



Office use only:

Reference No:

Total Points:

Date Received:

Nomination:

Size:

Requirements:

Area:

Housing Application Form

APPLICANT DETAILS

YOU

Surname _____

Forename _____

Title Mr Mrs Ms Miss

D.O.B. _____

NI Number _____

Current Address _____

Post Code _____

Tel Home _____

Tel Work _____

Tel Mobile _____

Email _____

Are you Registered Disabled? Yes No

Do you use a wheelchair? Yes No

JOINT APPLICANT

Surname _____

Forename _____

Title Mr Mrs Ms Miss

D.O.B. _____

NI Number _____

Current Address _____

Post Code _____

Tel Home _____

Tel Work _____

Tel Mobile _____

Email _____

Are you Registered Disabled? Yes No

Do you use a wheelchair? Yes No

CONTACT ADDRESS

If you wish to be contacted at a different address than as above

_____ Post Code _____

PEOPLE WHO YOU CURRENTLY LIVE WITH: (List everyone living in the property) and

Surname	Forename	Date of Birth (eg. 23.03.2002)	Sex (Tick one box)
_____	_____	_____	M <input type="checkbox"/> F <input type="checkbox"/>
_____	_____	_____	M <input type="checkbox"/> F <input type="checkbox"/>
_____	_____	_____	M <input type="checkbox"/> F <input type="checkbox"/>
_____	_____	_____	M <input type="checkbox"/> F <input type="checkbox"/>
_____	_____	_____	M <input type="checkbox"/> F <input type="checkbox"/>

PEOPLE CURRENTLY LIVING APART FROM YOU WHO YOU WANT RE-HOUSED and

Surname	Forename	Date of Birth (eg. 23.03.2002)	Sex (Tick one box)
_____	_____	_____	M <input type="checkbox"/> F <input type="checkbox"/>
_____	_____	_____	M <input type="checkbox"/> F <input type="checkbox"/>
_____	_____	_____	M <input type="checkbox"/> F <input type="checkbox"/>

CURRENT ACCOMMODATION

Tenure	Local Authority <input type="checkbox"/>	Housing Association <input type="checkbox"/>	Owner Occupier <input type="checkbox"/>	B&B/ Hostel <input type="checkbox"/>	Friends/ Family <input type="checkbox"/>
	Tied Tenancy <input type="checkbox"/>	Private Landlord <input type="checkbox"/>	Hospital/ Prison <input type="checkbox"/>	Other (Please State) _____	
Property Type	House <input type="checkbox"/>	Flat <input type="checkbox"/>	Bungalow <input type="checkbox"/>	Caravan <input type="checkbox"/>	Bedsit <input type="checkbox"/>

Current Landlords Name and Address _____

How long have you lived in your current accommodation? _____

CURRENT CIRCUMSTANCES

Please tick if you have been accepted by your local council as being legally homeless Yes No
(If yes, please send a copy of the council's letter with this form)

Please read this list and then **tick only ONE box** to show the main reason why you need to move

- I have no permanent home (eg. no fixed abode, "sleeping rough")
- I am a victim of violence or threats of violence or I am suffering racial or sexual harassment
- My family has to live apart
- I rent my home from a private landlord on an "assured shorthold" tenancy or licence
- My relationship with my partner has broken down and we are still living in the same house
- I want to move closer to my family or a carer
- I want to move closer to my job or my child's school
- I want to get married or live with my partner
- * I have a Notice to Quit or Eviction Order from my landlord (we will need proof of this)
- * My Mortgage Lender is going to repossess my home (we will need proof of this)
- * I have to leave temporary accommodation, eg. hostel, B&B (we will need proof of this)
- * I have to leave armed forces accommodation, hospital or prison (we will need proof of this)
- * I have to leave a home that comes with my job (we will need proof of this)
- * I have been asked to leave by family or friends (we will need proof of this)

If you ticked a box marked * enter the date you have to leave by _____

- Other (Further details can be provided on page 5)

their Relationship to you (tick one box)

Child under 16 or in F/T Educ	Partner	Other (Please specify)	Please tick if this person is disabled	Please tick if this person uses a wheelchair	Please tick if this person is to be re-housed with you
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

their Relationship to you (tick one box)

Child under 16 or in F/T Educ	Partner	Other (Please specify)	Please tick if this person is disabled	Please tick if this person uses a wheelchair
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>

MEDICAL QUESTIONS

Medical

Do you or anyone moving with you have a serious permanent medical condition, illness or disability that is affected by your current housing condition? (If yes we will send you a separate medical form to fill in)

Pregnancy

Please tick the box if you or anyone moving with you is pregnant

What date is the baby due? _____ (eg. 14.11.2002) (You will need to send a doctor's note or certificate to confirm this)

HOUSING CIRCUMSTANCES

Please tick the appropriate boxes below to tell us if you **DO NOT** have any of the following facilities in your home, or if you have to **SHARE** facilities with any people who will not be moving with you.

Do Not Have

Hot Water <input type="checkbox"/>	Fixed Bath or Shower <input type="checkbox"/>	Permanently Fixed Heating <input type="checkbox"/>
Electricity <input type="checkbox"/>	Inside Toilet <input type="checkbox"/>	Kitchen/Cooking Facilities <input type="checkbox"/>

Have To Share

Bath/Shower <input type="checkbox"/>	Inside Toilet <input type="checkbox"/>	Kitchen/Cooking Facilities <input type="checkbox"/>
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Disrepair

Please tick the appropriate boxes below if your home has: (We may require proof ie. photographs or a letter from Environmental Health)

Severe damp <input type="checkbox"/>	Leaking roof and walls <input type="checkbox"/>	Dangerous electrical wiring <input type="checkbox"/>
Rotten windows/doors <input type="checkbox"/>	Other problems (please state) _____	

Size & Style

Please tell us how many bedrooms you have in your present home

How many double? _____ How many single? _____ Is it a bedsit? _____

Are you living in a flat above ground floor without the use of a lift? Yes No

Does your current property have an emergency call system? Yes No or

a Resident Manager and an emergency call system? Yes No

PROPERTY PREFERENCES

Please tick to show which type of property you would accept (you can tick more than one box)

House Ground Floor Flat First Floor Flat Bungalow Bedsit

If you are aged over 55, please tick if you are interested in the following types of property

With emergency call system With a Resident Manager and an emergency call system

AREA PREFERENCES

Please specify the areas where you would like to live from the enclosed list.

1. _____ 2. _____ 3. _____ 4. _____

ADDRESS HISTORY

Where have you lived in the last 5 years? Please complete, starting with your most recent address and the dates when you moved in and out. (Continue on a separate sheet if necessary)

Address of Property	Name and Address of Landlord	From		To	
		Month	Year	Month	Year
1. _____ _____ _____	_____ _____ _____	____	____	____	____
2. _____ _____ _____	_____ _____ _____	____	____	____	____
3. _____ _____ _____	_____ _____ _____	____	____	____	____
4. _____ _____ _____	_____ _____ _____	____	____	____	____

Have you ever had a Two Castles Tenancy before? Please give address and dates

Do you have any outstanding rent arrears on any previous tenancy? Yes No

If yes, please give details

GENERAL QUESTIONS

If you wish to move closer to family, a carer, your job or your child's school, please provide details below:

Are you an Asylum seeker? Yes No Have you applied for residency? Yes No

Do you have a pet? Yes No A Dog A Cat Other

Please be aware that on some of our schemes we do not allow pets

FINANCIAL DETAILS

Are you employed? Yes No

Joint Applicant? Yes No

Name and address of employer _____

Name and address of employer _____

What is your salary £ _____ per _____

What is your salary £ _____ per _____

If no, please confirm which benefits you receive:

If no, please confirm which benefits you receive:

Benefit	Amount
_____	£ _____
_____	£ _____
_____	£ _____

Benefit	Amount
_____	£ _____
_____	£ _____
_____	£ _____

Do you have any savings? Yes No

If yes, please state amount: £ _____

If you are an owner occupier: What is the value of your property? £ _____

How much mortgage do you still owe? £ _____

If you are in arrears, please state amount? £ _____

CRIMINAL CONVICTIONS

Do you have any convictions, other than spent convictions as defined in the Rehabilitation of Offenders Act 1974 for any of the following offences:

If yes, please give details below:

Supply or Possession with intent to supply Controlled Drugs Yes No _____

Burglary of Dwellings Yes No _____

Criminal Damage to Association Property Yes No _____

Racial or Sexual Harassment Yes No _____

Violent Assault against other resident, Association Board or Staff Members Yes No _____

DECLARATION

Data Protection Act 1998

The information you provide will be treated in the strictest confidence and will be processed in accordance with the Data Protection Act 1998. We will use the information as part of our Lettings Policy (to process your application), Housing Management policies (to prevent or minimise anti-social behaviour and to prevent, minimise or recover rent arrears debts owed to the Association) and Housing Benefit queries (to prevent or detect fraud).

Please check the information you have given on this form, then read the statement below and sign it.

The information I have given on this form is true and complete. I understand Two Castles Housing Association can reject my application if any of the information is untrue. If I am re-housed after giving false information I understand that legal action may be taken against me.

Your signature _____ Date _____

Joint Applicant's signature _____ Date _____

EQUAL OPPORTUNITIES NB. You do not have to answer this if you do not want to.

Ethnic Origin – Do you consider yourself to be (please tick the box which applies to you – one only)

- | | | | | |
|--------------------------------------|--|--|--------------------------------------|--------------------------------|
| White | <input type="checkbox"/> British | <input type="checkbox"/> Irish | <input type="checkbox"/> Other | |
| Mixed | <input type="checkbox"/> White & Black Caribbean | <input type="checkbox"/> White & Black African | <input type="checkbox"/> White Asian | <input type="checkbox"/> Other |
| Asian or Asian British | <input type="checkbox"/> Indian | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Other |
| Black & Black British | <input type="checkbox"/> Caribbean | <input type="checkbox"/> African | <input type="checkbox"/> Other | |
| Chinese or other ethnic group | <input type="checkbox"/> Chinese | <input type="checkbox"/> Other | | |
| Refused to answer | <input type="checkbox"/> | | | |

Please return to your local Housing Office

- | | |
|--|--|
| <input type="checkbox"/> Two Castles Housing Association Ltd.
154 New Bridge Street
Newcastle upon Tyne, NE1 2TE
0191 261 4774 | <input type="checkbox"/> Two Castles Housing Association Ltd.
3 Castle Street
Carlisle, CA3 8SY
01228 547463 |
| <input type="checkbox"/> Two Castles Housing Association Ltd.
3 Angel Yard, 21-23 Highgate
Kendal, LA9 4DA
01539 733319 | <input type="checkbox"/> Two Castles Housing Association Ltd.
Catherine Mill, Catherine Street
Whitehaven, CA28 7QT
01946 591848 |

email: mailbox@twocastles.org.uk

APPLICATION NOTES For official use only