

Housing Application Form(Hostel Applc.)

Private and Confidential

You must complete ALL sections of this form.
 Please answer in the boxes provided, by writing clearly or ticking where appropriate.

If you need help with filling in this form please ask your Housing Officer by contacting us on 020 7424 7370. If you would like an officer of the same sex then this can be arranged.

Section 1 – Tenant Details

1. Name and address – couples that are, or wish to be considered as, joint tenants should fill in both sections.			For Office Use
	APPLICANT	PARTNER	
Title Mr/Mrs/Ms/Miss			Date of App
First name(s)			Additional Info Req.
Surname			Additional Info Rec.d
Date of birth (dd/mm/yy)			Registration No.
National Insurance Number			Status
Present Address			Grounds
			Points
Postcode			
Home Telephone Number			
Work Telephone Number			
Mobile Telephone Number			
Email address			

Housing Application Form

For Office
Use

2. Do you or your partner use, or are you known by, any other name? If YES please give details.

APPLICANT	PARTNER
_____	_____
_____	_____

3. Address you would like us to send all letters to (if different from above) and the reason why.

Reason _____

4. Languages

What is your first language?	_____
Do you require an interpreter?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you require this document in	Braille <input type="checkbox"/> Large Print <input type="checkbox"/>

5. Tenancy Details

Is your partner a joint tenant? Yes <input type="checkbox"/> No <input type="checkbox"/>	What type of tenancy do you have? Assured <input type="checkbox"/> Assured Shorthold Licence <input type="checkbox"/> Secure <input type="checkbox"/>
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6. Household Details – Please list everyone who lives with you now and who will continue to live with you if you are rehoused.

First name(s)	Surname	Sex (M or F)	Date of birth (dd/mm/yy)	Relationship to you

Please give details of anyone not living with you at present but you wish to live with you if you are rehoused.

First name(s)	Surname	Sex (M or F)	Date of birth (dd/mm/yy)	Relationship to you

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Please give the reason why they are not living with you and why you want them to be considered.

Do you or anyone you want to move with you own or rent any other home? Please give details.

Surname	First Name	Rent or own	Property Address	Landlord Details

Is anyone listed above an asylum seeker? Yes No

If yes, you must attach their latest Home Office papers.

If anyone listed above is pregnant please give their name and the date that the baby is due

Name:

Date:

Please enclose a copy of the maternity certificate.

Household Economic Status

Are you receiving full or partial Housing Benefit? Yes/No

Are you in any form of employment? Yes/No

If yes, is it:

Full Time Yes/No

Part Time Yes/No

Section 2 – About where you live now

For Office Use

1. What type of property do you live in?

Flat in a small block

Flat in a conversion

Flat on an estate

Maisonette in a small block

Maisonette in a conversion

Maisonette on an estate

House on an estate

House on a street

Bungalow

Hostel

Other (please give details): _____

Does your property have any disability adaptations? Yes No

If, Yes, please list:

Do you have central heating?

None

Full

Partial

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Do you have access to a garden?

Sole use of back garden Partial (shared or communal) use of back garden

No access to back garden

What floor is your home on? If you live on more than one level, please tell us the level of your own front door.

Floor level _____

Is your property on more than one level? Yes No

Is there a lift? Yes No Is it reliable? Yes No

How many double bedrooms are there in the property? _____

How many single bedrooms are there in the property? _____

Do you have a separate dining/reception room? Yes No

If, Yes, how many? _____

2. Pets

Do you have any pets? Yes No

If Yes, please provide details.

Please note many schemes do not allow pets.

3. Support Needs.

Is anyone in your household receiving specialist support? (E.g. Social worker, Community Psychiatric Nurse, Health Visitor, Home Help etc) Yes No

If yes please give details below.

Who receives support?	_____
Support Worker	_____
Job title	_____
Contact address	_____

Tel	_____

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4. Why do you want to be re-housed?

Area with horizontal lines for text entry.

For Office Use
H/DV
CONF. REC D
MAN. TRAN.
CONF. REC D
HOSP
CONF. REC D
REASON CODE

Section 3 – Your Housing Need

NB: Grounds floor flats, properties with gardens, street properties, houses and properties which can be adapted for applicants needing mobility standard accommodation are in very short supply and will be offered to those people in most need of them.

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BED SIZE
NEEDED

1. What is the lowest number of bedrooms you would accept? ____

2. If you are over 60, are you interested in sheltered housing?
Yes No

3. Medical Assessment: If you or someone moving in with you has health or disability needs that affect the type of housing you require, please give their details here.

Name	

- Note: If we need to make an assessment of your medical need, we will ask you to fill in a medical form. Alternately you can pick up or request a medical form from ARHAG, 2nd Floor, Alexandra Court, 122 – 124 High Road, Wood Green, London N22 6HE (Tel: 020 8365 7170) and attach it to this form.

Section 4 – Where would you like to live?

Borough	Yes, No or Cannot	Reason if Cannot	For Office Use
Brent			
Camden			
Hammersmith and Fulham			
Haringey			
Islington			
Kensington and Chelsea			
Lambeth			
Lewisham			
Newham			
Southwark			
Tower Hamlets			
Westminster			

Section 5 – Other schemes

1. Would you consider?		
Mutual Exchange / Homeswap	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Low Cost Home Ownership i.e. Shared Ownership or Key Worker Scheme.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Can we pass some of the details you have provided on this form to the relevant organisations?

Yes No

Section 6 – Declaration

Are you or is anyone on this form employed by ARHAG Housing Group?

Yes No

If Yes, do they work in the Housing Services Department?

Yes No

Are you or is anyone on this form related to an ARHAG employee or board Member?

Yes No

If you have answered Yes to any of the above, please give details:

Name of Employee/ Board Member

Relationship

For Office Use

Notes:

1. You must tell us immediately if any of the details you have given on this form change.
2. We will check the information you give.
3. Please remember that if you, or anyone acting for you, tell us anything that is not true, we may take legal action against you and you could lose your home.
4. We may use the information you have given us on this form to help prevent and detect fraud.
5. We cannot deal with your application unless you sign this declaration.

Please return this form to: - ARHAG Head Office
2nd Floor,
Alexandra Court,
122 – 124 High Road,
Wood Green,
London N22 6HE

The information I have given on this form is true. I will tell you immediately about any changes in my circumstances.

Your signature:

Date:

Your signature (Partner/Joint Tenant):

Date:

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If someone else has completed this form for you, please ask him or her to give:

Their name: _____ Their relationship to you: _____

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NB: YOUR RENT ACCOUNT WILL BE CHECKED, AND WILL BE TAKEN INTO ACCOUNT WHEN PROCESSING THIS APPLICATION.

Documents Needed

Have you attached the following documentation? Without it we will be unable to make a full assessment of your application.

DOCUMENTATION	ATTACHED (Quantity)	For Office Use
<p>Proof of identity for each person on the application, in the form of a passport or birth certificate.</p> <p>Those persons born outside of the United Kingdom or Eire must provide a current valid passport as proof of their identity. Those persons who have a passport from a non-EEC country must show evidence that they have leave to remain in the United Kingdom, either in the form of a letter from the Home Office or a valid visa in their passport.</p>		
<p>ADULTS Proof of residence for each adult on the application – we will need to see 3 things which show your name and current address.</p> <p>Acceptable proof of residence:</p> <p>GP card, drivers licence, credit agreements, bills, bank or building society statements, pay-slips, DSS letters, benefit books, legal letters, etc.</p> <p>Hand written envelopes are <u>not</u> acceptable. You are required to provide 3 separate items – several items from the same source will be counted as one item only.</p>		
<p>CHILDREN Birth certificate and proof of who receives Child Benefit for each child on the application form.</p>		
<p>If pregnant, expected date of confinement certificate or MATB1 form as appropriate.</p>		
<p>Medical assessment form for anyone who has a medical condition affected by their current housing.</p>		
<p>If you are an Asylum Seeker, documentation showing the most recent Home Office decision.</p>		
<p>If you have any other documentation, which supports your application, please attach copies and give details below.</p> <hr/> <hr/> <hr/> <hr/>		

Equal Opportunities Monitoring

It is important for us to monitor the ethnic origin, sex, disability and age of customers applying for a transfer, to help us ensure that we are providing services fairly to all groups of people.

We would be extremely grateful if you could tick the relevant boxes on form below. Any details that you provide will be kept confidential.

You do not have to give this information, but it helps us to monitor our services and to ensure that everyone is being treated equally.

Applicant's Age: _____ **Sex:** Male Female

Ethnic origin:

Choose ONE section from A to E, and then tick the appropriate box to indicate your cultural background.	
A	Black, Black British, Black English, Black Scottish, or Black Welsh <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background, please write in <input style="width: 150px; height: 20px;" type="text"/>
B	Mixed <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed background, please write in <input style="width: 150px; height: 20px;" type="text"/>
C	Asian, Asian British, Asian English, Asian Scottish, or Asian Welsh <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background, please write in <input style="width: 150px; height: 20px;" type="text"/>
D	White <input type="checkbox"/> British <input type="checkbox"/> English <input type="checkbox"/> Scottish <input type="checkbox"/> Welsh <input type="checkbox"/> Other, please write in <input style="width: 150px; height: 20px;" type="text"/> <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background, please write in <input style="width: 150px; height: 20px;" type="text"/>
E	Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh, or other ethnic group <input type="checkbox"/> Chinese <input type="checkbox"/> Any other background, please write in <input style="width: 150px; height: 20px;" type="text"/>

Receipt

OFFICE AND DATE STAMP

Name _____

Address _____

(_____) has received your housing application

We have also received the following proof from you:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____