

WAVERLEY BOROUGH COUNCIL APPLICATION TO JOIN THE HOUSING NEEDS REGISTER

BEFORE YOU START TO FILL THIS FORM OUT, PLEASE READ THIS

The information you give us on this form will be used to assess your housing needs, so it is important that you answer all the questions carefully and fully. It might help to read the whole form first before you start to fill it in. **To register your application, you must answer all the questions and provide copies of proofs we ask for.** If a question does not apply to you, write "Not Applicable" in the space. If any of the questions are not answered, we will not be able to register your application and we will send the form back to you to complete. **TO HELP US READ YOUR ANSWERS CORRECTLY, PLEASE USE CAPITAL LETTERS.** If you would like help to fill out the form, please telephone 01483 523121.

When we have the fully completed form, it will be assessed. If you are eligible to join the Register, your application will be banded. This means that your application will be placed in a band according to your circumstances.

The enclosed Waverley Homechoice Booklet is helpful to read. It explains how to bid for a home and how homes are allocated.

	You	Joint Applicant
Mr/Mrs/Ms/Miss:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
First Name:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Surname:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Address and postcode:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
What date did you move into this property:	<input style="width: 100%;" type="text"/>	What date did you move into this property: <input style="width: 100%;" type="text"/>
Date of Birth:	<input style="width: 100%;" type="text"/>	Date of Birth: <input style="width: 100%;" type="text"/>

Please return the completed form to:

The Homechoice Team
Waverley Borough Council
The Burys
Godalming
Surrey
GU7 1HR



PLEASE ANSWER ALL QUESTIONS, TICKING OR COMPLETING BOXES AS APPROPRIATE

SECTION 1 YOUR PERSONAL DETAILS

ABOUT YOU

1. What is your National Insurance Number:
2. Are you (please tick one box):
 Single Married Living with your partner Widowed
 Separated Divorced Living apart from your partner
3. Please give your contact phone numbers:
 Mobile
 Home Work
4. What is your email address:
5. What is your nationality:
6. What is your first language:
7. If Joint Applicant is not living with you, please say why:

ABOUT JOINT APPLICANT

8. What is his/her National Insurance Number:
9. Please give his/her contact phone numbers:
 Mobile
 Home Work
10. What is his/her nationality:
11. What is his/her first language:
12. What is the relationship between you both:
 Spouse Partner Other (Please specify)

SECTION 9 ETHNIC MONITORING

We monitor the racial or ethnic origins and disability of everyone applying for housing. This is to ensure that we provide housing on an equal basis to all. We collect this information for monitoring purposes only and will not take it into account in any rehousing decisions. Please tick the ethnic group that best describes you and any joint applicant in any rehousing decisions:

- | | |
|---|---|
| Asian Indian <input type="checkbox"/> | Asian Pakistani <input type="checkbox"/> |
| Asian Bangladeshi <input type="checkbox"/> | Other Asian background <input type="checkbox"/> |
| Black Caribbean <input type="checkbox"/> | Black African <input type="checkbox"/> |
| Other Black background <input type="checkbox"/> | |
| Chinese <input type="checkbox"/> | White Irish <input type="checkbox"/> |
| White Other <input type="checkbox"/> | White British <input type="checkbox"/> |
| White and Black Caribbean <input type="checkbox"/> | |
| White and Black African <input type="checkbox"/> | White and Asian <input type="checkbox"/> |
| Other Mixed <input type="checkbox"/> | Any other ethnic group, please describe |
| | <input style="width: 100%; height: 100%;" type="text"/> |
| I would rather not say what my ethnic group is <input type="checkbox"/> | |

SECTION 8 YOUR DECLARATION

I/We give my/our consent for Waverley Borough Council to contact other sources within the Council and any other relevant third parties including other agencies or professionals where it is necessary for verification, assessment, advice or support in relation to my/our application for housing.

I/We confirm that all the information given in this form is true and correct.

I/We will tell the Council about any change in the circumstances of anyone included in this application.

I/We understand that if I/we am/are offered accommodation because of any false information that I/we have given to the Council, the offer of accommodation may be withdrawn and legal action may be taken to end any tenancy that I/we have already signed for.



I/We understand that Waverley holds this information for the purposes of dealing with my/our application for housing and it will principally be used for this purpose, but may be used for other purposes within the Council as the law permits. You may check information I/we supply with that which is already in your records. You may obtain information about me/us from others or you may give information to them. I/We understand that Waverley will only do this as the law permits and to check accuracy of information, prevent or detect crime and to protect public funds.

I/We understand that if my/our application is nominated to a housing association, they may make enquiries about my/our circumstances with other agencies or professionals.

Your signature: Date:

Joint applicant's signature: Date:

PLEASE MAKE SURE BOTH APPLICANTS SIGN THE DECLARATION IF IT IS A JOINT APPLICATION

DETAILS OF EVERYONE ELSE INCLUDED IN YOUR APPLICATION

13. Please give details of anyone else who **lives with you** and who you wish **to include** in your application:

Full Name	Date of Birth	Age	Sex	Relationship to Applicant

14. Please give details of anyone else who **does not live with you now, but** who you wish **to include** in your application:

Full Name	Address	Date of Birth	Age	Sex	Relationship to Applicant	Why do they not live with you

PREGNANCY

15. Are you or any of the people included in your application pregnant? Yes No

If yes, who is pregnant:

16. When is the baby due:

SECTION 2 YOUR HOUSING HISTORY

ARRIVING FROM ABROAD

1. Have you or anyone included in your application arrived in or returned to the UK in the last five years after living abroad: Yes No

If yes, please give the details:

2. Do you have a permanent right of residence in the UK: Yes No

WHERE HAVE YOU LIVED

3. To be able to assess your level of local connection, we need to know if and when you have lived in Waverley. **Please answer these questions very carefully.**

Where have you and the joint applicant been living during the last five years. Please start with the address before the one you are at now. There is space on the next page for the joint applicant's accommodation details.

REMEMBER, WE WILL NOT BE ABLE TO PROCESS YOUR APPLICATION IF YOU DO NOT PROVIDE THIS INFORMATION.

You

Address	Name and Address of the Landlord or owner of the Property	Were you a tenant, lodger or owner?	Date moved in	Dated Moved out	Reason for Leaving	Amount of any money owed on property at time of leaving

SECTION 7 OTHER INFORMATION

1. Is there anything else you think the Council should know to help us to assess your application properly. Please continue on a separate page if you need to:

2. Please give your reason for making this application:

3. Are you or anyone included in your application, a Councillor or a member of staff of the Council: Yes No

Or, are you related to a Councillor or member of staff of the Council. Yes No

Please tell us the name of the person you are related to:

PLEASE NOTE

- **Change in Circumstances**
You must tell us about any important change of circumstances that may affect your application e.g. you may marry, have a baby, someone living with you may move out or you may move to another address. If this happens, you must complete a new application form and return it to us. We will assess your application again and let you know the outcome.
- **Reviewing your Application**
Periodically, we will contact you asking you to confirm that you want to stay on the Register. You must reply to this or your application will be cancelled.
- **If you are nominated to a Housing Association, they may make enquiries with other agencies or professionals about your circumstances.**

PROVIDING PROOFS OF THE INFORMATION YOU HAVE GIVEN ON THIS APPLICATION FORM

Before we can register your application, we must see one proof of identity and one proof of current address. We need to see photocopies of the documents, **please do not send the originals.** However, in certain circumstances, we may require to see the original document and we will write to you if we do. Please tick the yes box against the document you have enclosed.

One Proof of Identity is required for each applicant:

Driving Licence Yes No Passport Yes No Birth Certificate Yes No
 Marriage Certificate Yes No UK Residence Permit Yes No EU Identity Card Yes No

One Proof of Current Address is required:

Tenancy Agreement Yes No Rent Book Yes No Letter from Landlord/Agent Yes No
 Driving Licence Yes No Medical Card Yes No Official correspondence Yes No
 Letter from Mortgage Company Yes No

Proof of Entitlement to Reside in the U.K. is required if you or anyone included in your application has arrived in or returned to the UK in the last five years after living abroad:

Passport Yes No and Entry Visa Yes No

6. Do you or anyone included in your application **currently** own or part own any other property: Yes No

If yes, please give the address of this property and the approximate value of it:

What percentage of the property do you own:

7. Have you or anyone included in your application **ever** owned or part owned any property: Yes No

If yes, please give the address of the property, the date of the sale and the value of the proceeds you gained from the sale:

FAMILY CONNECTIONS

8. Do you or anyone included in the application have any close family members who live in the Waverley Borough Council area now or have done in the past: Yes No

If yes, please give details:

Name	Address	Date		What relation are they to you
		From	To	

21. Do you or anyone included in this application use a wheelchair: Yes No

If yes, please say who:

When is the wheelchair used:

All the time Inside the Home Outside the Home Only occasionally

22. Do you or anyone included in this application need care or support from health, social services or another care agency: Yes No

If yes, please say who and what care and or support is received:

Name	Name of Agency	Type of Care or Support

23. Do you or anyone included in the application have a Probation Officer: Yes No

If yes, please give the name, telephone number and office address of the Probation Officer:

24. Have you or anyone included in this application been a young person in care in the last five years: Yes No

If yes, please say who and give the date of leaving care:

25. Have you or anyone else included in the application, served a prison sentence in the last five years: Yes No

If yes, please say what the offence was, where you were in prison and for how long:

26. Are you or anyone else included in the application a Schedule 1 Offender: Yes No

SECTION 5 THIS SECTION IS FOR HM FORCES APPLICANTS AND APPLICANTS IN TIED ACCOMMODATION ONLY.

HM FORCES

1. Did you live in the Waverley Borough Council area immediately before joining the forces: Yes No

If yes, please give details:

Address	Date Moved in	Date Moved out

14. If you are buying or own your home, what is the current valuation:
15. Do you have any rent or mortgage arrears: Yes No
If yes, how much are the arrears:
16. Have you been asked to leave your present home: Yes No
17. Have you been given a Notice to Quit or Notice of Seeking Possession: Yes No
If yes, please enclose a copy of it.
18. Has a Court served you with a Possession Order: Yes No
If yes, please enclose a copy of it.
19. Please tell us why you want to move or why you can no longer stay in your present home e.g. you might want to be nearer to your family or your home may not have enough accommodation for you.

SPECIAL NEEDS, MEDICAL, DISABILITY OR SUPPORT NEEDS

Please tick here if you consider yourself or anyone else in your application has a disability.

20. Do you consider that you or anyone included in this application has any of the following special needs, medical problems or disabilities:
- Learning Disabilities Yes No
- Mental Health Problem Yes No
- Physical Health Problem or Disability Yes No
- Significant visual impairment (poor eyesight) not corrected by glasses or contact lenses: Yes No
- Significant auditory impairment (poor hearing) not corrected by hearing aid(s): Yes No
- Drug dependency: Yes No
- Alcohol dependency: Yes No

If you have answered yes to any of the above, please provide further details below and say whether your current housing affects the condition or makes the problem more difficult.

Name	Medical problem/Disability	How the housing affects the problem

YOU DO NOT NEED TO SEND LETTERS FROM YOUR GP. IF WE NEED MORE INFORMATION, WE WILL ASK YOU TO COMPLETE A MEDICAL QUESTIONNAIRE. WHEN YOU RETURN THIS, IT WILL BE ASSESSED BY THE COUNCIL'S MEDICAL OFFICER.

SECTION 3 YOUR FINANCIAL AND EMPLOYMENT CIRCUMSTANCES

YOUR INCOME DETAILS

1. Please give details of your income and the income of any other adults included in your application:

	Applicant	Joint Applicant	Other Adults
Gross Pay	<input type="text"/> Per Week	<input type="text"/> Per Week	<input type="text"/> Per Week
	<input type="text"/> Per Month	<input type="text"/> Per Month	<input type="text"/> Per Month
	<input type="text"/> Per Annum	<input type="text"/> Per Annum	<input type="text"/> Per Annum

2. Do you have any assets, savings and/or investments: Yes No

If yes, please give full details to the nearest £100.

YOUR EMPLOYMENT

3. If you are working, please give the name and address of your employer:

4. Please give the address of the place where you work if this is different from your employer's address:

5. What date did you start this job:

6. If the joint applicant is working, please give the name and address of their employer:

7. Please give the address of the place where they work if this is different from the employer's address:

8. What date did they start this job:

9. Are you or anyone included in your application a keyworker (defined as working for more than 16 hours per week as a Health Worker, Social Worker, member of the Police or Fire Service, Teacher, etc). If so, please give details:

SECTION 4 YOUR CIRCUMSTANCES AND NEEDS

1. Please tick one box below that best describes your current living situation:

Living with Parents	<input type="checkbox"/>	Armed Forces accommodation	<input type="checkbox"/>	Prison	<input type="checkbox"/>
Friends	<input type="checkbox"/>	Council Tenant	<input type="checkbox"/>	Bail Hostel	<input type="checkbox"/>
Other relatives	<input type="checkbox"/>	Housing Association Tenant	<input type="checkbox"/>	Supported Housing	<input type="checkbox"/>
Lodging	<input type="checkbox"/>	Owner/Occupier	<input type="checkbox"/>	Residential Home	<input type="checkbox"/>
Tenant of private landlord	<input type="checkbox"/>	Shared Ownership Occupier	<input type="checkbox"/>	Homeless/No fixed address	<input type="checkbox"/>
Accommodation that goes with your job	<input type="checkbox"/>	Hostel/refuge/bed and breakfast	<input type="checkbox"/>		

2. Is the property a (please tick one):

House	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>	Mobile Home	<input type="checkbox"/>	Flat	<input type="checkbox"/>
Rooms	<input type="checkbox"/>	Bedsitter	<input type="checkbox"/>	Hostel	<input type="checkbox"/>	Hotel	<input type="checkbox"/>

Other (please say what)

3. If the property is not on the ground floor, which floor is it on:

4. Is there an electricity supply: Yes No

5. Is there a cold water supply: Yes No

6. Is there a hot water supply: Yes No

7. Is there heating: Yes No

8. How many bedrooms are there in the property in total:

9. How many bedrooms do you have for everyone included in your application:

10. Do you lack any rooms. If so, what rooms don't you have:

11. Do you share any rooms. If so, which rooms do you share and who are you sharing them with:

12. Please also give details of anyone else who **lives in the property with you**, but who is **not included** in your application:

Full Name	Date of Birth	Age	Sex	Relationship to Applicant

13. If you rent the property, please give the name, address and telephone number of your Landlord:

Name

Address

Telephone Number