name:

Full Address:

.....Postcode:

Tel. No: (home/work)

GUIDANCE NOTES

1. Please complete ALL the questions on the Application Form and provide as much information as possible.
2. Any false information given will disqualify applicants.
3. For personal references you can use a former or current employer, a past or current teacher/lecturer and statutory or voluntary agencies. The association will contact all references provided.
4. In addition to this application form you should also receive a copy of our leaflet, "How to get a home" and our equal opportunities policy.
5. Should you require any help with the completion of the form our staff will be pleased to help you.
6. If you require a translated version or a Braille copy of this form please request one from our offices.
7. Once the form is returned you should receive a reply to your application within 14 days.

۱. استخدم هذه الاستمارة للتقديم لسكن مستأجر.

۲. لدينا امكانية احضار مترجم بامكانه أن يتكلم معك، إذا كانت اللغة الانجليزية ليست لغتك الأم.

請使用這份表格來申請租住屋宇

若您不懂英語，我們可以安排傳譯員來協助您。

भाइति रहेयासनी अरुणी करवा माटे आ पत्रक नो उपयोग करो

जे हंगवीस तमारी पहेली भाषा न होय तो, अमारा पात्रे हुभापीया(उन्टर्प्राइजर)ना उपयोग नी अनुमति छे के जे तमारी साथे बोली सकथे.

آپ یہ فارم کرائے پر مکان لینے کیلئے استعمال کریں۔

اگر آپ کی مادری زبان انگلش نہیں ہے تو ہمارے پاس ترجمان تک رسائی ہے جو کہ آپ کے ساتھ آپ کی زبان میں بات چیت کر سکتے ہیں۔

Have you enclosed the following with your form?

References (at least two required per applicant).

Current landlord reference

Previous landlord reference

Character references

Proof of circumstances

PART ONE - Personal Details

a) Applicants date of birth:

b) Applicants National Insurance Number:

c) Date you moved into this address:

d) Are you making an application for a joint tenancy? **YES/NO**

If YES, please give the other persons details:

.....

.....

e) Are you presently unemployed? **YES/NO**

f) If you are employed please give details of employer:

.....

.....

Approximate weekly earnings:

g) If you have seen a property advertised, where did you see the advert?

h) Data Protection: We will ask you for a password before discussing the details of your application.
Please write below what you want your password to be.

In case you forget please give us a question that will prompt your memory.

.....

.....

PART TWO - Details of Persons to be Housed

a) Please give the following details for everyone who is going to be living with you when you are housed, please **include** anyone **not** living with you at the moment.

Surname	Forename(s)	Date of Birth	Male/ Female	Relationship to Applicant	Living with you at the moment
					YES/NO
					YES/NO
					YES/NO
					YES/NO
					YES/NO

b) Please give the name of any of the above who will live with you who is pregnant and send written confirmation of the due date:

.....

c) If you have children who do not live with you, but who come to stay, please give details and written evidence:

.....

PART THREE - Your Present Accommodation

a) Please tick the type of property you live in now:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> House | <input type="checkbox"/> Bungalow | <input type="checkbox"/> Ground Floor Flat | <input type="checkbox"/> Upstairs Flat |
| <input type="checkbox"/> Bedsit | <input type="checkbox"/> Hostel | <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Friends Floor |
| <input type="checkbox"/> B&B | <input type="checkbox"/> Caravan | <input type="checkbox"/> On the Street | <input type="checkbox"/> Squat |
| <input type="checkbox"/> Sheltered Ground Floor | <input type="checkbox"/> Sheltered Upstairs | <input type="checkbox"/> Other | |

b) How many bedrooms are there in the property?

c) How many adults / children are living with you?

d) Do you live in a rented property? **YES/NO**
If YES, please tick one of the following; (if NO, go to question e, below)

- | | |
|--|--|
| <input type="checkbox"/> Rented from the Council | <input type="checkbox"/> Rented from another Housing Association |
| <input type="checkbox"/> Privately Rented | <input type="checkbox"/> Tenancy |
| <input type="checkbox"/> HM Forces | |

Name and Address of Landlord:

Telephone Number:

How much rent is charged? £

Do you receive Housing Benefit? **YES/NO**

e) Do you own or have a mortgage on the house you live in? **YES/NO**

f) Please tick which of the following you and your households have:

	Use for yourself	None	Shared with another household
Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot Water Supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bath or Shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

g) Is your home in a poor state of repair? **YES/NO**

If YES, please give details:

.....

.....

h) Does any member of your household who is to be housed with you, own or hold a tenancy of another property? **YES/NO**

If YES, please give details and reasons for you not living there:

.....

.....

PART FOUR - Previous Address

a) Please give details of every address where you have lived during the past five years:

Address	Date moved in	Date moved out	Tenant/ Owner/Lodger	Reason for leaving

Name and Address of Landlord(s) (if applicable):

1.

2.

3.

b) Do you owe any money for either of the following to a Housing Association, Council or Private Landlord?

Rent **YES/NO** £.....

Rechargeable Repairs **YES/NO** £.....

Name and Address of Landlord to whom you owe money:

.....

Landlord's Tel No.

References will be needed from any Housing Association, Council or Private Landlord with whom you have had a tenancy, to confirm how your tenancy was conducted. Unsatisfactory references may prevent or delay registration of your application but you will have the opportunity to appeal if you feel your application has been treated unfairly.

Your completion of this form will be deemed acceptance of this clause.

Your application will be processed quicker if you enclose a reference with this application.

PART FIVE - Accommodation Required

a) Please indicate in order of preference what type of property you would **accept**:
(ie 1 = 1st Preference, 2 = 2nd Preference, 3 = 3rd Preference, etc)

- | | | |
|--|--|---|
| <input type="checkbox"/> House | <input type="checkbox"/> Ground Floor Flat | <input type="checkbox"/> Sheltered |
| <input type="checkbox"/> Bungalow | <input type="checkbox"/> First Floor Flat | <input type="checkbox"/> Sheltered Ground Floor |
| <input type="checkbox"/> Supported Accommodation (16-25 years) | <input type="checkbox"/> Sheltered First Floor | |

b) What is the minimum number of bedrooms your family requires?

How many bedrooms would you prefer?

If you require more bedrooms than might be considered reasonable in your circumstances, please explain your reasons and if possible provide written evidence.

c) Which areas would you like to live in?

To help you choose the Association has provided a map with a list of all its accommodation. You can have as many choices as you like but please only choose areas which you would **accept**:

- | | |
|-----------|-----------|
| 1st | 4th |
| 2nd | 5th |
| 3rd | 6th |

PART SIX - Reasons for Applying for Accommodation

Please tick why you are applying for accommodation:

- Homeless or potentially homeless
- Home is unfit for human habitation
- Overcrowded by 3 bed spaces
- Suffering serious racial or other harassment
- Medical condition which is made worse by the current housing
- Living in poor conditions e.g. dampness or lack of amenities
- Need to move because of relationship breakdown
- Having financial difficulties e.g. unable to meet mortgage payments
- Overcrowded by 1 bed space or more
- Have to share facilities (e.g. bathroom or kitchen) with people who aren't part of the family
- Need a smaller home
- Need to be nearer work, family or friends
- Would like more independence by having a home of your own
- County Palatine or other RSL tenant wishing to transfer (if categories above do not apply)
- No specific housing need, but would just like to move

Continued...

PART SIX - Continued

Please explain your reasons for ticking the previous box(es):

PART SEVEN - Special Requirements

- a) If you or anyone will be moving with you has a longstanding illness or a permanent disability, please give details below:

Name	Illness/Disability
.....
.....

Does anyone to be rehoused have difficulty in climbing stairs? **YES/NO**
Does anyone to be rehoused use a wheelchair? **YES/NO**
Is anyone to be rehoused registered disabled? **YES/NO**

Please describe below how your current housing affects your health or members of your households health. Please describe how it could be improved with rehousing:

.....
.....
.....

- b) Do you have a Social Worker we could contact for further information? **YES/NO**

If YES, please give details: Name
Tel No. Fax No.....

Do you have a Probation Officer we could contact for further information? **YES/NO**

If YES, please give details: Name
Tel No. Fax No.....

- c) If offered accommodation would you consider using the Association's Tenancy Support Service? **YES/NO**

PART EIGHT - Emergency Contact (Someone who will not be living with you)

Please give details of someone the Association can contact in an emergency:

Name

Address

Telephone No..... Relationship with you

PART NINE - Equal Opportunities

THIS QUESTION IS USED PURELY FOR STATISTICAL PURPOSES

Please tick the appropriate box:

- a) Asian Caribbean African South East Asian
 British/European Irish Other Combination

Are you?

- b) Black White Other Mixed

PART TEN - Relationship to Staff or Board Members

County Palatine employees, Board Members or their close relatives have to obtain special permission from the Board of Management if they wish to be rehoused by the Association.

Are you or is a member of your household related to an employee or Board Member of the Association? **YES/NO**

PART ELEVEN - Statement/Declaration

I confirm that the details I have given in this application are true. I understand that if I have knowingly given false information, my application may be refused, any offers withdrawn, or I may lose any tenancy I am granted. I undertake to keep the Association informed of any change in my circumstances.

Signed: Date:

Signed: Date:

(If joint application)

Please return this form to the address below:

Turner House, 56 King Street, Leigh, Lancashire WN7 4LJ
Telephone: 01942 608715 Facsimile: 01942 261538

DATA PROTECTION ACT

Information in respect of your housing application will be processed by computer for the proper conduct of the Association's housing function. Data will also be used for statistical purposes, although individuals will not be identified. You may ask to see information which is being held about you, with the exception of any confidential medical information. You should ask a member of the Housing Management Department at County Palatine if you wish to exercise this right.

