

EAST BORO HOUSING TRUST
HOUSING APPLICATION FORM

SECTION 1. INFORMATION ABOUT YOU & YOUR PARTNER

A) ABOUT YOURSELF

Mr/Mrs/Ms/Miss	Surname		
First Name	Age	Date of Birth	
Address			
Post Code	Tel No. Home	Work	
National Insurance No.			

B) JOINT APPLICATIONS (For someone who wishes to be an equal partner in the tenancy)

Mr/Mrs/Ms/Miss	Surname		
First Name	Age	Date of Birth	
Address			
Post Code	Tel No. Home	Work	
National Insurance No.			

SECTION 2: INFORMATION ABOUT YOUR FAMILY & YOUR HOUSEHOLD

Please provide the following information:

- Details of all the people living with you now who need re-housing with you
- Details of all the people NOT living with you at present but who need re-housing with you
- Details of all the people living with you now who do NOT need re-housing with you

Name	Male/Female	Date of Birth	Living with you now Y/N	Will need housing with you Y/N

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Are you, or anyone who needs re-housing with you, pregnant? If Yes, please tell us who is pregnant and when the baby is due

Name	Date Due
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Have you ever shared accommodation with anyone listed who is not living with you now? If yes, please give address and dates.

Address
Date From: Date To:
Why do you now live separately?

SECTION 3: INCOME

Please show the total amount of take home pay and/or pensions and benefits for yourself and any joint applicant. If none, please write none. (A joint applicant is someone who wishes to be an equal partner in the tenancy).

	Applicant	Joint Applicant
Usual take home pay per week/month		
Total amount from pensions per week/month		
Total amount from benefits per week (excl. housing & child benefit)		
Total amount from any other sources per week/month		
Total income per week/month		

What is the total amount of savings to the nearest £1000 that you and you joint applicant have in either a bank account, building society, post office or investment? If less than £1,000, please write None.

Applicant £	Joint Applicant £
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SECTION 4: PETS

Do you have any pets? If yes, please give details.

Pets are not allowed in sheltered accommodation and only in other properties after written consent has been obtained from the Trust. (No pets allowed in flats).

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SECTION 5: WHERE AND WHO YOU LIVE WITH NOW (Please Tick & state their name/s)

Parents:
Relatives:
Friends:

If none of the above, are you one of the following? (please tick)

Private Tenant	
Council Tenant	
Housing Assoc Tenant	
Licensee	
Lodger	
Hostel Resident	
Owner Occupier	
HM Forces	
Other (please specify)	

How long have you lived here? Years Months

How many bedrooms are there for your use?

Name & Address of Landlord (if applicable)
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SECTION 6: TYPE OF ACCOMMODATION

What type of accommodation do you currently live in? (please tick)

House	
Bungalow	
Caravan/Mobile Home	
Flat (Specify Floor)	
Bed-sit (Specify Floor)	
Maisonette (Specify Floor)	
Other (Specify Floor)	

SECTION 7: IF YOU SHARE YOUR HOME

If you share your home with other households, how many people currently live at this address?

Number of Adults?

Number of Children (Under 16)

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SECTION 8: DO YOU LACK OR SHARE ANY OF THE FOLLOWING FACILITIES (please circle)

Bathroom	Lack/Share
Kitchen	Lack/Share
Toilet	Lack/Share
Hot Water	Lack/Share
Other (Please Specify)	Lack/Share

SECTION 9: IS THERE ANY SIGNIFICANT DISREPAIR IN YOUR PRESENT HOME?

Please give details (this will be checked at a Home Visit)

SECTION 10: HAVE YOU BEEN ASKED/ORDERED TO LEAVE YOUR HOME? If yes....

Have you had a possession order granted against you?	
Have you had a notice to quit or a notice seeking possession served?	
Is your tenancy/licence agreement due to expire? Date of Expiry	
Have the people you are staying with asked you to leave?	
Is the home you are living in being sold (If yes, please state the date of exchange of contracts)	
Other (Please give details)	

Are you living in hospital or similar? (Please give details & address)

Please give the date you are expected to leave

If you are an owner occupier:

What is the approximate value of your property? £

How much mortgage is outstanding? £

How much do you pay per month?

SECTION 11: WHERE YOU USED TO LIVE

Please list below the addresses where you or any other adult included in the application have lived over the last **10** years, specifying whether as a council tenant, housing assoc tenant, owner occupier or other.

Name	Address	Type of occupancy e.g. council tenant	Date: From	Date: To

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SECTION 12: WHY DO YOU NEED RE-HOUSING

There are many reasons why people ask us to re-house them. Please tick the box or boxes, which best describe why you are applying to us. If you tick a box with an *, please give written information to support your application. We may arrange to visit your home to confirm that you need special help.

Racial Harassment	
Sexual Harassment/Abuse	
Physical Abuse	
Other Harassment (please give details)	
Relationship Breakdown	
Health Reasons	
Need larger property	
Asked to leave by friends	
To leave home	
Mortgage or rent arrears	
To be nearer friends or relatives	
Need smaller property	
Can't afford present housing	
To take up work in this area*	
Building Society Re-possession*	
Landlord is selling*	
Eviction Order*	

SECTION 13: MEDICAL INFORMATION

Do you or any member of your family have a medical condition that would be eased or resolved by a move to alternative accommodation?

Name	Condition	Registered Disabled Y/N

Do you or a member of your family have a 'special need' that should be taken into account? Y/N. If yes, please give details

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Do you or a member of your family have contact within social services, e.g. social worker, occupational therapist, care manager or the probation service?

If you have a medical condition/special need, would you require adaptations to the property? Y/N. If yes, please give details

SECTION 14: PROPERTY LOCATIONS

Please indicate the areas where you would like to live, marking 1 as highest preference etc. in the RELEVANT category only.

For Sheltered ONLY (55 and upwards)

Wimborne		Cranborne		West Moors		Lytchett Matravers		Merley	
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For Young Couples ONLY (under 55)

Wimborne ONLY

For Small Families ONLY (Two-Bed Flats)

Lower Parkstone ONLY

Single Persons under 55 (Bed-sits; i.e. bedroom with fridge, shared kitchen & shared bathrooms *2 between 6 persons in house)

Wimborne		Branksome		Westbourne		Poole	
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SECTION 15: PROPERTY TYPE

Please indicate your preferred type of property (**applies to sheltered ONLY**)

Studio (bed-sitting room, separate kitchen & separate bathroom)	
One-bed Flat	

If there is no lift, can you cope with stairs? Y/N

All Applicants

Ground Floor	
First Floor	

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SECTION 16: WHEN DO YOU NEED HOUSING

Do you wish to be accommodated now? Y/N
If No, when would you like to be considered?

SECTION 17: SHARING INFORMATION

Do you have any objection to the information on this form being shared with the Local Authority or other Housing Associations? Y/N

SECTION 18: LOCAL CONNECTION

Do you have a local connection/next of kin in the area you wish to be housed?
Y/N

Connection

Name

Address

Tel. No.

SECTION 19: EQUAL OPPORTUNITIES

The Trust is committed to the promotion of equal opportunities in all areas of its operation. The aim is to ensure that no person or group of people applying for accommodation, employment or for contracts with the trust will be treated less favourably than other persons or group of people because of their sex, sexual orientation, marital status, race, colour, ethnic or national origin, religion or disability.

You do not have to answer this question if you do not wish to do so – it will not affect your housing application.

How would you describe the ethnic origin of your household? (Please Tick)

British/European	
Asian	
Irish	
African	
Mixed	
Caribbean	
South East Asian	
Other	

Do you consider your household to be: (Please Tick)

White		Black		Mixed		Other	
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SECTION 20: DECLARATION

Are you or a member of your family related to any member of staff (employed now or by the Trust in the past 12 months) or Board Member of the Trust Y/N
If yes, who are you related to?

Name	Relationship
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Have you or any member of your family who wishes to be housed with been convicted of a criminal offence? Y/N (Spent convictions should not be included as detailed in the rehabilitation of offenders act 1974). If yes, please give details:

Have you or any other member of your family who wished to be housed with you been evicted from a property because of rent arrears or anti-social behaviour? Y/N If yes, please give details:

I DECLARE THE INFORMATION GIVEN IS TRUE TO THE BEST OF MY KNOWLEDGE AND WILL NOTIFY ANY CHANGES TO THE TRUST AS SOON AS POSSIBLE. I UNDERSTAND THAT THIS APPLICATION AND ANY TENANCY RELATED TO IT MAY BE TERMINATED/CANCELLED IF I HAVE DELIBERATELY WITHHELD OR GIVEN FALSE INFORMATION.

Signed (Applicant)*

Signed(Joint Applicant)*

Date

*(You will be asked to sign and date this form at interview)

DATA PROTECTION ACT – All information supplied to us will be covered by the Data Protection Act 1998. This information may be checked with other information held by the trust and may be used to improve our services in general.