# 

A\* A B C

Reject

### OFFICE USE ONLY

App No ……………

Application Source …………

Beds ………...…...……

File number …………………

Former Tenant Debt Yes No



(Check SDM, Sage)

In receipt of HB/UC Yes No



## Housing Application Form

If you need help completing this form please contact 01900 602906.

All information will be treated in confidence.

This document can be provided in large print, audio format and other languages if required

#### YOUR DETAILS

Full Name ……………………………………………………………………………………………………………………………………………….

Address ………………………………………………………………………………………………… Post Code …………………

National Insurance No. ……………………………………………………..……....… Date of Birth: ………………………………….……………

Telephone Number: Mobile ……………..………………………… Other (Home/Work) ……………………….….……….….….…

Email Address: ………………………………………………………………………………………………………………………………………….

Date moved into this Address: ………………………………………….……………

Full Name (if joint applicant) ………………………………………………………………………………………………..…………………..

Address …………………………………………………………………………………………… Post Code………………..…….………

National Insurance No. ………………………………….……………………..... Date of Birth: …………………………..…………………

Telephone Number: Mobile ……………..………………………… Other (Home/Work) ……………………..….……….….….…

Email Address: …………………………………………………………………………………………………………………………………………

Date moved into this Address: ……………………………………….……………...

Have you been a tenant of this Association before? Yes ⬜ No ⬜

If yes, please state the address of the property

Name (if different from current name): ……………………………………………………………………………………….…………….

Address: …………………………………………………………………………………………………………………………………………………

Have you, or the joint applicant, ever been evicted by a landlord before? Yes ⬜ No ⬜

Who was evicted? …………………….................................................................................................................

Reason for eviction? …………………………………………………………………………………………………….…………………………..

Name, address or contact details of landlord ……………………………………………………………………………………………...

……………………………………………………………………………………………………………………………………………………………….

Do you, or the joint applicant, owe any rent arrears or recharges to any landlord?

Please give details……………………………………………………………………………………………………………………………………..

Do you have a payment plan in place? Yes ⬜ No ⬜

Please explain…………………………………………………………………………………………………………………………………………….

#### CURRENT HOUSEHOLD DETAILS

Please give details of all people in your **current** household **even if they won’t be moving with you.**

**Don’t include yourself or the joint applicant.**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname | | First Name(s) | | | Sex M/F | | Date  of  Birth | | Is this person moving with you? | |
|  | |  | | |  | |  | | Yes / No | |
| Relationship to You | |  | | Employment Status e.g. working, retired, unemployed, at school, at home, permanently sick | | |  | |
|  | |  | | |  | |  | | Yes / No | |
| Relationship to You | |  | | Employment Status e.g. working, retired, unemployed, at school, at home, permanently sick | | |  | |
|  | |  | | |  | |  | | Yes / No | |
| Relationship to You | |  | | Employment Status e.g. working, retired, unemployed, at school, at home, permanently sick | | |  | |
|  | |  | | |  | |  | | Yes / No | |
| Relationship to You | |  | | Employment Status e.g. working, retired, unemployed, at school, at home, permanently sick | | |  | |
|  | |  | | |  | |  | | Yes / No | |
| Relationship to You | |  | | Employment Status e.g. working, retired, unemployed, at school, at home, permanently sick | | |  | |
|  | |  | | |  | |  | | Yes / No | |
| Relationship to You | |  | | Employment Status e.g. working, retired, unemployed, at school, at home, permanently sick | | |  | |

You should be aware that the Association has very few 4 bedroom properties.

##### ADDRESS HISTORY

**Please give detail of anywhere else you have lived in the last 5 years not including your current accommodation**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Address | Give Name/address and contact details of Landlord | Date of Occupation  From To | | Reason for  Leaving |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

CURRENT TENANCY DETAILS AND ACCOMMODATION

In your current accommodation, are you? (Please tick appropriate box)

Renting from a Housing Association Renting from Private Landlord

Accommodation with Job With Family/Friends

Temporary Accommodation Owner occupier

Other

What type of property do you currently live in? (Please tick appropriate box)

Flat Bedsit Maisonette House Bungalow Hostel

Prison Bed and Breakfast Mobile Home Hospital Residential Home

Other (Please Specify) ………..……………………………….. How many bedrooms are there? ……………….…………..

If you are an **owner occupier**, please provide the value of your property and details of any equity.

………………………………………………………………………………………………………………………………………………………………………..

………………………………………………………………………………………………………………………………………………………………………..

##### CURRENT CIRCUMSTANCES

**Homeless:**  Have you approached your local authority for help with homelessness? Yes ⬜ No ⬜

Were you given a full Homeless Duty Help with Homeless Relief Help with Homeless Prevention

**Please provide contact details of homeless officer and any supporting information**

**……………..…………………………………………………………………………………………………………………………..**

**Why must you leave your current accommodation?** (please provide supporting information)

Relationship Breakdown Refugee/Asylum Seeker Notice to Quit/Notice Seeking Possession

Repossession Action (e.g. by Bank/Building Society) Eviction Order

Leaving Institution (e.g. hospital, prison) Temporary Accommodation (e.g. bed and breakfast, hostel)

Medical reasons Pregnancy

Other (Please specify) ……………………………………………………………………………………………………………………….

**Armed Forces:**

Are you or your joint applicant currently serving or have ever served in the armed forces.? Yes ⬜ No ⬜

Please provide details ……………………………………………………………………………………………………..(optional).

**HEALTH AND DISABILITY** If anyone to be re-housed has an illness/disability please give details.

|  |  |
| --- | --- |
| Name | Details of Ill Health/Disability |
|  |  |
|  |  |
|  |  |

How would moving improve these conditions? (please provide any supporting documents/letters)

…………………………………………………………………………………………………………………………………………..…………………

……………..………………………………………………………………………………………………………………………………………………

Other housing needs due to Domestic Abuse, Harassment, Cruelty and Violence (including Racial and Sexual).

Please give details as to why you need to move home. If not enough space attach separate letter

………………..…………………………………………………………………………………………………..………………………………………

…………………..…………………………………………………………………………………………………………………………………………

Have you approached your current landlord for help with moving? Yes ⬜ No ⬜

If yes, please give details of their response

…………………….………………………………………………………………………………………………………………………………………

…………………….………………………………………………………………………………………………………………………………………

Have you registered with Cumbria Choice? Yes ⬜ No ⬜

If yes, please give details of your priority banding or if no please give reason why

…………………………………………………………………………………………………..…………………………………………………………

………………………………………………………………………………………………….………………………………………………………….

##### WHAT TYPE OF PROPERTY DO YOU NEED?

**Property type** House Flat Bungalow

Ground Floor Only Any Floor (Stairs) Level access property

#### Do you require a specially adapted accommodation? Yes ⬜ No ⬜

#### If yes, please give details

#### ………………………………………………………………………………………………………………………………………………………….…………….………

#### ………………………………………………………………………………………………………………………………………………………………………..………

#### 

##### Where do you want to live?

Please list the schemes/areas for which you wish to be considered. List of relevant areas is attached.

1 ………………………………………………………………………….. 2 ………………………………………….…………………………………

3 ……………………………………………………………………….….. 4 …………………………………….…………………….…..…………..

How many bedrooms do you need? ……………………………………………………………………………………………………………..…

#### Pets

Do you have any pets such as a cat or dog? (this may not affect your offer of housing)Yes ⬜ No ⬜

#### If yes, please give details of how many and breed.

………………………………………………………………………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………………………………………………….

**SUPPORT AGENCIES**

Please give details of agencies involved with you or any member of your household including contact numbers and their reason for involvement

…………………………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………………

**CRIMINAL ACTIVITY**

Do you or anyone else moving with you have any convictions? Yes ⬜ No ⬜

If yes, please provide details ……………………………………………………………………………………………………………………………….

Have you or anyone moving with you been charged with any offences which are yet to be dealt with by the court?  
Yes ⬜ No ⬜

If yes, please provide details ……………………………………………………………………………………………………………………………….

Are you or anyone moving with you on the Sex Offenders Register? Yes ⬜ No ⬜

If yes, please provide the name of your Offender Manager …………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………………………

**INCOME DETAILS**

Please give details of income and benefits for yourself, your partner and other relevant household member.

#### Current Employment:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Person Working | Employer details | Is Employment Full or Part-Time? | Weekly Take Home (Net) Pay |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Are you or your partner in receipt of benefits/Universal Credit? Yes ⬜ No ⬜

##### Pensions and Benefits

Please provide details of any benefits or pensions you are currently receiving

|  |  |  |  |
| --- | --- | --- | --- |
| Person Getting Benefit | Type of Pension/Benefit | Amount monthly or weekly | Universal Credit payment date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

##### SAVINGS

Please state the total amount of savings held by yourself and/or joint applicant £…………………………

##### EMPLOYEE/MEMBER

Are you or your partner an employee or member of the Association, or a relative of any employee or member?

Yes ⬜ No ⬜

If yes, please give details. …………………………………………..………………………………………………………………………………

##### If you are successfully shortlisted for a property we will make an appointment to visit you at home to complete a pre-tenancy assessment sheet. During this interview we will ask for the details of the person providing your reference and for two forms of identification documents which is in line with the government right to rent criteria as listed below.

##### These documents must be original copies of one item from list A or two from list B.

##### LIST A. LIST B.

Passport Birth or Adoption Certificate

EEA Identity Card Full or Provisional Driving License

UK Permanent Resident Card Letter from UK Government/local authority

Certificate of naturalisation registration of British Citizen Benefits paperwork

UK immigration Status document with unlimited leave Letter from HM Prison

Biometric Residence Permit with Unlimited Leave Letter of attestation from an employer

Passport or travel document with unlimited leave Utilities Bill

Evidence of service in UK forces

**ADDITIONAL INFORMATION**

………………………………………………………………………………………………………………………………………………….……………………………….

……………………………………………………………………………………….………………………………………………………….………………………………

…………………………………………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………………………………………..

……………………………………………………………………………………….…………………………………………………………………………………………

………………………………………………………………………………………….………………………………………………………………………………………

………………………………………………………………………………………….……………………………………………………………………………….……..

………………………………………………………………………………………….…………………………………………………………………………….………..

………………………………………………………………………………………………………………………………………………………………………………….

……………………………………………………………………………………………..……………………………………………………………………….…………

…………………………………………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………………….………..

……………………………………………………………………….………………………………………………………………………………………………….…….

…………………………………………………………………………………………………………………………………………………………………………………

**OFFICE USE ONLY**

**NOTES**

Please date and initial any entry

………………………………………………………………………………………………………………………………………………….……………………………….

……………………………………………………………………………………….………………………………………………………….………………………………

…………………………………………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………………………………………..

……………………………………………………………………………………….…………………………………………………………………………………………

………………………………………………………………………………………….………………………………………………………………………………………

………………………………………………………………………………………….……………………………………………………………………………….……..

………………………………………………………………………………………….…………………………………………………………………………….………..

………………………………………………………………………………………………………………………………………………………………………………….

……………………………………………………………………………………………..……………………………………………………………………….…………

…………………………………………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………………….………..

……………………………………………………………………….………………………………………………………………………………………………….…….

…………………………………………………………………………………………………………………………………………………………………………………

## Declaration Statement by Applicant

I understand that Westfield Housing Association will process and retain the information provided on this form in accordance with the General Data Protection Regulations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For further information on how we use your information and how we obtain a copy of the information held about you, please go to [www.westfieldha.org.uk//images/pdf/tenant-privacy-notice.pdf](http://www.westfieldha.org.uk/images/pdf/tenant-privacy-notice.pdf) or write to Data Protection, Westfield Housing Association, Minto Centre, Nilsson Drive, Westfield, Workington, Cumbria, CA14 5BD ([dataprotection@westfieldha.org.uk](mailto:dataprotection@westfieldha.org.uk)).

I/we authorise Westfield Housing Association to obtain information and/or evidence from any third party, including:

* All other Social Landlords
* Local Authority (housing benefit, Universal Credit and council tax queries)
* Utility Companies
* Social Services
* Police
* Next of Kin as listed above and/or Support Worker

I/we also authorise Westfield Housing Association to provide information to third parties that may reasonably request information relating to my/our tenancy.

I/we authorise the disclosure of relevant personal information to Westfield Housing Association in connection with my housing arrangements, my finances or my housing benefit & Universal Credit entitlement.

The information I have given on this application is accurate to the best of my knowledge and I agree to let Westfield Housing know of any changes to my circumstances.

Please note under the Housing Act 1999 Part 6, it is a criminal offence to knowingly give false information or withhold information in respect of any matter relating to your application.

Signed ……………………………………………………………………………………………………………………………………...

Signed (joint applicant) ……………………………………………………………………………………………………………..

Date ……………………………………………

# 

# Minto Centre, Nilsson Drive, Westfield, Workington, Cumbria, CA14 5BD

Telephone: (01900) 602906

Email: [enquiries@westfieldha.org.uk](mailto:enquiries@westfieldha.org.uk)

Website [www.westfieldha.org.uk](http://www.westfieldha.org.uk)