

For Office Use Only:

Name

Date Rec'dDate Ack

CategoryPoints



HOUSING APPLICATION FORM

East Boro Housing Trust
62 West Borough
Wimborne
Dorset
BH21 1NQ

“A Charitable Industrial & Provident Society”

Telephone: (01202) 883503 Fax: (01202) 848877

Website - www.eastborohousingtrust.org.uk
E-mail – info@eastborohousingtrust.org.uk

Personal Details

Mr/Mrs/Miss/Ms SurnameFirst Names.....

Address.....

.....Postcode

Telephone No. Home Work

Mobile Date of Birth/...../.....

Age

National Insurance No. .../...../...../...../...../...../...../...../...../.....

Joint Applications (for someone who wishes to be an equal partner in the tenancy)

Mr/Mrs/Miss/Ms SurnameFirst Names.....

Address

.....Postcode

Telephone No. Home Work

MobileDate of Birth/...../..... Age

National Insurance No. .../...../...../...../...../...../...../...../...../.....

Are you pregnant or your partner?

Name Date the Baby is Due/...../.....

Do you have any pets? NO PETS ARE ALLOWED IN TRUST PROPERTIES EXCEPT FISH OR SMALL CAGED BIRDS.

.....
.....

Information Regarding Your Family & Household

Please provide the following information in the space provided:

- Details of anyone who live with at present but who does not need housing with you.

1. Name Male or Female
Date of Birth/...../..... Relationship to You
Living With You Now? Yes/No

2. Name Male or Female
Date of Birth/...../..... Relationship to You
Living With You Now? Yes/No

3. Name Male or Female
Date of Birth/...../..... Relationship to You
Living With You Now? Yes/No

If you are not living with parents, relatives or friends, please tick one of the following:

Private Tenant Council Tenant Housing Association Tenant

Name & Address of Landlord (if applicable)
.....

Owner Occupier Lodger Licensee

Hostel Resident HM Forces Other (please specify)

How long have you lived here?No. Bedrooms for your use?

Type of Accommodation

What type of accommodation do you currently live in?

House Bungalow Caravan/Mobile Home

Flat (please specify floor) Bedsit (please specify floor)

Other (please specify)

.....

Do you lack or share any of the following facilities?

Facility	Do Not Have	Share
Bathroom		
Kitchen		
Toilet		

Other (please specify)

.....

Is there any significant disrepair to your present accommodation?

Yes No If yes, please provide details (These details will be checked during a home visit if appropriate)

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.....

.....

Where You Used To Live

Please list the addresses where all applicants have lived over the last 10 years, starting with the most recent.

Name Address

.....

Postcode From To

Were you an (please tick) Owner Occupier ... Private Tenant ...

Housing Association Tenant Council Tenant

Other (please specify)

Name Address

.....

Postcode From To

Were you an (please tick) Owner Occupier ... Private Tenant ...

Housing Association Tenant Council Tenant

Other (please specify)

Name Address

.....

Postcode From To

Were you an (please tick) Owner Occupier ... Private Tenant ...

Housing Association Tenant Council Tenant

Other (please specify)

Medical/Special Need Information

Do you have a medical condition that would be eased or resolved by moving to alternative accommodation?

Name Condition

Do you have a “special need” that should be taken into account?

Yes No If yes, please provide details and any adaptations you may need to the property

.....

Do you have contact with Social Services e.g. Social Worker, Occupational Therapist etc or the Probation Service.

Organisation.....

Name.....

Job Title.....

Contact No.....

Organisation.....

Name.....

Job Title.....

Contact No.....

Organisation.....

Name.....

Job Title.....

Contact No.....

Organisation.....

Name.....

Job Title.....

Contact No.....

Why You Require Re-housing

Please tick one or more of the following reasons that best describes why you need re-housing

Reason	Tick if Appropriate	Comments (e.g. date you need leave by)
Need a larger property		
Need a smaller property		
To leave home		
Move on from residential home		
Closure of hospital unit		
Living with older carers		
Parents/carers finding it difficult to support your needs		
To be nearer friends/family		
To take up work in the area		
Relationship breakdown		
Harassment: <i>Racial</i>		
<i>Sexual/Abuse</i>		
<i>Physical abuse</i>		
<i>Other (please specify)</i>		
Health reasons		
Landlord is selling		
Asked to leave by friends/family		
Eviction order		
Building society repossession		
Mortgage/rent arrears		
Other (please specify)		

Property Locations & Accommodation Types

Please tick the appropriate areas/types of accommodation detailed under the category for which you are eligible.

N.B. If areas are not listed they are not available.

Supported Living for Adults with a Learning Disability

Accommodation Areas

Poole.....

Wareham.....

Accommodation Types

One Bedroom

Shared accommodation.....

All of the shared accommodation flats have shared kitchen, bathroom and lounge facilities (some bedrooms have en-suite facilities).

Ground Floor First Floor

If there is no lift could you cope with stairs? Yes No

Couples (Individual assessment of need will have to be completed for both applicant)

Accommodation Area Poole

Accommodation Type All one-bedroom flats.

Declaration

Are you or a member of your family related to any member of staff (employed by the Trust now or in the past twelve months) or a Board Member of the Trust?

Yes..... No..... If yes to whom are you related?
Name Relationship

Have you or any person who wishes to be housed with you been convicted of a criminal offence? (Spent convictions should not be included as detailed in the Rehabilitation of Offenders Act 1974)

Yes No If yes, please provide details

.....
.....

Have you been evicted from a property because of rent arrears or anti-social behaviour?

Yes No..... If yes, please provide 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 relating from this application may be terminated/cancelled if I have deliberately withheld information or given false information.

Signed Date
(Applicant or representative)

(If signed be representative please detail relationship to applicant)

Signed Date
(Applicant 2 *If joint applicant*)

Data Protection – 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 maybe used to improve our services in general

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, martial status, race, colour, ethnic or national origin, religion or disability.

You do not have to answer the following questions if you do not wish to do so, it will not affect your application.

How would you describe your ethnic origin?

British/European Irish Asian South East Asian

African Caribbean Mixed Other

Do you consider yourself to be?

White Black Other

How did you hear about East Boro Housing Trust?

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