



APPLICATION FOR TENANCY

Registered Office: Western Challenge Housing Association Limited, Spinnaker House, Grange Road, Christchurch, Dorset, BH23 4GE

Regional Offices: Bristol: 3 Vincent Court, 89-93 Soundwell Road, Bristol, BS16 4QR

FREEPHONE 0800 783 7837

| FOR OFFICE USE ONLY | | | | |
|---------------------------|---|--|---------------------|--|
| ISSUED BY: | DIRECT APPLICATION <input type="checkbox"/> | NEW APPLICATION <input type="checkbox"/> | REGISTRATION DATE | |
| | TRANSFER <input type="checkbox"/> | CHANGE OF ADDRESS <input type="checkbox"/> | | |
| Initials | HOMESWAPPER <input type="checkbox"/> | RENEWAL <input type="checkbox"/> | | |
| Organisation | *MUTUAL EXCHANGE <input type="checkbox"/> | RENTED <input type="checkbox"/> | REGISTRATION NUMBER | |
| | *KEYWORKER <input type="checkbox"/> | *NOMINATED ADDRESS | | |
| Date | *NOMINATION <input type="checkbox"/> | | | |
| | *REFERRAL <input type="checkbox"/> | | | |

All sections must be completed before returning the form. If questions require a Yes / No please tick boxes as appropriate

SECTION 1. PERSONAL DETAILS

1. Please give details about everyone for whom accommodation is required, starting with the applicant.

| Mr/Ms/ Miss/ Mrs | Surname | First Name(s) | Relationship to Applicant | Date of Birth | National Insurance No. |
|------------------------|-------------------|------------------|---------------------------|---------------|------------------------|
| Please | complete if | applicant | Applicant | | |
| Only | complete if joint | tenancy required | 2 nd applicant | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

2. Are you or your partner pregnant? Yes No If yes, baby's due date

3. ADDRESS.....

..... **POSTCODE**

TELEPHONE: Daytime: **Mobile:**

IF YOU NEED ANY HELP IN COMPLETING THIS FORM OR REQUIRE THIS IN ANOTHER LANGUAGE OR FORMAT, PLEASE ADVISE US.

E-MAIL ADDRESS:.....

4. How many years have you lived at your current address?

5. Name of Local Authority:

6. Please give the address of anyone listed in section 1 who is NOT living with you now, and explain why they are living apart from you:

.....
.....
.....

7. Please give details of any people you share with who are not included in your housing application:

| Name | Male/Female | Date of Birth | Relationship to you, if any |
|------|-------------|---------------|-----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

8. What is the economic status of you and your partner (if applicable)?

| | You | Partner | | You | Partner |
|---|--------------------------|--------------------------|---|--------------------------|--------------------------|
| Full time work (30 hours or more per week) | <input type="checkbox"/> | <input type="checkbox"/> | Part time work (less than 30 hours per week) | <input type="checkbox"/> | <input type="checkbox"/> |
| Government Training/New Deal | <input type="checkbox"/> | <input type="checkbox"/> | Job Seeker | <input type="checkbox"/> | <input type="checkbox"/> |
| Retired | <input type="checkbox"/> | <input type="checkbox"/> | Not seeking work | <input type="checkbox"/> | <input type="checkbox"/> |
| Full time student | <input type="checkbox"/> | <input type="checkbox"/> | Long-term sick/ disabled | <input type="checkbox"/> | <input type="checkbox"/> |

9. If employed, please give details of your occupation(s) and employers details:

YOUR Occupation

Employer's Name

Address

IF YOU NEED ANY HELP IN COMPLETING THIS FORM OR REQUIRE THIS IN ANOTHER LANGUAGE OR FORMAT, PLEASE ADVISE US.

..... Telephone

YOUR PARTNER'S Occupation

Employer's Name

Address

..... Telephone

10. Please provide details of current & previous addresses within the last 5 years.

| Address of property (starting with present address) | From | To | Landlord's name, address & phone no. | Reason for Leaving |
|---|------|----|--------------------------------------|--------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

11. Are you or members of your household seeking rehousing as Asylum Seekers under the Immigration and Asylum Act 1999? Yes No

12. Have you or members of your household moved from one of the following (A8) Countries since 1st May 2004 – Cyprus, Malta, Poland, Lithuania, Estonia, Latvia, Slovenia, Slovakia, Hungary, the Czech Republic? Yes No

If you have answered yes to questions 12 or 13, the Association will require copies of documents from the Home Office, which confirm your status in the United Kingdom.

13. Do you or your household receive support from Social Services, Local Health Authority or other Agencies? Yes No

If yes, please provide details of the person requiring support, who this is provided by and the type of support that is received:

| Name of Household Member | Name, address and phone no. of the organisation | Details of support being provided |
|--------------------------|---|-----------------------------------|
| | | |

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SECTION 2. FINANCIAL DETAILS

14. Please give the total weekly amount of take home pay and/or pensions, benefits or any other income and savings for yourself and your partner (if applicable):

| | You | Partner |
|--|------------|----------------|
| Weekly take home pay (Please include net earnings from any paid work, after deductions of tax and national insurance, including Working Tax Credit but excluding Child Tax Credit) | £ | £ |
| Child Benefit (Weekly) | £ | £ |
| Child Tax Credit (Weekly) | £ | £ |
| Occupational pension (inc SERPS - Weekly equivalent) | £ | £ |
| Other state benefits (including state pension, but excluding Housing Benefit – Weekly amount) | £ | £ |
| Other income (excluding income from investment – Weekly) | £ | £ |
| TOTAL WEEKLY INCOME | £ | £ |

| | | |
|--|---|---|
| Please show the total amount of savings (to the nearest £10) you and your partner have | £ | £ |
|--|---|---|

15. If you are a home-owner please give details of:

| | | | |
|--------------------------------|---|--|---|
| Current value of property | £ | Monthly mortgage payable | £ |
| Amount of mortgage outstanding | £ | Amount of arrears outstanding, if applicable | £ |

16. If you rent your home please give details of:

| | | | |
|--|---|---|---|
| Weekly/monthly rent (Delete as applicable) | £ | Amount of rent arrears outstanding, if applicable | £ |
|--|---|---|---|

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17. Within the last five years has there been any legal action against you or your household, following a breach of the terms and conditions of your tenancy agreement?
 Yes No

If yes, please provide details

.....

.....

SECTION 3. EXISTING ACCOMMODATION DETAILS

18. What sort of accommodation are you currently living in? (please tick)

- House Bungalow Flat Other
 (please state)
- Bedsit Caravan/Boat Maisonette

19. If you live in a flat, bedsit or maisonette, what floor is it on?

- Below Ground Ground First Second or Higher

20. Please indicate your current accommodation by ticking the relevant box:

- | | | | |
|---|--------------------------|-------------------------------------|--------------------------|
| Local Authority Tenant | <input type="checkbox"/> | Direct Access Hostel | <input type="checkbox"/> |
| Housing Association Tenant | <input type="checkbox"/> | Bed and breakfast | <input type="checkbox"/> |
| Private Rented | <input type="checkbox"/> | Short-life housing | <input type="checkbox"/> |
| Owner Occupier | <input type="checkbox"/> | Any other temporary accommodation | <input type="checkbox"/> |
| Tied home or renting with job | <input type="checkbox"/> | Children's home/foster home | <input type="checkbox"/> |
| Supported Housing | <input type="checkbox"/> | Living with family | <input type="checkbox"/> |
| Housing for older people | <input type="checkbox"/> | Staying with friends | <input type="checkbox"/> |
| Residential care home | <input type="checkbox"/> | Rough sleeping | <input type="checkbox"/> |
| Hospital | <input type="checkbox"/> | Caravan/boat on permanent site | <input type="checkbox"/> |
| Prison | <input type="checkbox"/> | Caravan/boat with no permanent site | <input type="checkbox"/> |
| Approved probation hostel | <input type="checkbox"/> | Foyer | <input type="checkbox"/> |
| Women's refuge | <input type="checkbox"/> | Other (please state) | <input type="checkbox"/> |
| Housed by National Asylum Support Service | <input type="checkbox"/> | | |

21. What is the main reason you wish to leave your current accommodation?

.....

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 22. Do you have an Assured Shorthold Tenancy? Yes No

23. How many bedrooms are there in the whole property?

24. Is there a lift? Yes No

25. Is there a stairlift? Yes No

26. How far do you live from your place of work?

27. Is public transport available? Yes No

28. Do you have access to your own transport? Yes No

29. Is there a shop or post office in the vicinity? Yes No

30. Please indicate what facilities you and your household have the use of (please tick all that applies):

| | Your Household Only | Shared | Not Available |
|---------------------------------|---------------------|--------|---------------|
| Bedroom 1 | | | |
| Bedroom 2 | | | |
| Bedroom 3 | | | |
| Bedroom 4 | | | |
| Living Room | | | |
| Dining Room | | | |
| Separate Kitchen | | | |
| Kitchen in Living/Sleeping Room | | | |
| Bathroom or Shower | | | |
| WC Inside | | | |
| WC Outside | | | |
| Garden | | | |
| Outside Drying Facilities | | | |
| Hot Water in Kitchen | | | |
| Hot Water in Bathroom | | | |
| Cold Water in Kitchen | | | |
| Cold Water in Bathroom | | | |
| Electricity | | | |
| Central Heating | | | |

31. Is the condition of the property (please tick only one box):

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Good

Fair

Poor

32. If you consider your home to be in a poor condition please provide details of any disrepair / dampness

.....
.....

33. Does your home currently have any adaptations? Yes No

If yes, please provide details

.....

SECTION 4. DETAILS OF ACCOMMODATION REQUIRED

34. What type of property do you need? (please tick)

House

Bungalow

Maisonette

Bedsit

Flat

How many bedrooms do you need?

35. Would you consider any area for rehousing? Yes No

36. If no, please indicate the Letting Area(s) where you wish to be rehoused (maximum of 3 choices). Please see the list of Letting Areas for details.

| | |
|---|--|
| 1 | |
| 2 | |
| 3 | |

37. Do you want sheltered accommodation (for elderly/disabled)? Yes No

38. Is ground floor accommodation essential? Yes No

39. Do you need accommodation that has a downstairs WC? Yes No

40. Do you have any pets? Yes No

Dogs If yes, how many:

Cats If yes, how many:

Other (please state) How many:

41. Do you need to live close to your family or other service, to give or receive support? Yes No

If yes, please provide the following details

Name of relative Address of relative.....

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.....
.....

42. Reason you need to live close to your family

.....

43. What connection do you have to your requested Letting Area(s)?

.....

SECTION 5. MEDICAL DETAILS

44. Does anyone included in your application have an illness that is made worse by your current accommodation? Yes No

If yes, please provide details

.....

.....

Please provide any supporting documentation which explains how the health of yourself or member of your household is made worse by your present housing, and would be improved by moving to other accommodation (e.g. letter from your GP).

45. Does anyone in your household have problems climbing stairs? Yes No

46. Are you registered disabled? Yes No

47. Does anyone in the household have any specific housing needs in relation to any of the following? At least one box must be ticked. Note that options (d) – (f) may be selected in conjunction with one of (a), (b) or (c).

(a) Requires fully wheelchair accessible housing

(b) Requires wheelchair access to essential rooms

(c) Requires level access housing

(d) Requires adaptations relating to a visual impairment

(e) Requires adaptations relating to a hearing impairment

(f) Other disability related requirements

(g) No disability related housing design or adaptation requirements

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(h) Don't know

48. Are you currently living in supported accommodation and no longer require the level of support offered? Yes No

If yes, please provide details (and provide any supporting documentation that will assist the Association in assessing your support needs)

.....
.....
.....

SECTION 6. FURTHER APPLICATION DETAILS

49. Please state any further reasons why you are making an application for rehousing that may help the Association in assessing your application:

.....
.....
.....

50. Have you applied to the Local Authority for rehousing? Yes No

If yes, which Local Authority?

51. Have you been accepted on the waiting list? Yes No

If yes, reference number

52. Have you been accepted on the homeless list? Yes No

(If so please enclose copy of letter from Local Authority)

53. Are you required to leave your present accommodation? Yes No

If yes, please specify the date when you have to vacate:

Please provide any supporting documentation which details when and why you have been asked to leave, (e.g. Statutory Notice, or letter from your landlord to leave your accommodation)

54. Are you or any member of your household related to any existing or former employee or Committee Member of Western Challenge Housing Association? Yes No

If yes, please provide details:

.....

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.....

55. Have you or any member of your household been convicted or cautioned for an offence on a person under 18 years under Schedule 3 of the SOA? Yes No

56. Are you or any member of your household registered as a Schedule 1 offender under the Children and Young Persons Act 1933? Yes No

SECTION 7. EQUAL OPPORTUNITIES AND ETHNIC MONITORING

Western Challenge operates a non-discriminatory housing policy. We keep a record of all applicants to ensure that our housing register complies with this policy. You do not need to answer the questions in this section if you do not wish to.

57a. Please indicate your ethnic group by ticking one box only:

| | | | |
|-------------------------------|--|--|---|
| White | British <input type="checkbox"/> | Irish <input type="checkbox"/> | Other <input type="checkbox"/> |
| Mixed | White & Black Caribbean <input type="checkbox"/> | White & Black African <input type="checkbox"/> | White & Asian <input type="checkbox"/> Other <input type="checkbox"/> |
| Asian/Asian British | Indian <input type="checkbox"/> | Pakistani <input type="checkbox"/> | Bangladeshi <input type="checkbox"/> Other <input type="checkbox"/> |
| Black/Black British | Caribbean <input type="checkbox"/> | African <input type="checkbox"/> | Other <input type="checkbox"/> |
| Chinese or other ethnic group | Chinese <input type="checkbox"/> | Other <input type="checkbox"/> | Prefer not to give this information <input type="checkbox"/> |

57b. Please indicate if you consider yourself either of the following:

Gypsy/Traveller Asylum Seeker/Refugee

58. If you consider that any other member of the household is of a different ethnic group to you, please give their name(s) and their respective ethnic group:

.....

.....

59. Please indicate the main religion of your household:

| | | |
|-----------------------------------|-----------------------------------|--|
| Baha'i <input type="checkbox"/> | Hinduism <input type="checkbox"/> | Shinton <input type="checkbox"/> |
| Buddhism <input type="checkbox"/> | Islam <input type="checkbox"/> | Sikhism <input type="checkbox"/> |
| Catholic <input type="checkbox"/> | Jainism <input type="checkbox"/> | Zoroastrian/Parsi <input type="checkbox"/> |

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Christian Judaism Other
 Confucianism Rastafarianism
 Daoism Scientology

If you would prefer not to give this information, please tick here

60. If English is not your main language, please indicate what is the preferred language of your household:

| | | | | | | | |
|-----------|--------------------------|----------|--------------------------|------------|--------------------------|------------|--------------------------|
| Albanian | <input type="checkbox"/> | French | <input type="checkbox"/> | Polish | <input type="checkbox"/> | Tamil | <input type="checkbox"/> |
| Amharic | <input type="checkbox"/> | German | <input type="checkbox"/> | Portuguese | <input type="checkbox"/> | Turkish | <input type="checkbox"/> |
| Arabic | <input type="checkbox"/> | Greek | <input type="checkbox"/> | Punjabi | <input type="checkbox"/> | Urdu | <input type="checkbox"/> |
| Bengali | <input type="checkbox"/> | Gujarati | <input type="checkbox"/> | Romanian | <input type="checkbox"/> | Vietnamese | <input type="checkbox"/> |
| Cantonese | <input type="checkbox"/> | Hindu | <input type="checkbox"/> | Russian | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Croatian | <input type="checkbox"/> | Italian | <input type="checkbox"/> | Serbian | <input type="checkbox"/> | | |
| Czech | <input type="checkbox"/> | Kurdish | <input type="checkbox"/> | Somali | <input type="checkbox"/> | | |
| Farsi | <input type="checkbox"/> | Mandarin | <input type="checkbox"/> | Spanish | <input type="checkbox"/> | | |

61. Please indicate your sexual orientation:

Opposite Sex Same Sex Both Sexes Prefer not to answer

62. If you have indicated that a member of your household has a disability when answering the questions in Section 5, please indicate the nature of this disability (please tick all that apply).

| | | | | |
|---------------------|----------------|--|--|--------------------------------|
| Physical Impairment | Please specify | Wheelchair User <input type="checkbox"/> | Mobility Impairment <input type="checkbox"/> | Other <input type="checkbox"/> |
| Sensory Impairment | Please specify | Sight <input type="checkbox"/> | Hearing <input type="checkbox"/> | Other <input type="checkbox"/> |
| Mental Impairment | Please specify | Learning disability <input type="checkbox"/> | Other <input type="checkbox"/> | |

63a. Please indicate what is your preferred method of Western Challenge communicating with you. If you have no preference please leave blank

Post Phone E-mail Text Visit

If you ticked email, please make sure you have given your email address on page one.

IF YOU NEED ANY HELP IN COMPLETING THIS FORM OR REQUIRE THIS IN ANOTHER LANGUAGE OR FORMAT, PLEASE ADVISE US.

63b. Please indicate what is your preferred time for Western Challenge to contact you – tick one box only. If you have no preference please leave blank.

| | | | | |
|---------------------------------|-------------------------------|-------------------------------|--------------------------------|----------------------------------|
| Before <input type="checkbox"/> | 8am- <input type="checkbox"/> | 1pm- <input type="checkbox"/> | After <input type="checkbox"/> | 9.30am- <input type="checkbox"/> |
| 8am | 1pm | 5pm | 5pm | 2.30pm |
| | | | | Avoiding school run |

64. Please indicate if you have any special communication requirements:

Large print Braille Audio Tape/CD Pictorial Signing

SECTION 8. DECLARATION

Please sign the following declaration. In the case of joint applicants both applicants must sign.

PLEASE NOTE:

1. If any false information is supplied in connection with your application, your name may be removed from the register.
2. Legal action may be taken against any person who obtained accommodation as a result of giving false or misleading information.
3. The association may contact other persons/organisations to obtain verification of any details you have provided or to obtain further information relevant to your application.

I/We, understand and agree with note 1, 2 & 3 and confirm that the information provided on this application form is correct to the best of my/our knowledge. I/We declare that I/We have read the enclosure "About the Information We Hold About You" and consent to the Association processing my/our personal data (including sensitive personal data) in the manner described in the booklet. Consent is hereby also given to the processing of any personal data with regard to any child (under 18) for whom I/We have Parental Responsibility.

Signed (Applicant) **Dated**

Signed (Joint Applicant) **Dated**

Where there is any information about any other person (over 18) within this application form, they must also sign here to consent to the processing of personal data as described in the booklet "About the Information We Hold About You".

IF YOU NEED ANY HELP IN COMPLETING THIS FORM OR REQUIRE THIS IN ANOTHER LANGUAGE OR FORMAT, PLEASE ADVISE US.

Signed:

Dated

Signed:

Dated

Thank you for completing this application form, your application will now be assessed and a response will be sent to you within 7 working days of the Association receiving your application.

PLEASE NOTE: You are responsible for ensuring you notify the Association of any changes in your circumstances that may affect your application.

IF YOU NEED ANY HELP IN COMPLETING THIS FORM OR REQUIRE THIS IN ANOTHER LANGUAGE OR FORMAT, PLEASE ADVISE US.