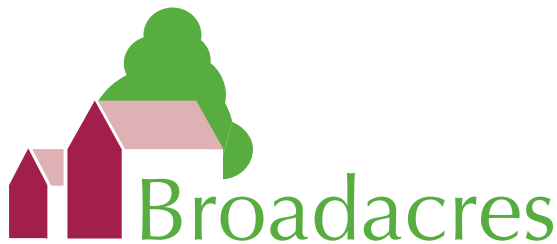


Confidential Housing Application Form



Broadacres Housing Association Limited is an exempt charity

Freepost RRBZ-TATA-BYHL
Broadacres House Mount View Standard Way
Northallerton North Yorkshire DL6 2YD

Freephone: 0800 587 5291 (24 hour)

Fax: 01609 777017
Email: info@broadacres.org.uk
Web: www.broadacres.org.uk

Please read this form and accompanying leaflets carefully. Write clearly, using blue/black ink. If there is not enough space in any section, please continue on a piece of paper. Refer to the guidance leaflet or if you have any difficulties, call us and we will be able to help you.

Personal Details

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1. Please state who requires rehousing

First Name(s)	Surname	Sex	Date of Birth	Relationship to applicant
				Applicant

2. Present Address

	Date moved into property
Town	
County	Postcode
Daytime Telephone	Evening Telephone
E-mail	
Are all the people listed above living here?	<input type="checkbox"/> no <input type="checkbox"/> yes (go to Question 4)

3. Detail any person listed above who currently lives elsewhere

Name(s)	Address	Tenure	Reason for separation

Personal Details continued

For
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use

4. Detail any person currently living at your address who is not going to be rehoused with you

First Name(s)	Surname	Sex	Date of Birth	Relationship to applicant
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Current Accommodation

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5. Type of accommodation

House	<input type="checkbox"/>	Flat	<input type="checkbox"/>	Bedsit	<input type="checkbox"/>	Room(s)	<input type="text"/>
Caravan	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>	Maisonette	<input type="checkbox"/>	No. of Bedrooms	<input type="text"/>

Occupants	Which floor is the bedroom on?
Bedroom 1	_____
Bedroom 2	_____
Bedroom 3	_____
Bedroom 4	_____

Does your accommodation have

Internal toilet	<input type="checkbox"/> no	<input type="checkbox"/> yes	Bath / shower	<input type="checkbox"/> no	<input type="checkbox"/> yes
Hot water supply	<input type="checkbox"/> no	<input type="checkbox"/> yes	Cold water	<input type="checkbox"/> no	<input type="checkbox"/> yes

6. Type of Tenure

Broadacres	<input type="checkbox"/>	Tied Tenant	<input type="checkbox"/>	Other Tenant	<input type="checkbox"/>	Owner	<input type="checkbox"/>
Armed Forces	<input type="checkbox"/>	Relatives/Friends	<input type="checkbox"/>	Hostel/BB	<input type="checkbox"/>	Other Lodgings	<input type="checkbox"/>

7. If you live in rented accommodation please give name, address and telephone number of your landlord & enclose a copy of your tenancy agreement

Name	_____
Address	_____
Telephone	_____

8. How much do you pay for your accommodation?

Rent £ _____	<input type="checkbox"/> weekly	<input type="checkbox"/> monthly
Do you receive housing benefit?	<input type="checkbox"/> no	<input type="checkbox"/> yes
If yes, how much do you receive £ _____	<input type="checkbox"/> weekly	<input type="checkbox"/> monthly
Do you receive an exceptional hardship payment from the Local Authority?	<input type="checkbox"/> no	<input type="checkbox"/> yes
Do you owe any money to your current Landlord?	<input type="checkbox"/> no	<input type="checkbox"/> yes
If yes, how much do you owe £ _____		

Current Accommodation continued

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9. Do you have to leave this accommodation?

no yes, when do you have to leave? _____

Why do you have to leave?

Have you received any legal notification to leave eg. a Notice to Quit no yes

Please enclose a copy of any documentary evidence that shows you are required to leave eg. letter, Notice to Quit, Court Order etc

Previous Accommodation

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10. Have you lived at your current address for 5 years?

yes, go to Question 12 no, please detail your addresses during this period starting with the most recent

Applicant

From	To	Address	Tenure	Reason for leaving
Month/Year	Month/Year			

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Joint Applicant

From	To	Address	Tenure	Reason for leaving
Month/Year	Month/Year			

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

11. If any of the above were rented please give name, address & telephone no. of landlord

Property Address	Name, address & telephone number of landlord
------------------	--

_____	_____
_____	_____
_____	_____
_____	_____

12. Do you owe any money to a previous landlord? no yes

If yes, how much do you owe £ _____

13. Have you had any other tenancy with Broadacres that is not shown in Questions 2 or 10?

no yes. If yes, please give the address _____

Employment & Income Details

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14. Detail your current employment situation

In full time work	<input type="checkbox"/> Applicant	<input type="checkbox"/> Joint Applicant
In part time work (30 hours or less)	<input type="checkbox"/>	<input type="checkbox"/>
On government training scheme (e.g. New Deal)	<input type="checkbox"/>	<input type="checkbox"/>
Job seeking	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>
Not seeking work	<input type="checkbox"/>	<input type="checkbox"/>
Full time student	<input type="checkbox"/>	<input type="checkbox"/>
Long term sick / disabled	<input type="checkbox"/>	<input type="checkbox"/>

15. If you are employed please give name and address of employer

Applicant		Joint Applicant	
Name	_____	Name	_____
Address	_____	Address	_____
Telephone	_____	Telephone	_____
Position held	_____	Position held	_____
Location of work if different to above	_____	Location of work if different to above	_____

16. Please give details of your National Insurance number & weekly income

	Applicant	Joint Applicant
National Insurance Number	_____	_____
Net pay or salary per week (ie. after tax or other deductions)	_____	_____
Gross pay / salary per week (ie. before tax or other deductions)	_____	_____
Child tax credit	_____	_____
Working tax credit	_____	_____
Child benefit (including one parent benefit if applicable)	_____	_____
Occupational pension	_____	_____
State pension	_____	_____
Other state benefits (eg. income support)	_____	_____
Other income (eg. maintenance / board)	_____	_____
Total Gross Income	_____	_____

17. Please give details of your savings

	Applicant	Joint Applicant
Total amount invested (including building society/bank/shares etc)	_____	_____
Annual interest from investment	_____	_____

Employment & Income Details continued

For
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18. If you own your own property, please give

	Applicant	Joint Applicant
Estimated market value		
Amount of mortgage outstanding		
If you jointly own it please state the value of your share		
If the property you own is not the one you occupy please give the address		
Reason for not living there		

Do you have any mortgage arrears? no yes

If yes, how much do you owe £ _____

Note: We will require you to provide proof of your income and savings before we rehouse you.

Your Requirements

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19. Which type of accommodation do you wish to be considered for?

~ please tick as many as you wish

House Flat Bedsit Maisonette Bungalow Sheltered

20. Do you require housing with support?

(Please see the leaflet 'Supported Housing' in the pack for details of the support services that we provide.) no yes

21. Are any of these facilities essential?

Shower over bath	<input type="checkbox"/> no <input type="checkbox"/> yes	Level access shower	<input type="checkbox"/> no <input type="checkbox"/> yes
Ground floor toilet	<input type="checkbox"/> no <input type="checkbox"/> yes	Grab rails in bathroom	<input type="checkbox"/> no <input type="checkbox"/> yes
Stairlift	<input type="checkbox"/> no <input type="checkbox"/> yes	Ramps to entrance	<input type="checkbox"/> no <input type="checkbox"/> yes
Ground floor accommodation	<input type="checkbox"/> no <input type="checkbox"/> yes	Gas central heating	<input type="checkbox"/> no <input type="checkbox"/> yes
Electric central heating	<input type="checkbox"/> no <input type="checkbox"/> yes	Solid fuel central heating	<input type="checkbox"/> no <input type="checkbox"/> yes
Car parking	<input type="checkbox"/> no <input type="checkbox"/> yes	Private garden	<input type="checkbox"/> no <input type="checkbox"/> yes

other please specify _____

22. What are your chosen areas for housing from those where we currently have properties?

First choice	Second choice
Third choice	Fourth choice

23. Are there any areas in Hambleton district where you would prefer to live where we do not currently have properties?

Local Connection

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24. If you have any close relatives living in the areas you have chosen please give details

Name	Address	Relationship to applicant
_____	_____	_____
_____	_____	_____
_____	_____	_____

25. If you or the joint applicant have not lived in property in the Local Authority area in which you wish to be rehoused for a minimum period of 6 months in the last 2 years but a member of your household who is being rehoused with you has, then please give details

Name	Address	From Month/Year	To Month/Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Information

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26. Do you have your own transport? no yes

27. Do you have any pets that will be rehoused with you? no yes

If yes, what pets do you have? _____

28. Pregnancy

Is anyone who requires rehousing pregnant? no yes

If yes please give their name _____

Please give estimated date when the baby is due _____

29. Medical

Has anyone to be rehoused got a long term medical condition or disability which is significantly affected by your current home situation and this will improve if you are rehoused? no yes

If yes, who is affected? _____

What is their medical condition/disability? _____

What treatment are they receiving? _____

Medical (continued)

How does your current home situation affect this and how will rehousing improve the situation?

30. Convictions and bankruptcy

Please give details of any unspent convictions

Is any bankruptcy petition pending against you, any bankruptcy order in force against you or have you been subject to a bankruptcy order in the past? no yes

If yes, please give details _____

31. Please give any other information you wish to include in support of your application, together with your reasons for wanting alternative accommodation, if not covered in Question 29.

32. If you have anyone assisting you with your rehousing or general circumstances eg. social worker or solicitor then please give their name and address

Name	Address	Telephone	Position
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33. Connection with Broadacres

Are you:

A current or former employee of Broadacres? no yes

A relation of a current or former employee? no yes

If yes, who are you related to? _____

A current or former board member? no yes

A relation of a current or former board member? no yes

If yes, who are you related to? _____

Low cost home ownership

For
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use

34. Are you interested in purchasing a property either wholly or on shared equity basis?

no yes, what price is the maximum price that you think you can afford? £ _____

Data Protection

We must protect the public funds we require and so we may use the information you have provided on this form to prevent and detect fraud. We may also share this information for the same purposes, with other organisations which handle public funds. This information may also be used for statistical surveys, which means we may pass this information, in confidence, to the agencies who monitor and work with us. We may also pass your details to the local authority or other housing associations who may wish to contact you about housing opportunities.

Declaration

I declare that the information I have given is a true statement of my present circumstances. I will notify you if my circumstances change. I understand that deliberately giving false information may result in my application being deferred or any property subsequently being allocated to me being re-possessed.

I authorise the Association to make enquiries to other organisations / persons as they consider necessary and for those organisations / persons to disclose information about me. This may include, among others, credit reference agencies, the police, probation service, social services, previous landlords and medical practitioners.

Signed _____ Applicant _____ Date _____

Signed _____ Joint Applicant _____ Date _____

Please let us know if you require this or any future communications, documents or letters in the following formats. Please tick one box ✓.

Large print Braille Audio tape CD

Language other than english Which language.....

Check List:

Have you remembered to enclose with your application form (if applicable):

- Your Tenancy Agreement
- Any official notice requiring you to leave your current property

Equality Monitoring

Broadacres Housing Association aims to ensure equality of opportunity and treatment for all persons.

No person or group of persons applying for housing with the Association will be treated less favourably because of their sex, sexual orientation, marital status, responsibilities for dependants, race, colour, nationality, ethnic origin, religious or political beliefs, age, class, disability or unrelated spent criminal convictions.

To help us achieve this would you please answer the following:

I would describe my ethnic origin as:

(tick one box only for each applicant)

Applicant Joint Applicant

a. White

- | | |
|--------------------------|----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> British |
| <input type="checkbox"/> | <input type="checkbox"/> Irish |
| <input type="checkbox"/> | <input type="checkbox"/> Other |

b. Mixed

- | | |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> White & Black Caribbean |
| <input type="checkbox"/> | <input type="checkbox"/> White & Black African |
| <input type="checkbox"/> | <input type="checkbox"/> White & Asian |
| <input type="checkbox"/> | <input type="checkbox"/> Other |

c. Asian or Asian British

- | | |
|--------------------------|--------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> Indian |
| <input type="checkbox"/> | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> | <input type="checkbox"/> Other |

d. Black or Black British

- | | |
|--------------------------|------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> Caribbean |
| <input type="checkbox"/> | <input type="checkbox"/> African |
| <input type="checkbox"/> | <input type="checkbox"/> Other |

e. Chinese or other ethnic group

- | | |
|--------------------------|----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> | <input type="checkbox"/> Other |

My religion is:

(tick one box only for each applicant)

Applicant

Joint Applicant

None

Christian (including Church of England, Catholic, Protestant and all other Christian denominations)

Buddhist

Hindu

Jewish

Muslim

Sikh

My sexual orientation is:

(tick one box only for each applicant)

Applicant

Joint Applicant

Heterosexual

Bisexual

Gay

Lesbian

If you prefer not to answer these questions it will not affect your application.