

Housing Register application form



the choice is yours

Homefinder direct

Please read the leaflet 'A guide to Homefinder Direct' before you fill in this form.



When you have filled in this form, please return it to: Homefinder Direct, PO Box 151, St. Austell, PL25 3BJ.



Please make sure that you have answered all the questions as fully as possible. If you do not, we may have to send the application back to you, or there may be a delay in dealing with your application.



If you have any questions about this form, or would like help filling it in, please telephone Homefinder Direct on **01726 874489**.

For office use only

Application type:	Homeless	Transfer	General
Application Date			Application number
Applicant types			Eligible Beds
Medical form sent:	Priority given:	EHO request:	Priority given:
Band Awarded	Notes:		

Input by

Input date

/ /

Section A: Your details

1 Name Title (Mr,Mrs,Miss,Ms)
Last name
First name
Are you male or female ?
Date of birth / /

2 Present address

Home phone number:

Mobile phone number:

Work phone number:

When did you move into this address?

Email address

3 Family details (Please list below all the people that need to be rehoused - including yourself)

	Title (Mr, Mrs, Miss or Ms)	First name	Last name	Date of birth	Are they male or female?	Relationship to you	Work status (choose one code from below)
1				/ /		Applicant	
2				/ /		Joint Applicant	
3				/ /			
4				/ /			
5				/ /			
6				/ /			

Work status

(Choose one code only)

1 Full-time work

4 Job seeker

7 Full-time student

2 Part-time work

5 Retired

8 Long-term sick or disabled

3 Government training

6 Not looking for work

9 Child under 16

Is anyone listed above living elsewhere at the moment?

Yes

No

If 'Yes', what is their name and current address?

Name _____ Address _____

Are they: a lodger? an owner? a tenant? other?

If you have ticked 'tenant', please give the name and address of their landlord.

Please say why you are living apart.

4 Pregnancy

Are you, or any of the people mentioned in question 3, pregnant?

Yes

No

If 'Yes', who is pregnant?

Name:

When is the baby due?

Date:

/ /

Please advise when the baby is born

5 Previous names

Have you or your partner been known to another social landlord or local authority by any other name?

Yes

No

If 'Yes', which person was it?

What was their previous name?

6 Pets

Do you have any pets you want to live with you? Yes No

If 'Yes', please give details.

7 Medical problems

Are you, or any of the people mentioned in question 3, disabled or do you have any medical problems? Yes No

If 'Yes', who has the medical or disability problems?

Name: Are they registered disabled? Yes No

Name: Are they registered disabled? Yes No

Please give brief details about their disability or medical problems and what aspects of their current accommodation cause this person the most problems.

Does any member of the family use a wheelchair? Yes No

If 'Yes', who?

Does the person named above receive support from an outside agency (for example, a social worker or health visitor)? Yes No

If 'Yes', please give details.

(Name, address, job title)

Who is your doctor?

Address:

Would you like to be considered for sheltered housing? Yes No

(If you are applying for accommodation because of medical problems, or feel you need a specific type of property due to medical problems or a disability, you will need to fill in a standard medical questionnaire. You do not need to contact your doctor. We will get an independent medical assessment using the information you have given on the medical questionnaire.)

8 Income and employment

Please show the main source of income for you and your partner.

All from state benefits or pensions

Partly from state benefits or pensions

No state benefits or pensions

If you, or your partner, are in full-time or part-time employment, please give details below.

	Employer's name and address	Do you work full time or part time?
You		
Your partner		

Please give details of your current level of income every week (fill in the section that applies to you).

Take home pay	£	State pension	£
Child Benefit	£	Occupational Pension	£
Working Families'			
Tax Credit	£	Income Support	£
Disability Allowance	£	Other (not including investments)	£

Please give details of any savings or investments you and your partner have.

Total amount £ Annual income (from investments) £

9 Other properties

Do you, or any other applicant, own any other property?

If 'Yes' please give details.

Yes No

10 Other residents

Please give details below of anyone who currently lives at your present address but who is not going to live with you when you are rehoused.

	Title (Mr, Mrs, Miss or Ms)	First name	Last name	Date of birth	Their relationship to you
1				/ /	
2				/ /	
3				/ /	
4				/ /	
5				/ /	
6				/ /	
7				/ /	

11 Previous addresses

Have you recently returned to Britain after living abroad? Yes No

If 'Yes', please give details.

Please list below all your previous addresses for the last ten years.

	Address	Dates From - To	Reason for leaving	Name of Landlord	Were you a Tenant, lodger or owner?
1					
2					
3					
4					
5					

12 Sex Offenders Act

Have you, or any other applicant, been convicted under the Sex Offenders Act 1997 and placed on the Sex offenders register?

If 'Yes' please give details.

Yes No

13 Care & Support

Please write below the details of anyone able to provide care and support.

Name

Address

Phone number:

Their relationship to you:

Next of Kin:

Their relationship to you:

(if different from above)

Section B: Present housing

1 Your current tenancy

Please tick **one** box below to show your current housing situation.

- | | |
|--|--|
| Tenant of a housing association/trust* (see below) | Tenant of a local authority* (see below) |
| Tenant of a private landlord* (see below) | Temporary accommodation |
| Hostel,refuge,bed and breakfast | No fixed Abode |
| Prison | |
| Tied or services tenancy* (see below) | Lodger with friends or family |
| Armed forces accommodation | Hospital or nursing home |

An owner occupier	Estimated value of your property	£
	Total mortgage you owe	£
	Monthly mortgage payment	£

If you are renting, what is your monthly rent? £

If you have ticked any of the boxes marked with a *, please give the name and address of your landlord.

2 Security of Tenure

- | | | |
|---|-----|----|
| Have you been asked to leave your current home? | Yes | No |
| Have you been served with a Notice to Quit or a Notice of Seeking Possession? | Yes | No |
| Have you been served with a Possession Order by the Court? | Yes | No |
| Have you been served with an Anti-Social Behaviour Order | Yes | No |
| What type of tenancy do you have? | | |
| Please explain why you can no longer remain in your present home. | | |

3 What type of property do you live in?

How many bedrooms are there in your current home?

Please tick **one** box below to show the type of property you live in.

- | | | |
|-----------------------------|-------------------------|----------|
| House | Flat | Bungalow |
| Caravan or mobile home | Bedsit | Hostel |
| Hospital or nursing home | Prison or remand centre | Hotel |
| Other (please give details) | | |

If you live in a flat or bedsit, is your accommodation on the:

- | | | |
|------------------------------|--------------|------------------------|
| ground floor? | first floor? | above the first floor? |
| Is there a lift you can use? | Yes | No |

4 Facilities in your current home

Please tick the facilities
at your current home

Please tick if you share
any of these facilities

Living room

Kitchen or cooking facilities

Bathroom

Toilet (inside)

Toilet (outside)

Is your toilet: upstairs? downstairs?

Do you have a hot-water supply? Yes No

Do you have access to an enclosed garden? Yes No

Do you believe your present home is in a poor condition? Yes No

If 'Yes', please give details below.

An Environmental Health or Housing Officer may check this.

5 Heating in your current home

What type of heating do you have in your home?

No heating

Heating in one room only

Full central heating

Other (please give details).....

Is your heating: gas? electric? solid fuel? other?

6 Preferred area of choice

Homefinder allows you to apply for advertised properties **anywhere** within the area.
However, we would like to know which area you would most like to be rehoused in.

Preferred area for housing:

Do you have a local connection with this area? Yes No

7 Mutual Exchanges

Another way of finding a new home is by exchanging with another tenant. If you are a tenant of a local authority or housing association/trust do you want your details to appear on a Mutual Exchange register?

Yes No

Section C: Other information

1 Special circumstances

If there are any special circumstances, or any more information that you feel is relevant to your application, please write in the box below.

2 Ethnic monitoring (main applicant)

We have to monitor the ethnic origin of our applicants for rehousing. This helps to make sure we treat everyone fairly and equally. To help us do this, tick the box that best describes your ethnic origin. If you do not want to answer, tick the box 'question refused'.

White

British
Irish
Other

Mixed

White and Black Caribbean
White and Black African
White and Asian
Other

Asian or Asian British

Indian
Pakastani
Bangladeshi
Other

Black or Black British

Caribbean
African
Other

Chinese or other ethnic group

Chinese
Other
Refused

3 Notice

When we have assessed your application and put it onto the housing register, you will receive a letter confirming your entry and application date, together with the size of property you are eligible for and the priority band you have been placed in.

4 Change of Circumstances

It is important that you inform us of any change in your circumstances. This may affect your housing application. Please complete a Homefinder 'Change of Circumstances' form and return it to us. Your application will be reassessed and you will be informed of the outcome.

5 Shared Ownership

Some of the partner landlords to Homefinder are currently involved in the provision of shared ownership properties, enabling clients to partially own their own home. For more information, please tick this box. Clients must be able to obtain a mortgage to apply.

6 False statements

If you knowingly give false information that will help you with rehousing, and you are convicted, you may have to pay a fine up to £5000.

7 Declaration

As far as I know, the details on this form are true and I agree to tell you if my circumstances change in any way. I understand that if I have made a false or misleading statement, my application will be cancelled and you will end the tenancy that I have been granted because of false information.

Signature

Date

You

/ /

Joint applicant

/ /

Other person than applicant/joint applicant signing please indicate

THIS APPLICATION CANNOT BE PROCESSED WITHOUT A SIGNATURE

8 Data Protection Act:

Information contained on this form may be used by any of the landlords within the Homefinder Direct scheme - and shared with other bodies - for the prevention and detection of fraud. Where the applicant is a tenant of a local authority or registered social landlord their property details and contact information may be used for the purpose of helping to find suitable mutual exchange partners.

I further understand that previous landlords may be contacted.