



Housing Application Form



FOR OFFICE USE ONLY

Date received.....

Date input.....

Banding.....

Application number.....

Medical referral.....

1. How to apply

- Please read the accompanying booklet 'Getting a Home in Gedling' before completing the form.
- Please fully complete the form and return to the address below.
- If you consider that you have a disability or have any special needs that may make it difficult for you to fill out this form please contact the Housing Team on 0115 9013679 or ask a friend or relative to contact us on your behalf and we will endeavour to make alternative arrangements.
- **You must answer all questions that apply to you and sign the form.** If you do not fully complete the form it will be returned to you.
- **Have you supplied all the information requested?** Please see section 21 for a checklist that you should complete before returning your application form.

Once you have answered all the relevant questions and included all required information, the completed form should be returned to the **Housing Needs Team, Customer Service and Organisational Development, Civic Centre, Arnot Hill Park, Arnold, Nottingham NG5 6LU**

DATA PROTECTION ACT 1998

HOW DO WE USE THE INFORMATION PROVIDED ON THIS FORM?

The information that you provide on this form will be used to assess your application for housing but it may be used for any of the Council's other purposes. This Council is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form within this authority for the prevention and detection of fraud. We may also share this information with other bodies administering public funds solely for these purposes.

2. Who can apply

Applicants eligible to join the Housing Register:

- Persons over 16 years old *
- Existing Council and Housing Association tenants.
- Persons deemed to be habitually resident in the UK and Republic of Ireland.

Applications will only be accepted from people actively seeking re-housing. Applicants not ready to move will be advised to re-apply when they are ready to do so.

** Applicants under the age of 18 will not normally be considered for an introductory or secure tenancy unless they are in priority need.*

Applicants who are ineligible for housing:

Applicants can be found to be ineligible on the following two grounds:

- a) If the applicant is subject to immigration control or;
- b) The applicant or a member of the household is guilty of unacceptable behaviour, serious enough to make them unsuitable as tenants at the time of application.

If you have any queries please call the Housing Department on 0115 9013681.

You may not be eligible for Housing in Gedling if:

- You have had legal action taken against you, in the past two years, for nuisance in the locality where you live, or violence or threatened violence towards a member of your household, neighbours or anyone else in the locality where you live.
- You have been violent towards staff of the Council, another Statutory Authority or a Housing Association.
- You have outstanding current or previous rent arrears or recharges with a Council or a Housing Association.

3. About You (PLEASE USE BLOCK CAPITALS)

Title:..... **First Names:**.....

Surname:.....**Date of Birth:**.....

Address:.....

.....**Postcode:**

When did you move here?

Male /Female.....**National Insurance No**.....

Phone numbers:

Home:.....**Mobile:**.....**Work:**.....

E-Mail.....

4. Joint Applicant

Title:.....First Names:.....

Surname:.....Date of Birth:.....

Address:.....

.....Postcode:.....

When did you move here?.....

Male /Female.....National Insurance No.....

Phone numbers:

Home:.....Mobile:.....Work:.....

E-Mail.....

Relationship to the main applicant

If there are more than two applicants who wish to be considered for a joint tenancy please contact the Housing Needs Team for advice on 0115 9013681.

5. Household members

Please provide details of any other person(s) who need re-housing with you, you will need to provide proof of identification and income for anyone over the age of 18.

FULL NAME	SEX M/F	D/O/B	N.I. NO.	Pregnant Y/N	RELATIONSHIP TO APPLICANT

If you or anyone else on your application is pregnant please confirm the date the baby is due and provide proof (see checklist).

Due date.....

Applicants applying for re-housing with dependent children should provide proof that they are the main carer of the children to be included in the application. Examples of evidence might be a copy of the child benefit letter or solicitors letter/court order confirming custody arrangements.

Are you or anyone on your application covered by immigration control?

YES NO

If YES, please provide details and relevant documentation (see checklist).

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Do you consider yourself, or any member of your household, as having an impairment? (i.e. an injury or long-term illness that causes or is likely to cause a long term effect on an individual)

YES NO

If YES please describe your circumstances

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(Applicants seeking re-housing on health grounds will be asked to complete a medical questionnaire, which may be referred to an impartial medical referral service).

Does anyone use a wheelchair? YES NO

Does anyone use a powered scooter? YES NO

If you have answered YES please confirm who.....

Have you, or any joint applicant, received any support at any previous address? (e.g. social worker, tenancy support worker, CPN)

YES NO

If YES, please state who received support, the name of the provider and the address where support was given.

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Are you, or any joint applicant, in receipt of any support at your current address? (e.g. social worker, tenancy support worker, CPN)

YES NO

Please state the name(s) of the person(s) currently receiving support

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Who is the current support provider?

.....Telephone No.....

Do you or any joint applicant require support once you are rehoused?

YES NO

Please supply details of the type of support you may need

.....

5. Pets

Do you or anyone in your household have any pets? YES NO

If YES what type of animal(s) are they?.....
(In certain schemes pets may not be permitted)

6. About your present home

What is your present accommodation? Please tick one box:

Owner-occupier	<input type="checkbox"/>	Housing association tenant	<input type="checkbox"/>
Council tenant	<input type="checkbox"/>	Renting privately	<input type="checkbox"/>
Tied Tenant	<input type="checkbox"/>	Living with Friends/Family	<input type="checkbox"/>
Hostel	<input type="checkbox"/>	HM Forces	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	No fixed abode	<input type="checkbox"/>

Correspondence address if no fixed abode.....

.....

If you are renting a property please confirm your landlord's name and address.

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(Please note that proof of residence is required – see checklist)

Please tick one box to confirm what you are living in:

House Flat Bungalow Other

If OTHER please specify.....

How many bedrooms are there in your current property?

How many bedrooms are available to use for your household?

If you are living in a flat what floor is it on? (Please tick one box)

Ground First Second Above second

Are you currently living in warden-aided accommodation? YES NO

Has the property you are living in been adapted for a disabled person?

YES NO

If YES please confirm what has been provided (i.e. grab rails etc)

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Will you require any specific adaptations to any property you may be offered?, please specify

.....

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Does your accommodation lack any of the following?

Hot Water Electric Supply Inside toilet

Other (please specify).....

7. Why are you applying for housing?

Please tick the reason(s) why you require housing.

Health problems	<input type="checkbox"/>	Overcrowding	<input type="checkbox"/>
Anti-Social Behaviour	<input type="checkbox"/>	Racial Harassment	<input type="checkbox"/>
Leaving Care or Supported Housing	<input type="checkbox"/>	Your home is too large	<input type="checkbox"/>
Homelessness or threatened with homelessness	<input type="checkbox"/>	Other	<input type="checkbox"/>

If 'other' please state the reason

If you are applying due to health problems we will ask you to complete a medical questionnaire and may use a medical referral service to establish your priority.

Please explain in detail why you are applying for housing, and include any relevant evidence with your application.

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(Please continue on a separate sheet if required)

8. Your previous addresses

Please give details of your addresses for the last five years starting with your present address. (Please continue on a separate sheet if required).

Applicant's addresses	From	To	Tenure	Reason for Leaving

Joint Applicant's addresses	From	To	Tenure	Reason for Leaving

9. Connection to Gedling

Do you have a parent, brother, sister, son or daughter aged 18 years or over who has lived in the Gedling Borough area for at least 6 months?

YES NO

Do you work in the Gedling Borough area for at least 30 hours per week?

YES NO

Do you need to move to Gedling to receive support?

YES NO

If you answered YES to any question please give full details including relationship, full names and addresses.

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10. References

If you are renting your home, your reference must be your current (or most recent) landlord.

Name of referee.....Relationship to you.....

Address

Postcode.....Phone Number.....

11. Financial Details

Please confirm all income received for yourself and any joint applicant (excluding housing benefit), you will need to submit evidence of all income received.

MAIN APPLICANT £ Weekly/ Monthly income after tax

JOINT APPLICANT £ Weekly/ Monthly income after tax

Are you or any joint applicant
in receipt of a means tested benefit? YES NO

If yes, please state which benefit you receive.....

Please confirm your total savings/investments:

MAIN APPLICANT £.....

JOINT APPLICANT £.....

If you own the property you are living in, what do you estimate its current value to be?

MAIN APPLICANT £.....

JOINT APPLICANT £.....

Do you have a mortgage/ secured loans on this property? YES NO

If YES, how much is outstanding and what is your current monthly payment?

MAIN APPLICANT		OUTSTANDING		MONTHLY PAYMENT
Mortgage	£	£
Secured Loan(s)	£	£

JOINT APPLICANT		OUTSTANDING		MONTHLY PAYMENT
Mortgage	£	£
Secured Loan(s)	£	£

Do you own any property other than the one you live in?

MAIN APPLICANT	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
JOINT APPLICANT	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

If you answered YES please give full details, including address, type of property, current value and details regarding any mortgages/loans outstanding on the address.

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Please note that these details will be verified.

12. Rent Arrears and Recharges

Do you have outstanding current or previous rent arrears or recharges with a Council or a Housing Association?

YES NO

If you have rent arrears or outstanding recharges at your current / previous address please give details of the landlord's name, address and the amount outstanding overleaf:

Name of landlord:

Address:

Amount(s) owed:

Has your landlord served a Notice on you? YES NO

If yes, please let us have a copy of the Notice

If you have rent arrears your application will be considered and banded according to your priority however our housing partners are unlikely to offer any accommodation until you can evidence a commitment to reducing or clearing any debt.

13. Anti Social Behaviour and Neighbourhood Safety

Gedling Borough Council wants to ensure that our neighbourhoods allow people to live peacefully and safely together. If someone has been convicted of a serious criminal offence, we will investigate the circumstances to establish whether they pose a risk to the community. This does not automatically mean that you will not be rehoused, but it will help us to make the most appropriate housing decisions.

Have you or anyone who will live with you been the subject of legal action, in the past two years, for nuisance in the locality where you live, or violence or threatened violence towards a member of your household, neighbours or anyone else in the locality where you live?

YES NO IF YES PLEASE SPECIFY _____

Have you or anyone who will live with you been violent towards staff of the Council, another Statutory Authority or a Housing Association?

YES NO IF YES PLEASE SPECIFY _____

Have you or anyone who will live with you when you are rehoused ever been convicted of a criminal offence or an offence that threatened the local community?

YES NO IF YES PLEASE SPECIFY _____

Are you, or anyone who will live with you when you are rehoused currently subject to any criminal proceedings?

YES NO IF YES PLEASE SPECIFY _____

14. Rehousing Choices

Please indicate your preference for property type and area of choice by ticking the boxes below, you may select as many areas as you wish.

1. Oxclose Lane area	<input type="checkbox"/>	13. Netherfield	<input type="checkbox"/>
2. St Albans Road/Furlong St area	<input type="checkbox"/>	14. Colwick	<input type="checkbox"/>
3. Mellors Rd/Calverton Rd area	<input type="checkbox"/>	15. Bestwood Village	<input type="checkbox"/>
4. Birchfield Rd/Howbeck Rd area	<input type="checkbox"/>	16. Burton Joyce	<input type="checkbox"/>
5. Worrall Ave area	<input type="checkbox"/>	17. Calverton Estate	<input type="checkbox"/>
6. Mapperley area	<input type="checkbox"/>	18. Calverton Village	<input type="checkbox"/>
7. Cavendish Rd/ Valley Rd area	<input type="checkbox"/>	19. Lambley	<input type="checkbox"/>
8. Carlton Hill area	<input type="checkbox"/>	20. Linby	<input type="checkbox"/>
9. Carlton Square area	<input type="checkbox"/>	21. Newstead Village	<input type="checkbox"/>
10. Cambridge St area	<input type="checkbox"/>	22. Woodborough	<input type="checkbox"/>
11. Phoenix Ave/Jessops Lane area	<input type="checkbox"/>	23. Ravenshead	<input type="checkbox"/>
12. Wollaton Ave area	<input type="checkbox"/>		

Please tick the type of accommodation you would like to be considered for, please tick all that apply.

Bedsit Flat House Bungalow Maisonette

Are you interested in? (please indicate)

Sheltered Accommodation Very Sheltered Accommodation
 Either

If you indicate that you require either sheltered or very sheltered accommodation we will ask you for additional information relating to your specific support needs.

Are you willing to use a lift? YES NO
 Can you climb stairs YES NO

Do you have any other specific requirements?

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15. Sheltered Accommodation

If you would like to move to **sheltered (warden-aided) accommodation** please indicate those schemes that you are interested in from the list below. Further details of the types of property available in these schemes are included in your copy of 'Getting a Home in Gedling'

Please note that there are short waiting lists for some properties in those schemes marked with an (*)

Sheltered Schemes

Please tick the appropriate box(es)

*	Ernehale Court, Cross Street, Arnold	
	Seagrave Court, St Albans Road, Arnold	
	Moyra House, High Street Avenue, Arnold	
*	Tavill Field, Kilnbrook Avenue, Arnold	
*	Westmoore Court, Westdale Lane, Mapperley	
*	Cavendish Road, Carlton	
	Rushcliffe Avenue/ Foxhill Road, Carlton	
	Carlton House, Southcliffe Road, Carlton	
*	Moreland Court, Dale Road, Carlton	
	Foxhill Court, Foxhill Road, Carlton	
*	Orchard Court, Church Street, Carlton	
*	Walton Court, Station Road, Carlton	
	Bramble Court, Carnarvon Grove, Carlton	
	Coronation Walk, Gedling	
*	Bailey Court, Curzon Street, Netherfield	
	Britannia Court, Victoria Road, Netherfield	
*	Lendrum Court, Lambley Lane, Burton Joyce	
	Nabarro Court, Collyer Road, Calverton	
	Roe Hill, Woodborough	

Very Sheltered Schemes

	Moreland Court, Dale Road, Carlton	
	St Andrews House, Digby Avenue, Mapperley	

16. Other information

The Council cannot always help everyone who wants to move. However, there are other options. Full details of these schemes are included in the accompanying booklet 'Getting a Home in Gedling'; together with the relevant contact information.

17. Contacts/ Next of Kin

Please give details of anyone we can contact regarding your housing application if we are unable to contact you:

Name.....

Address.....

.....Post Code.....

Telephone Number.....

Relationship to the Applicant(s).....

If you would prefer that we always contact this person in the first instance, please indicate

YES

NO

18. Further Information

Please use this space if there is anything else you would like us to know about your application

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19. Relationships with the Council or Registered Social Landlords

Are you a member of staff, related to a member of staff, a Councillor, or related to an elected Councillor, of Gedling Borough Council, or have you been in the last 12 months?

YES NO

Are you a member of staff, related to a member of staff, a Board member, or related to a Board member of any local Housing Associations (including Gedling Homes or any other registered social landlord in the New Charter Housing Trust Group) or have you been in the last 12 months?

YES NO

If you have answered YES to either question, please give details including the name of the employee/Councillor/Board members, relationship to you, their position and the name of the organisation.

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20. Equal Opportunity Monitoring

Gedling Borough Council seeks to comply with current legislation relating to Equality and Diversity. This is in order that our policies are fair. To check whether our policies are working we need to ask about your background.

We will not use this information to assess your housing priority. The information will be used to ensure our service is accessible to the whole community and that we are taking their views and needs into account.

Please tick the box that best describes you and your household.

ETHNICITY

Which ethnic group do you most identify with?

Please indicate with an X the relevant box.

Asian or Asian British	Bangladeshi	<input type="checkbox"/>
	Indian	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>
	Any other Asian background	<input type="checkbox"/>
Black or Black British	African	<input type="checkbox"/>
	Caribbean	<input type="checkbox"/>
	Any other Black background	<input type="checkbox"/>
Chinese or other ethnic group	Chinese	<input type="checkbox"/>
	Any other ethnic background	<input type="checkbox"/>
Mixed	Asian and White	<input type="checkbox"/>
	Black African and White	<input type="checkbox"/>
	Black Caribbean and White	<input type="checkbox"/>
	Any other Mixed background	<input type="checkbox"/>
	White	<input type="checkbox"/>
White	British	<input type="checkbox"/>
	Irish	<input type="checkbox"/>
	Gypsy/Romany/Irish Traveller	<input type="checkbox"/>
	Any other white background	<input type="checkbox"/>
Prefer not to say:		<input type="checkbox"/>

Migration

Traveller

None

Refugee

Prefer not to say

Migrant

RELIGION OR BELIEF

What is your religion or belief?

Please state

Prefer not to say

AGE

How old are you?

Please state your exact age

SEX AND GENDER

How do you identify yourself?

Female

Male

Transsexual

Prefer not to say

Which of the following statements best describes you?

Bisexual

Gay / Lesbian

Heterosexual

Prefer not to say

DISABILITY

A person with a disability is defined in the Disability Discrimination Act as someone with a physical or mental impairment that has a substantial and long-term impact on their ability to carry out day-to-day activities.

This includes progressive and long-term conditions from the point of diagnosis such as HIV, Multiple Sclerosis or Cancer.

Having read this do you consider yourself to be covered by the definition?

Yes

No

Prefer not to say

21. Applicant Checklist - Please Read

If you do not send all the information we need your application will not be assessed. Please use the checklist below to make sure you have included everything required.

- Two forms of identification: At least one form of identification should be photographic, (for example driving licence or passport, student card, proof of age etc). Other proof of identification includes birth/ marriage certificate, medical card. Applicants who do not hold any photographic form of identification should provide an additional document from the list of acceptable forms of identification included in the booklet 'Getting a Home in Gedling' together with a recent passport sized photograph.
- Immigration control documentation if appropriate
- Proof of residence i.e. utility bill (phone/gas/water/electric), bank statement;
- Proof of tenancy i.e. tenancy agreement, letter from landlord;
- Proof of income/ benefits i.e. 2 months / 5 weeks payslips, Confirmation of benefit award letter or bank statement showing award;
- Two months bank statements for all current accounts
- Proof of Savings i.e. bank/ building society statements/ account books
- Proof of Child Benefit or a letter from your solicitor confirming custody; arrangements (where applicants are applying for re-housing with dependent children).
- Proof of pregnancy (Expected date of confinement certificate)

Wherever possible please take your documentation to the One Stop reception in the Civic Centre, who will then forward copies to the Housing Needs Team. If you send documents to us, they will be sent back through the post. The Council cannot accept responsibility for items lost in transit. Please do not send original documents through the post.

What happens next?

If you have supplied all necessary information your application will be assessed on the information you have given on this form, within 10 working days. Your priority will be determined according to your circumstances. If you wish to speak to a Housing Officer please contact the Housing Department on **0115 9013681**.

22. Declaration

TO BE COMPLETED BY ALL APPLICANTS

I acknowledge that the information I have given on this form and any further information I may provide to you in connection with my application will be true and complete to the best of my knowledge and belief.

I understand that the information on this form will be shared with Gedling Homes and other Registered Social Landlords (Housing Associations).

I understand that the Council or Housing Association reserve the right to check all details as necessary and this may involve a credit reference check.

I acknowledge that the Council or Housing Association will take action for possession of any accommodation if it is found to have been obtained by deliberately providing false information, and that the Council may consider a criminal prosecution or fine of up to £5,000 and/or removal from the Housing Register.

I agree that if the information supplied by me in relation to my application for housing is found to be fraudulent this information may be passed to other relevant bodies.

I agree that information I have provided may be passed to relevant Agencies in connection with my housing application.

I undertake to inform the Council or Housing Association immediately of any change in the information given.

I understand that this application for housing does not guarantee an offer of accommodation and does not bind the Council or Housing Association in any way.

SIGNATURE OF MAIN APPLICANT

SIGNATURE OF JOINT APPLICANT

DATE

Please return to:

**Housing Needs Team
Customer Service and Organisational Development
Civic Centre
Arnot Hill Park
Arnold
Nottingham
NG5 6LU**

**If you would like this information in another language or format
please call 0115 9013681.**