

***Application for Housing***

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| --- | --- | --- | --- | --- |
| **Surname** | **Forenames** | **Sex** | **Date of birth** | Relationship to you |
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Please complete this form if you want to apply for housing from Tendring District Council (TDC) or a transfer from your current TDC property. We will assess your housing application in line with our Housing Allocations Policy and your application will be placed in a band that decides your priority on the housing register.

Please return your completed form to:

Housing Services, 88-90 Pier Avenue, Clacton-on-Sea, Essex, CO15 1TN

If you would like help to complete this form, please visit the Housing Services Reception at the above address or telephone (01255) 686466 / e-mail: housingmail@tendringdc.gov.uk

Have you applied for housing before at a different address? Yes/No

Are you an existing tenant of Tendring District Council? Yes/No

Surname: Surname:

Title: Mr/Mrs/Miss/Ms/Other Title: Mr/Mrs/Miss/Ms/Other

First name: First name:

Date of birth: Date of birth:

National Insurance No: National Insurance No:

Address:

Postcode:

Telephone No(s): E-mail address

***If you fail to provide a telephone number or e-mail address your application may be delayed.*** Tell us the name of everyone you want to be housed with you including yourself:

**Eligibility**

Have you come to live in the United Kingdom in the last 5 years? Yes/No:

**If you have answered ‘Yes’, we will send you an additional form to complete. Please continue filling out the rest of this application form.**

Part 2 Address history

Does any person on this application live at a different address to you? Yes/No:

 If yes, please write their name and the address they live at below:

Year:

Month:

Day:

What date did you move to your present accommodation?

Years:

How long have you lived in the Tendring district?

Did you move out of the Tendring District to access specialist accommodation/treatment? Yes/No:

**If you have answered ‘Yes’ to either of these questions, we may write to you for more information**. Please list below all previous addresses where you have lived in the last 5 years (attach a separate sheet if necessary)

|  |  |  |  |
| --- | --- | --- | --- |
| ***Address*** | ***Date from******Month/year*** | ***Date to******Month/year*** | ***Tenure******(Private rent, owned, council, housing association, other*** |
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Have you been a tenant of any council or housing association? Yes/No :

If yes, please give the name of your landlord, the address of the property, the date you left and the reasons why you left:

Name of landlord:

Address of property:

Date your tenancy ended:

Reasons for leaving:

***The Council will seek references on current and past tenancies where this is appropriate.***

Have you ever applied as homeless to this or any other council? : Yes/No

 **If yes, which council? :**

Were you provided with accommodation by the above council? : Yes/No

 Have you been given notice to leave your present home? : Yes/No

**If yes, on what date must you leave? :**

Are you a current or former member of armed forces within the last 5 years? : Yes/ No

**If yes, please state the date you were discharged or your expected date of discharge. :**

Are you a bereaved spouse or civil partner of a service person who has to leave service accommodation? : Yes/No

**If yes, please state the date you have to leave**. :

Are you currently in hospital, residential care or supported housing? :

**If yes, please state you’re expected leaving date. :**

Have you been approved for fostering or adoption? : Yes/No

***If we need more information, we will Contact you.***

Part 3 Your present home

***Type of tenure (please tick as appropriate)***

Council : Housing association:

Owner occupier: Private tenant:

Living with family/friends: Shared ownership:

Other (please specify) :

***Type of tenancy (please identify as appropriate)***

Assured shorthold: Assured:

Secure: Tied occupation:

 Introductory / Starter: Temporary council:

Temporary housing association: living with family / friends:

Other (please specify):

***Renting your home***

Name of your landlord / letting agent:

Address of landlord / letting agent:

Telephone number:

How much is your rent? £: Monthly: Weekly:

If you receive Housing Benefit or Local Housing Allowance to help you with your rent, how much do you get per week? £ :

Do you have rent arrears? Yes/No:

If yes, how much do you owe? £ :

***The Council will seek references on current and past tenancies where this is appropriate.***

***Owning your home***

 Do you have a mortgage? : Yes/No:

If yes, what are your monthly payments? £:

Do you have any other secured loan on your home? : Yes/No:

If yes, what are your monthly payments? £:

Do you have arrears? Yes/No:

If yes, how much do you owe? Mortgage £:

Secured loan £:

If you have arrears, is your lender taking any action against you? Yes/No:

What is the estimated value of your home? £:

How much is outstanding on your mortgage or your secured loan? Mortgage £:

Secured loan £:

***We may need to write to you for more information about your housing and financial situation.***

***Where you live now***

House: If you live in a flat or maisonette, please state which floor:

Bungalow: Lower ground (basement):

Flat: Ground:

Bedsitter flat: first:

Maisonette: Second:

Sheltered accommodation: third:

Bed and breakfast: other (please specify)

Holiday Park:

Other (please specify)

How many bedrooms are in the property? :

How many bedrooms are available for you and your household? :

***Bedrooms***

***Please list which members of your family sleep in each bedroom.***

Bedroom 1: Bedroom 2:

Bedroom 3: Bedroom 4:

***Please give the approximate size of each bedroom***

Bedroom 1 ft by ft Bedroom 2 ft by ft

Bedroom 3 ft by ft Bedroom 4 ft by ft

Do you share any accommodation with anyone who is not on this application? Yes/No:

If yes, please state which rooms you share:

Do you have heating? Yes/No: Do you have hot water? Yes/No:

Does your property have any repair issues? Yes/No:

If yes, please give details:

***Pets***

Please list any pets or animals you have below, including the breed of dog if applicable. You should note that the keeping of cats and dogs is not allowed in some blocks of flats and therefore this could restrict your chances of being offered accommodation:

Part 4 Benefits, Savings, Pension

Please give details of any benefits you receive:

|  |  |  |
| --- | --- | --- |
| Name of benefit | Amount Received | Weekly/Monthly |
|  | £ |  |
|  | £ |  |
|  | £ |  |
|  | £ |  |
|  | £ |  |
|  | £ |  |
|  | £ |  |

If you have savings, how much do you have? £:

Do you receive a private pension? Yes/No: Amount £: per:

Part 5 Employment#

Are you or your partner in employment? Yes/No: ***if no, go to Part 6***

***You***

How long have you been in employment Years:

Are you self-employed? Yes/No:

How long have you worked for your current employer? Years:

How many hours do you work each week? Hours:

How much do you earn? £: Per:

Name and address of your employer:

***Your Partner***

How long has your partner been in employment? Years:

Is your partner self-employed? Yes/No:

How long has your partner worked for his or her current employer? Years:

How many hours do they work each week? Hours:

 How much does your partner earn? £ Per:

Name and address of your partner’s employer:

**Part 6 Medical, welfare and special needs**

Are your housing conditions affecting your health? Yes/No:

How many people on your application have medical problems that are made worse by your/their housing conditions? : No. of people:

***We will send you separate forms about this, but please continue with this form.***

**Welfare and special needs**

Are you, or is anyone applying for housing with you, pregnant? Yes/No:

If yes, please provide evidence.

If yes, what date is the baby due? :

***Please identify one or more of the boxes if you (or someone on your application) need to move on welfare grounds for the following reasons:***

|  |  |  |  |
| --- | --- | --- | --- |
| Mental health problem |  | History of drug / alcohol problems |  |
| Physical disability |  | At risk of domestic / other violence |  |
| Learning disability |  | Young person at risk |  |
| Infirmity or frailty due to old age |  | Behavioural problems |  |
| Deaf or partially deaf |  | At risk of racial harassment / violence |  |
| Blind or partially blind |  | At risk of violence / harassment due to your sexuality |  |
| Degenerative or debilitating illness (eg Parkinson’s disease, multiple sclerosis) |  | ***Other Reasons:*** |  |
| Living with HIV/Aids |  |  |  |

***If you have ticked any of the above boxes, we may need to write to you for more information.***

If you need an adapted property, please give your reasons below:

Do you, or anyone on your application, need to use a wheelchair indoors? Yes/No:

Do you, or anyone on your application, use a mobility scooter? Yes/No:

**(Properties will not be adapted for the sole use of mobility scooters)**

**Part 7 Areas you prefer**



***Please identify which areas you would move to: (tick boxes)***

Alresford: Great Bromley: Little Oakley:

Ardleigh: Great Holland: Manningtree:

Beaumont: Great Oakley: Mistley:

Bradfield: Harwich: Ramsey:

Brightlingsea: Jaywick: St Osyth:

Clacton: Kirby Cross: Tendring:

Dovercourt: Kirby le Soken: Thorrington:

Elmstead: Lawford: Thorpe le Soken:

Frating: Little Bentley: Walton on the Naze:

Frinton: Little Bromley: Weeley:

Great Bentley: Little Clacton: Wix:

Wrabness:

**Housing need**

To help us assess housing need in the district, please enter below your ***two*** preferred choice of area from the selections you have made above. Please state two preferred areas only.

Preferred area 1: Preferred area 2:

Part 8 Type of accommodation you would prefer

Tendring is an area where there is a chronic housing shortage and we do not have enough properties to be able to house all of the applicants on our Housing Register. To improve your chances of being housed by us you should try to be as flexible as possible about the type of property and the area of Tendring you would live in.

**By ticking the boxes below, please show the type of accommodation you would consider.**

**You may identify more than one box:**

A) PROPERTY TYPE B) FLOOR LEVEL

House:

Bungalow: Any floor:

Flat: Ground floor:

Studio Flat: First floor:

Maisonette: Second floor:

Sheltered housing: Third floor:

Extra care housing:

Would you accept a flat above ground floor if the property was served by a lift? Yes/No:

Many of our sheltered properties are studio flats. Would you accept a studio flat in housing sheltered? Yes/No:

**Part 9 Registered providers**

Registered providers (formerly known as housing associations) are non-profit making bodies who let accommodation in much the same way as councils. There are several registered providers in the council’s area and in the majority of cases, the council has nomination rights to their housing. The information we hold on you will therefore be made available to a registered provider if we nominate you to one of their properties.

If you are happy to have your details shared with a registered provider please tick the box. Not ticking the box could reduce your chances of being offered accommodation.

**Part 10 Equality monitoring**

**\*TALK TO ROB ABOUT COMMENT\***

**Optional**

***Ethnic Origin***

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **White**
 |  | **E)Chinese or Chinese British** |  |
| British |  | Chinese British |  |
| Irish |  | Chinese Irish |  |
| Any other white background (please write in) : |  | Chinese |  |

|  |  |
| --- | --- |
| 1. **Mixed**
 |  |
| White and Black Caribbean |  |
| White and Black African |  |
| White and Asian |  |
| Asian and Black |  |
| Any other mixed background (please write in) |  |

**F) Any other Ethnic Background:**

|  |  |
| --- | --- |
| **Faith** |  |
| Christian |  |
| Buddhist |  |
| Hindu |  |
| Jewish |  |
| Sikh |  |
| No religion |  |
| Any other faith (please write in) |  |
| Prefer not to say |  |

|  |  |
| --- | --- |
| 1. **Asian or Asian British**
 |  |
| Asian British |  |
| Asian Irish |  |
| Indian |  |
| Pakistani |  |
| Bangladeshi |  |
| Any other Asian background (please write in) |  |

|  |  |
| --- | --- |
| **d) Black or Black British** |  |
| Black British |  |
| Black Irish |  |
| Caribbean |  |
| African |  |
| Any other black background (please write in) |  |

**Sexuality**

**Heterosexual:**

**Homosexual:**

**Bisexual:**

**Any other sexuality (please write in):**

**Prefer not to say:**

Part 11 Other information

**Please give your reasons for applying for housing. The information you give will be used to assess your application so please give as much information as you can.**

**Please use the blank pages 14 & 15 at the back of the application if you need further space.**

Part 12 Disclosure

Have you or any person on this application been convicted of any criminal offence?

Yes/No:

If yes you must provide details in the box below:

Are you, or any person on this application, an employee of Tendring District Council, or related to an employee or Councillor of Tendring District Council?

Yes/No:

If yes you must provide details in the box below:

Part 13 Identification

Please ensure you have attached the following information with your housing application:

**Proof of identity**

o A **copy** of photographic identity (such as a passport or driving licence) for you and your partner, anyone over the age of 18 years.

 o **Copies** of birth certificates for any children included on your application

**Proof of residency in the Tendring area for the last 3 years**

o **Copies** of tenancy agreements, bank statements, council tax bills/utility bills

Part 14 Declaration & Authorisation

**As a part of your application the council are required to make enquiries about your circumstances in order to verify the information you have provided**

**I/We have applied to Tendring District Council for housing assistance under the terms of Part VI Housing Act 1996 (as amended).**

The information given on this form is true to the best of my knowledge, and where other people’s personal information is given on the form, they have consented to this. It is understood that any false or misleading information given may lead to prosecution and may result in eviction from any housing offered.

I/We give permission for representative of the Council to verify the information on my/our application, including any financial or medical details.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Applicant)

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Partner)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This authority is under a duty to protect public funds it administers and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering of public funds for these purposes. For further information, see or contact the Housing Needs & Strategic Policy Manager on (01255) 686433.

***Please remember to notify the council of any changes in your circumstances***

***Extra space for additional information.***

***Extra space for additional information.***