

Application Register of Housing Need



Please complete all sections of the form

Section 1 You and Your Household

Please give your details and those who will be rehoused with you

	Applicant	Partner/Joint Applicant
Title		
First Name		
Last Name		
National Insurance Number		
Date of Birth		
Address Postcode		
Contact Telephone Number		
Address we should write to (if different from above) Postcode		
Relationship to applicant		
Known by any previous surnames		

Please give details of everyone who will be rehoused with you

Title	First Name	Last Name	Male or Female	Date of Birth	Relationship to you	Are they living with you
Is any member of your household expecting a baby?				If Yes, date baby due		

Please provide one form of formal proof of identity for each member listed above as part of your household. For adults, this can include one of the following: birth certificate, passport, driver's licence, medical card, benefit entitlement letter. For dependent children, this should be your confirmation of receipt of child benefit. Please do not send originals through the post. At this stage, photocopies will be accepted. In event of an offer of housing being made, you will have to provide original documents.

Office Use Only	Application Date	No. of Beds	Application Ref No	Notes:
	Accomm Points	Medical Points	Total Points	

Section 2 Income and Employment

Please show the main source of income for you and your partner.

- All from state benefits or pensions Partly from state benefits or pensions
 No state benefits or pensions

If you, or your partner are in full-time or part-time employment, please give details below.

	Employers Name & Address	Do you work full-time or part-time?
You		
Your Partner		

Please give details of your current level of income every week (fill in the section that applies to you).

Total Take-Home Pay	£	Disability Allowance	£
Child Benefit	£	State Pension	£
Working Tax Credit	£	Occupational Pension	£
Child Tax Credit	£	Income Support/Job Seeker's Allowance	£

Please state which other benefits you receive

Please give details of any savings or investments you and your partner have.

Total amount	£	Annual income (from investments)	£
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Do you own any property? Yes No

If yes, please give details of the address and the value of the property:

	Current Value	£
	Total Mortgage you owe	£-
	Any outstanding debt	£-
	Capital remaining	£

All owner/occupiers are required to provide a professional valuation (i.e. from an estate agent) in respect of the property they own. If you have a mortgage on the property, please also provide a recent mortgage statement, which should be dated within the last six months.

Section 3 Previous Addresses

Please list below all your previous addresses for the last five years.

	Address	Dates From - To	Reason for Leaving	Were you a tenant, lodger or owner?
1				
2				
3				
4				
5				
6				

Previous Social Housing Tenancies

Have you, or any member of your household, ever been a tenant of a local housing authority or housing association?

Yes No

If yes, please give details

	Address	Name of Landlord	The reason why tenancy ended
1			
2			
3			

Section 4 Current Accommodation

Please tick **one** box below to show your current housing situation.

- | | | | |
|---|--------------------------|-------------------------------|--------------------------|
| Tenant of a housing association or trust* | <input type="checkbox"/> | Tenant of a local authority* | <input type="checkbox"/> |
| Tenant of a private landlord* | <input type="checkbox"/> | Temporary accommodation | <input type="checkbox"/> |
| Hostel, refuge, bed & breakfast | <input type="checkbox"/> | No fixed abode | <input type="checkbox"/> |
| Prison | <input type="checkbox"/> | Owner/Occupier | <input type="checkbox"/> |
| Tied or services tenancy* | <input type="checkbox"/> | Lodger with friends or family | <input type="checkbox"/> |
| Armed forces accommodation | <input type="checkbox"/> | Hospital or nursing home | <input type="checkbox"/> |

If you have ticked any of the boxes marked with a *, please give the name and address of your landlord.

If you are renting, what is your monthly rent?

£

Have you been asked to leave your current home?

Yes No

Have you been served with a Notice to Quit or a Notice of Seeking Possession?

Yes No

Have you been served with a Possession Order by the Court?

Yes No

Please describe why you can no longer remain in your present home.

Type of property you currently live in

- | | | | | | |
|-------------|--------------------------|--------|--------------------------|----------|--------------------------|
| House | <input type="checkbox"/> | Flat | <input type="checkbox"/> | Bungalow | <input type="checkbox"/> |
| Mobile Home | <input type="checkbox"/> | Bedsit | <input type="checkbox"/> | Other | <input type="checkbox"/> |

How many bedrooms does your current accommodation have?

If you live in a mobile home, please give overall measurements.

If you live in a flat, on what floor is your accommodation?

Please tick those boxes that apply of you have any of the following facilities.

	Sole Use	Shared Relatives	Shared Non-Relatives	Lacking
One bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two bedrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Three bedrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Four bedrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dining Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separate kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchenette	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bath or shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inside toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold-water supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot-water supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Central heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 5 Your Current Housing Situation

There are different reasons why people ask to be rehoused. Please tick the boxes that best describe why you are applying to be rehoused.

Need a larger property	<input type="checkbox"/>	End of shorthold tenancy	<input type="checkbox"/>	Loss of tied accommodation	<input type="checkbox"/>	Asked to leave by friends/family	<input type="checkbox"/>
House in poor condition	<input type="checkbox"/>	Need a smaller property	<input type="checkbox"/>	Leaving care/residential home	<input type="checkbox"/>	Domestic violence	<input type="checkbox"/>
Difficulty with rent/mortgage	<input type="checkbox"/>	Relationship breakdown	<input type="checkbox"/>	Health/disability reasons	<input type="checkbox"/>	Leaving HM Forces	<input type="checkbox"/>
Need sheltered accomodation	<input type="checkbox"/>	Eviction/repossession	<input type="checkbox"/>	Need independence	<input type="checkbox"/>	To give/receive family support	<input type="checkbox"/>
Racial harassment	<input type="checkbox"/>	Move near family/work	<input type="checkbox"/>	Leaving prison/probation hostel	<input type="checkbox"/>	Please specify	<input type="checkbox"/>
Other	<input type="checkbox"/>	Other harassment	<input type="checkbox"/>			<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	

Habitual Residence

It is a legal requirement under Part VI of the Housing Act 1996 that we ask you the following questions:

Is your residence in the United Kingdom subject to Immigration control? Yes No

Have you lived or worked outside the United Kingdom, Republic of Ireland, Channel Islands or the Isle of Man at any time within the last five years? Yes No

Section 6 Ethnic Origin

Please provide us with information about yourself using the relevant boxes below to enable the Trust to monitor its Equal Opportunities Policy. Monitoring is recommended by the Code of Practice for the Elimination of Racial Discrimination on the grounds of sexual orientation or religious beliefs.

Ethnic group of person 1 as defined by applicant

✓ one only

- a. White British Irish Other
- b. Mixed White & Black Caribbean White & Black African
 White & Asian Other
- c. Asian or Asian British Indian Pakistani Bangladeshi
 Other
- d. Black or Black British Caribbean African Other
- e. Chinese or other ethnic group Chinese Other
- f. Refused

How would you describe your sexuality?

✓ one only

- Heterosexual Bisexual Gay
- Question Refused

Section 7 Medical Information

Have you got any medical reasons for wanting to move? Yes No

Is anyone in your household registered disabled? Yes No

Does anyone in your household use a wheelchair? Yes No

It may help your application if you tell us if any of the following medical or any other special circumstances apply to you or member of your household.

- Mental health needs Learning disability Chronic illness
- Frail or elderly Under 18 Physical disability
- Drug abuse problems Ex-offender Alcoholic/Alcohol problems

Do you have any contact with Social Services or any other support services, for example Social Workers, Support Workers, Community Psychiatric Nurse, SureStart or a Family Aid worker? Yes No

Do you need to move to more suitable accommodation because of a physical illness or disability? Yes No

If yes, please provide further details (e.g. do you have difficulty managing the stairs?)

You do not need to send letters from your GP.

If we need more information, we will ask you to complete a medical questionnaire.

Has your property been adapted because of your disability, for example handrails or level-access shower? Yes No

If yes, please give details

Section 8 Other Information

Family or business connections with Coastline Housing Ltd

Are you or any member of your household a close relative of a current or former employee (during the last 12 months) or Non-Executive Director (NED) of Coastline Housing Ltd? Yes No

If yes, please give details

Please list any pets you have

Do you have your own transport? Yes No

Section 9 Accommodation Required

Type of property you require

House Flat Bungalow
Bedsit Wheelchair adapted Any

If you would consider being rehoused in a flat, which floor would you consider?

Ground Floor First Floor Second Floor Any

Would you consider any floor if there was a lift?

Yes No

What type of heating would you consider?

Gas Electric Solid Fuel Any

Do you require a warden service?

Yes No

Which areas would you like to live in?

Ashton/Breage Budock Camborne Carharrack

Carleen Carnmenellis Constantine Coverack

Cury Four Lanes Germoe Godolphin

Gunwalloe Gweek Helston Illogan

Lanner Leedstown Lizard Lowertown

Mabe Manaccan Mawgan Mawnan Smith

Mullion Nancegollan Ponsanooth Pool

Porkellis Porthleven Port Navas Praze

Redruth Ruan Minor St Day St Keverne

St. Martin Sithney Stithians Treverva

Troon Wendron Trewennack Any district

Have you or a member of your household ever been convicted of a serious offence? Yes No

If yes, please give details

Please use this space to give any additional information you feel is appropriate to your application.

Declaration

- We/I
- 1 Agree to Coastline Housing Ltd passing this application form to a housing association should they consider offering me a tenancy.
 - 2 Agree to Coastline Housing Ltd seeking information relevant to my housing application from any relevant individual or organisation.
 - 3 Agree to inform Coastline Housing Ltd of any changes in circumstances which might affect my housing application.

Applicant's signature

Date

Partner's signature

Date

Have you remembered to include all the relevant documents? See check list below:

Professional valuation for Owner Occupier

Copy of identification for all members of the household

Letters of support from professional workers

Office use only

Points Breakdown:

Assessed by

Date



Please return completed form to:

Coastline Housing Ltd
Ferris House
Dolcoath Avenue
Camborne
Cornwall
TR14 8SD

Tel: 08452 700 720
Txt: 07800 140 997
Fax: 01209 722 472

Email: customer.service@coastlinehousing.co.uk
Website: www.coastlinehousing.co.uk

Do you, or someone you know, need information in a different format?

Large
Print

abc

In
Braille



On
Tape



Face to
Face



Cantonese

本文件可以應要求，製作成中文(繁體字)版本。

Thai

เอกสารนี้มีให้เป็นภาษาไทยตามความต้องการ

Filipino

Ang dokumentong ito ay may interpretasyon sa wikang Tagalong kung kailangan ninyo.

French

Ce document est disponible en français sur simple demande.

Lithuanian

Pagal pageidavimą šį dokumentą galite gauti lietuvių kalba.

Polish

Dokument ten jest na życzenie udostępniany w języku polskim.

Portuguese

Este documento encontra-se disponível em Português, a pedido.

Russian

По отдельному запросу настоящий документ предоставляется также на русском языке.

Spanish

Este documento puede solicitarse en español.

Turkish

Isterseniz bu belgenin Türkçe'sini size gonderebiliriz.

Vietnamese

Tài liệu này có sẵn bằng tiếng Việt khi được yêu cầu.

Other

If someone you know needs information in another language, please state which language they require here: _____

Name _____

Address _____