

# APPLICATION FORM

housing21

All applicants should complete the form in BLOCK CAPITALS and as fully as possible. All information given on this form is treated in strict confidence. **The first section is for office use only and does not need completing.**

## For office use only

Date of enquiry	Family <input type="checkbox"/>	Sheltered <input type="checkbox"/>
Date of application	If Family – reference:	yes <input type="checkbox"/> no <input type="checkbox"/>
Court/accommodation names and codes	LA Nom/HOMES/Transfer (delete as appropriate)	

## Personal details

Please give the following details for you and your household:

Title	Surname	First name(s)	Sex M/F	Date of birth	Relationship to you <b>Applicant</b>

Present address:	National Insurance number:
Postcode:	Applicant:
Telephone (home):	Partner:
Mobile:	Which Local Authority area do you live in?
Are you an existing resident of Housing 21? <input type="checkbox"/> yes <input type="checkbox"/> no	LA code
	Rent account number

**Are those listed above:**

Working full time?	yes	no
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If <b>yes:</b> Applicant		Partner		Both	
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Working part time?	yes	no
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If <b>yes:</b>	Applicant weekly hours:	Partner weekly hours:
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Retired?	yes	no
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If <b>yes:</b> Applicant		Partner		Both	
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Are you seeking accommodation immediately?	yes	no
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If no when do you require it?	
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**Details of health, care and extreme housing needs**

Please give details of any health or mobility problems (please also list any aids and adaptations you have or state if you need them in your new home as determined by your GP or Occupational Therapist).

Applicant
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Partner/other(s)
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Please give details of any care or support packages presently received eg meals on wheels, home care etc. Please provide a copy of this if possible to help us when assessing your needs.

Applicant
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Partner/other(s)
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Please give the name and telephone number of any support agencies you deal with eg social services etc

Applicant
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Partner/other(s)
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Are you suffering from homelessness or threat of it, domestic violence or serious harassment, severe health problems directly affected by your current housing/location?

Please give details. Additional priority can be given subject to evidence.

Applicant
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Partner/other(s)
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Can you manage stairs?
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yes	no
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If no, are you comfortable using a lift?
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yes	no
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### Present accommodation

In what type of accommodation do you live?

House	<input type="checkbox"/>	Flat (state floor level)	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>
Mobile home	<input type="checkbox"/>	Maisonette	<input type="checkbox"/>	Other (please specify):	<input type="checkbox"/>

Are you:

Owner/occupier	<input type="checkbox"/>	Local authority tenant	<input type="checkbox"/>	Lodging	<input type="checkbox"/>
Private landlord renting	<input type="checkbox"/>	Other (please specify):	<input type="checkbox"/>		

If you are renting please give the name and address of your landlord:

Name:

Address:

Postcode:

In what year did you move into your current address?

If you have lived in your current home less than 5 years please give previous address:

Address:

Postcode:

### Reasons for application

What are your reasons for seeking a move?

In which court/area/town do you wish to live?

1

3

2

4

If the area or court of your choice has a long waiting list would you be happy to be offered other suitable vacancies?

yes

no

Do you have any pets?

yes

no

If yes please specify the type of pet:

Where did you hear about Housing 21?

Friend/word of mouth

Local shop advert

Newspaper advert

Royal British Legion

Poster (state where):

Housing 21 website

Elderly Accommodation Council website

Local authority

Magazine (please state):

Other (please specify):

## Declaration

The Association is prevented by law from granting a tenancy to Board or committee members, members or staff of the Association or their close relatives except under certain limited circumstances. If you are a member/related to any member or officer of the Association please give details below.

Under the Data Protection Act we must tell you what we will use your personal details and sensitive data for and we must store it safely. The information you have given will be used to allow us to assess and prioritise your application for housing. On occasion we are required to supply statistics to organisations that regulate us. We will not divulge any information we hold about you unless you agree, we are required to do so by law or we have to do so in order to protect our rights.

I/we\* confirm that the information I/we\* have supplied is accurate and may be held by Housing 21 in accordance with the particulars above. I/we\* understand that the completion of this form does not imply that I/we\* will automatically be entitled to an offer of accommodation.

\*Delete as appropriate.

By signing this form you give consent for a Housing 21 representative to contact relevant agencies or organisations in order to obtain further supporting information relating to your application for housing.

Signature of applicant(s):	Date:
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## Equal opportunities

We want to ensure that everyone who applies to us for accommodation is treated equally and fairly, regardless of their colour or ethnic origin. If you do not wish to complete this information it will not affect your housing application as the information is not used for selection.

How do you describe your ethnic origin? Please tick one for each applicant:

	You	Other		You	Other
White – British	<input type="checkbox"/>	<input type="checkbox"/>	Asian or Asian British – Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
White – Irish	<input type="checkbox"/>	<input type="checkbox"/>	Asian or Asian British – other	<input type="checkbox"/>	<input type="checkbox"/>
White – other	<input type="checkbox"/>	<input type="checkbox"/>	Black or Black British – Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
Mixed – White & Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	Black or Black British – African	<input type="checkbox"/>	<input type="checkbox"/>
Mixed – White & Black African	<input type="checkbox"/>	<input type="checkbox"/>	Black or Black British – other	<input type="checkbox"/>	<input type="checkbox"/>
Mixed – White and Asian	<input type="checkbox"/>	<input type="checkbox"/>	Mixed – White and Asian	<input type="checkbox"/>	<input type="checkbox"/>
Mixed – other	<input type="checkbox"/>	<input type="checkbox"/>	Chinese or other ethnic group – Chinese	<input type="checkbox"/>	<input type="checkbox"/>
Asian or Asian British – Indian	<input type="checkbox"/>	<input type="checkbox"/>	Chinese or other ethnic group – other	<input type="checkbox"/>	<input type="checkbox"/>
Asian or Asian British – Pakistani	<input type="checkbox"/>	<input type="checkbox"/>	Refused	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you for completing this form, please return it to:**

The Lettings and Marketing Team, Housing 21, 9 Avro Court, Ermine Business Park, Huntingdon, Cambs PE29 6WG.

**For Housing 21 use only – sheltered housing only**

Are there any health problems which could prevent the applicant/s from successfully living at the court and taking up a tenancy offer?

yes

no

If yes please give details

Would applicants require any services such as meals on wheels, home care etc?

yes

no

If **yes** are these available in the area?

yes

no

Has the applicant viewed appropriate flat?

yes

no

Should a more detailed assessment of the applicants' needs be carried out?

yes

no

Evidence of social stress or homelessness seen?

yes

no

not applicable

Evidence of each applicants date of birth seen?  
(eg original passport, driving licence)

yes

no

Overall recommendations and notes or preferences that may support the application

Completed by (Name):

Date:

If you need this document in a different format for example large print, Braille or another language, please contact the Lettings Department on 01480 425255.