



south shropshire
housing association



Choice based lettings scheme

Housing register application form

South Shropshire
District Council

For staff use only

Username

Password

Band:

please circle

Priority

Gold

Silver

Bronze

Additional Info

Section A: Your Details

1. Name

Title: (Mr, Mrs, Miss, Ms, Other)

Last name:

First name:

Are you: (please tick) Male Female

Date of Birth: / /

National Insurance Number:

2. Present Address

1st Line of Address

Town/City

County

Postcode

Daytime phone number

Mobile phone number

Email address

3. Contact Address

If you would like us to contact you at an alternative address please provide the details below:

Address

Village/Estate

Town/City

Postcode

4. Ethnic Monitoring

We have to monitor the ethnic origin of our applicants for rehousing. This helps to make sure we treat everyone fairly and equally. To help us to do this, tick the relevant boxes below. If you do not want to answer, tick the box "question refused"

Please tick one box only

Question refused

A. White

- British
 - Irish
 - Other (please state below)
-

D. Black or Black British

- Caribbean
 - African
 - Any other Black background (please state below)
-

B. Mixed

- White and Black Caribbean
 - White and Black African
 - White and Asian
 - Any other mixed background (please state below)
-

E. Chinese or other ethnic group

- Chinese
 - Any other (please state below)
-

C. Asian or Asian British

- Indian
 - Pakistani
 - Bangladeshi
 - Any other Asian background (please state below)
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5. Nationality

Please tick one of the boxes that most applies to your Nationality or Immigration status:

- UK National Right of Abode
 EEA National (European Economic Area)

This includes: Austria, Belgium, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Bulgaria, Romania.

If you are none of the above, please tick one of the boxes below:

- Indefinite Leave to Remain Exceptional Leave to Remain
 Asylum Seeker Humanitarian Protection
 Immigration Detainee Refugee
 Discretionary Leave Other

6. Would you like someone to act on your behalf?

This would mean that another person could place bids on your behalf or receive information about your application

- Yes No

If yes, please give details of this person and an advocacy form will be sent out for both parties to sign.

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Section B: Present Housing

1. Your current tenancy

Date Moved In: /

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

- Tenant of SSHA Tenant of a local authority*
 Tenant of another housing association/trust* Temporary accommodation
 Tenant of a private landlord* No fixed abode
 Hostel, refuge, bed and breakfast Lodger with friends or family
 Prison Hospital or nursing home
 Tied or services tenancy* Owner occupier
 Armed forces accommodation

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

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Can we contact them for a reference Yes No

2. What type of property do you live in?

How many bedrooms are there in your current home?

How many bedrooms do you currently use?

Please tick one box below to show the type of property you live in.

- Caravan or mobile home House Flat Bungalow
 Bedsit Hostel Hospital or nursing home
 Hotel Prison or remand centre
 Other (please give details)

3. If you live in a flat or bedsit, is your accommodation on the:

Ground floor? First floor? Above the first floor?
 Is there a lift you can use? Yes No

4. Facilities in your current home

Please tick the facilities at your current home

Living Room Bathing Facilities
 Kitchen or cooking facilities Toilet (inside)
 Bathroom Toilet (outside)

Is your toilet:

Upstairs? Downstairs?
 Inside? Outside?

Do you have a hot water supply? Yes No
 Do you have access to an enclosed garden? Yes No
 Do you share your living room, bathroom or kitchen with non-family members? Yes No

5. Please provide details of the people that you currently live with who won't be moving with you:

Title	First Name	Last Name	DOB	Are they male or female?

Section C

1. Joint Applicant

If this is a joint application, please enter below the details of the other applicant.

Title: (Mr, Mrs, Miss, Ms, Other)

Last name:

First name:

Are you: (please tick) Male Female

Date of Birth: / /

Please list below all the remaining people that need to be rehoused with you:

Title	First Name	Last Name	DOB	Are they male or female?	Relationship to you

2. Household Circumstances

Are you, or any of the people mentioned in question 1 pregnant? Yes No

If yes, please provide MAT B1 certificate.

Is your household overcrowded? Yes No

Do you believe that your present home is in poor condition? Yes No

If Yes, please give details:

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If you answer yes to the above question we will arrange to carry out a home visit and may make the environmental health department aware of any concerns.

Have you been asked to leave your current home? Yes No
Please enclose any letters or notices that confirm this

Are you currently suffering from any form of violence or harassment? Yes No

Please provide us with details below and forward any supporting documents with your form:

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3. Special Circumstances

Medical Needs

Does anyone have a medical condition or disability that affects their ability to manage around the home? Yes No

If you answer yes to this question we will send you a medical assessment form to complete.

Support Needs

Are you an older person seeking Sheltered Accommodation? Yes No

Sheltered Accommodation provides extra support services such as an emergency alarm system and communal facilities. In order to be considered for this type of accommodation you will need to be assessed by one of our Sheltered Housing Officers.

Are you a carer needing to move closer to the person you care for, or do you need to move closer to a carer? Yes No

If yes, please give details of their name and address:

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Would you like any of the following departments to contact you to discuss how the scheme works or to help you with your application?

- | | |
|--|---|
| <input type="checkbox"/> Care & Support | <input type="checkbox"/> Shared Ownership |
| <input type="checkbox"/> Housing/Homefinder team | <input type="checkbox"/> Homelessness Service |

4. Other Circumstances

Does anyone requiring accommodation receive support from any of the following:
Social Worker, Probation Officer or other support workers? Yes No

If yes, please give details

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Does anyone moving with you have a problem with drug or alcohol misuse that requires additional support? Yes No

Has anyone requiring accommodation ever been convicted of a serious criminal offence? Yes No

Is anyone requiring accommodation subject to an Anti-Social Behaviour Order? Yes No

Why do we ask the above questions?

If someone has been convicted of a serious criminal offence we investigate the circumstances. If you have answered yes to any of the above questions, your application will be assessed and your individual circumstances will be considered. If we think you could still be a risk to the community we may not offer you a property.

Do you need to move to take up a new job in the area? Yes No

If yes, please give details of your employer

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Section D: Extra Information

1. Previous Addresses

Please list below all your previous addresses for the last 5 years.

Full address and postcode	Dates	Reason for Leaving	Landlord details

3. Change of circumstances

It is important that you inform us of any change in your circumstances. This may affect your housing application. Please ask for a "Change of Circumstances" form and return it to us. Your application will be reassessed and you will be informed of the outcome.

4. Declaration

Are you or anyone on this application related to an employee or any member of the South Shropshire Housing Association Board? Yes No

If yes, please give details

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As far as I know, the details on this form are true and I agree to tell you if my circumstances change in any way. I understand that if I have made a false or misleading statement, my application will be cancelled and you will end the tenancy that I have been granted because of false information.

You Signature Date

Joint applicant Signature Date

5. Data Protection Act 1998

Information contained on this form may be used by any of the landlords within the scheme and shared with other bodies for the prevention and detection of fraud. Where the applicant is a tenant of a local authority or registered social landlord their property details and contact information may be used for the purpose of helping to find suitable mutual exchange partners. By signing this form you are consenting to South Shropshire Housing Association processing your personal data.

6. Contacting you

We want to make sure that you are receiving information in the format that is most useful to you.

Is English the main language in you household? Yes No

If no, what is the main language?

Does your household have a need to receive information from us in another format? Yes No

If yes, please choose from the list below:

- Braille Audio Tape/CD
 Large Print Translation

7. Checklist

Please read through the form again to check that the information you have given is correct.

If applicable, have you attached the following:

- Medical Evidence Yes No
Pregnancy Certificate Yes No
Landlord's Notice Yes No
Supporting Letters Yes No

Equal Opportunities statement

At South Shropshire Housing Association we recognise the damage that disadvantage and discrimination can cause. We are committed to equal opportunities and will take positive steps to ensure that you will not be treated less favourably than anyone else in your dealings with us because of race, religion, gender, marital status, sexual orientation, disability, class or age.

If you require this document in another format, for example Braille, large type, audio tape or another language please contact South Shropshire Housing Association on 01588 676200.

如果您需要此文件的录音带、盲文版、大字印刷版本或者英语不是您的第一语言，那么请您与 **SSHA** 联系。

CHINESE

ਜੇ ਇਹ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਸੁਣਨ ਵਾਲੀ ਟੇਪ 'ਤੇ, ਬ੍ਰੇਲ ਵਿਚ ਜਾਂ ਵੱਡੇ ਅੱਖਰਾਂ ਵਿਚ ਚਾਹੀਦਾ ਹੈ, ਜਾਂ ਜੇ ਅੰਗਰੇਜ਼ੀ ਤੁਹਾਡੀ ਪਹਿਲੀ ਭਾਸ਼ਾ ਨਹੀਂ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਐੱਸ ਐੱਸ ਐਚ ਏ ਨਾਲ ਗੱਲ ਕਰੋ।

PUNJABI

اگر آپ یہ دستاویز آڈیو ٹیپ، بریل یا بڑے حروف میں حاصل کرنا چاہتے ہیں یا انگریزی آپ کی پہلی زبان نہیں ہے تو براہ کرم ایس ایس ایچ اے سے رابطہ کیجئے۔

URDU

Os hoffech chi gael y ddogfen hon mewn Awdio, Braille, Print Bras neu os nad y Saesneg yw eich iaith gyntaf, yna cysylltwch â'r SSHA.

WELSH

Jeżeli chcesz otrzymać ten dokument w innej postaci, na przykład brajlem, dużą czcionką, na taśmie dźwiękowej czy w innej wersji językowej, prosimy o skontaktowanie się z South Shropshire Housing Association, tel. 01588 676200.

POLISH