

Hostel Application Form

Please complete ALL sections of this form and provide any necessary evidence.

Section A	Personal Details
Title Mr/Mrs/Ms/Miss	
First name(s)	
Surname	
Date of birth (dd/mm/yy)	
National Insurance Number	
Address	
Postcode	
Telephone Number	
Telephone Number	
Email address	
Are you an asylum seeker? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<u>If yes, you must attach your latest Home Office papers.</u>	

Section B	Housing Need
Who is your current landlord?	
Address (if known)	
Telephone	
Email	
Current Address	

Is your current accommodation Furnished Unfurnished

Do you share the property? Yes No Which rooms do you share?

Are those you share with related to you? Yes No

How much rent do you pay per month/week?

Does your rent include any of the following? Water Heating Lighting Other Service

If other, please specify -

Is your rent paid and up to date? Yes No

How would you describe your present accommodation?

Education

List below your education and training.

Date	Name and address of school, college, university or training provider	Qualifications obtained

Employment History

Are you currently employed? Yes No

If yes please provide details of your current employer.

Organisation	Job Title	Length in employment	Employer contact details
Salary £			

Medical History

Do you have a permanent physical or mental disability or illness? Yes No

If yes, please provide details and evidence from your GP:

GP details

Name	Address	Telephone number

Additional information

Please use this space to specify why you would like to be housed in the hostel:

Equal opportunities monitoring

We collect information about our transfer applicants' backgrounds, so that we can check that our transfer service is fair to all our residents. If you prefer not to complete this section, it will not harm your application.

Your ethnic group

<p>White</p> <ul style="list-style-type: none"> <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Other <p style="margin-left: 20px;">If Other, please specify:</p>	<p>Mixed</p> <ul style="list-style-type: none"> <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 <p style="margin-left: 20px;">If Other, please specify:</p>
<p>Asian or Asian British</p> <ul style="list-style-type: none"> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Other Asian background <p style="margin-left: 20px;">If Other, please specify:</p>	<p>Black or black British</p> <ul style="list-style-type: none"> <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background <p style="margin-left: 20px;">If Other, please specify:</p>
<p>Chinese or other</p> <ul style="list-style-type: none"> <input type="checkbox"/> Arab <input type="checkbox"/> Any other background <p style="margin-left: 20px;">If Other, please specify:</p>	

Your religion

<input type="checkbox"/> None	<input type="checkbox"/> Christian	<input type="checkbox"/> Buddhist
<input type="checkbox"/> Hindu	<input type="checkbox"/> Jewish	<input type="checkbox"/> Muslim
<input type="checkbox"/> Sikh	<input type="checkbox"/> Other (please tell us which):	

Your gender

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender
-------------------------------	---------------------------------	--------------------------------------

Your first language

What is your first language	
Do you have difficulty in English?	<input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> Speaking <div style="text-align: right; font-size: small;">***Tick the ones you have difficulty in</div>
Do you require an interpreter	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require letters in :	<input type="checkbox"/> Braille <input type="checkbox"/> Large print <input type="checkbox"/> In your First language

Declaration

Are you an employee or related to an Arhag employee or board member?

Yes* No

* IF yes please give details below:

Name of employee or board member:

Job Title:

Relationship:

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 send us the evidence required on page 9
6. We cannot deal with your application unless you sign this declaration.

Please return this form to: -

**ARHAG Head Office
Unit B, Ground Floor
Mary Brancker House
54-74 Holmes Road
Kentish Town
London NW5 3AQ**

I/We agree to allow you to process the information in the application form, passing on details to relevant agencies if you believe it is necessary to continue to provide me with a housing service.

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

Signed: (Tenant)	Date
Signed: (Joint tenant)	Date
If someone else has completed this form for you, please ask them to give their details:	
Name :	Relationship to you:
Telephone:	