

Westfield Housing Association

Minto Centre, Nilsson Drive, Westfield, Workington, Cumbria, CA14 5BD

Telephone: (01900) 602906

Fax: (01900) 872579

OFFICE USE ONLY

Applic No

A B C

Application Source

Reject

Beds or

Current Location

Former Tenant Debt Yes No

(Check SDM, Sage and File)

In receipt of L.H.A. Yes No

Housing Application Form

Please complete this form as fully as possible; If you need help please ask.
All information will be treated in confidence.

Have you been a tenant of this Association before: Yes / No
If yes, please state the address and the date you left the Property

Name (if different from current name):

Address: Date:

APPLICANT DETAILS

Full Name National Insurance No. Date of Birth:

Full Name (if joint applicant) National Insurance No. Date of Birth:

Address Postcode

Telephone Number: Home Work

HOUSEHOLD DETAILS

Please give details of all people who need housing with you **even if they don't live with you at the moment.**
Provide details of yourself first.

Surname	First Name(s)	Sex M/F	Date of Birth	Relationship to You	Employment Status e.g. working, retired, unemployed, at school, at home, permanently sick	Is this person living with you now
						Yes / No
						Yes / No
						Yes / No
						Yes / No
						Yes / No
						Yes / No

LIVING WITH OTHERS Please give details of all people living with you now but who will not be moving with you.

Surname	First Name(s)	Relationship to You	Age	Sex M/F

PREVIOUS ACCOMMODATION

Please give details of your previous accommodation in the last five years.

Address	If a Tenant, Give Name of Landlord	Date of Occupation From	To	Reason for Leaving

CURRENT TENANCY DETAILS AND ACCOMMODATION

In your current accommodation are you? (Please tick appropriate box)

Renting from the Council Renting from a Housing Association Renting from Private Landlord
 Renting with Job Owning/Buying With Family/Friends Any Temporary Accommodation
 Other (Please Specify)

If you are renting please provide the name and address of your current landlord

Are you currently in receipt of Local Housing Allowance which is paid into your bank account Yes / No (please circle)

What type of property do you currently live in? (Please tick appropriate box)

Flat/Maisonette/Bedsit House/Bungalow Hostel Hospital Residential Home
 Prison Bed and Breakfast Mobile Home Other (Please Specify)

How many bedrooms are there? How long have you lived in your current home?

HOUSING NEED/CURRENT CIRCUMSTANCES

A) **Homeless** have you been classed as "homeless" by a local authority? Yes / No (please circle)

B) Why must you leave your current accommodation? (Please tick)

Relationship Breakdown Refugee/Asylum Seeker
 Repossession Action (e.g. by Bank/Building Society) Eviction Order
 Leaving Institution (e.g. hospital, prison) Temporary Accommodation (e.g. bed and breakfast, Hostel)
 Other (Please specify)

Are you (or anyone who will be living with you) ex-services? (Armed Forces) Yes / No (please circle)

C) **Health and Disability** If anyone to be re-housed has a serious long-standing or permanent disability please give details.

Name	Details of Ill Health/Disability

How would re-housing improve these conditions? (f not enough space attach separate letter)

.....

D) Other Housing Needs Including Harassment, Cruelty and Violence (including Racial and Sexual) Long Suffering Please give details as to why you need re-housing. (If not enough space attach separate letter)

.....

HOUSING REQUIREMENTS

Disabled Do you require accommodation specially adapted for a wheelchair-bound person? Yes / No

House Only Please indicate your requirements (tick) House Only House or Flat

If Flat, Floor Level Please indicate your requirements (tick) Ground Floor Only Any Floor (Stairs)

Pets The Association has a policy of not allowing large pets in flats with a common entrance. Do you have any large pets such as a cat or dog? Yes / No If yes please give details

PREFERRED SCHEME/AREAS

Please list the schemes/areas for which you wish to be considered. List of relevant areas is attached.

- 1 2
 3 4

INCOME DETAILS You may choose not to provide this information.

Please give details of income and benefits for yourself and your partner.

Current Employment

Name of Person Working	Is Employment Full or Part-Time?	Weekly Take Home (Net) Pay

Are you or your partner in receipt of Working Tax Credit? Yes / No

Pensions and Benefits

Do not include Housing Benefit and Council Tax benefit but do include any Pension from a private workplace scheme and benefits such as Working Tax Credit, Income Support, Unemployment Benefit, Incapacity Benefit, Child Benefit etc.

Person Getting Benefit	Type of Pension/Benefit	Weekly Amount

SAVINGS AND CAPITAL

Please state the total amount of capital and savings held by yourself and your partner £.....

What is the annual income from your savings and capital (interest, dividends etc.) £.....

EMPLOYEE/MEMBER

If you or your partner are an employee or member of the Association, or a relative of any employee or member, please give details.

.....

EQUAL OPPORTUNITIES You may choose not to provide this information.

Do you consider yourself to be: (Please tick the box which applies to you)

White: ¹ British ² Irish ³ Other

Mixed: ⁴ White and Black Caribbean ⁵ White and Black African ⁶ White and Asian ⁷ Other

Asian or Asian British ⁸ Indian ⁹ Pakistani ¹⁰ Bangladeshi ¹¹ Other

Black or Black British ¹² Caribbean ¹³ African ¹⁴ Other

Chinese or other ethnic groups ¹⁵ Chinese ¹⁶ Other

Refused ¹⁷

Before a property can be offered, you must provide two written references, one must be from your current landlord (or previous landlord if you have not got a current tenancy). You will be required to provide at least two of the following documents when we visit your home. These must be original copies to prove your identity and current address.

- | | |
|--------------------------------|--------------------------------------|
| Birth Certificate | UK Resident Permit |
| Passport | EEC Identity Card |
| National Insurance Number Card | Utilities Bill |
| Medical Card | Payslip |
| Driving Licence | Social Security or Tax Office Letter |

DECLARATION STATEMENT BY APPLICANT(S)

The information I/we have given above is true and complete. I/we understand the Association may cancel this application, withdraw an offer of accommodation, or seek to evict, if I/we have deliberately given false, misleading or incomplete information. I/we understand Westfield Housing Association is registered under the Data Protection Act 1998 and undertakes to process this application in accordance with the legal requirements of the Act. I/we consent to the use of this information under those terms. I/we give permission for Westfield Housing Association to request references/information from previous landlords and to check records with social workers, local government departments and other agencies where deemed necessary I/we agree to the above use of my/our data.

Signed

Date

Signed

Date

If you would like a copy of the information held about you please write to the Data Protection Compliance Officer, Westfield Housing Association, Minto Centre, Nilsson Drive, Westfield, Workington, Cumbria, CA14 5BD enclosing a cheque for £10 payable to Westfield Housing Association and you will receive a reply within 40 days. Please return this application form to the address shown on the first page. Enclose any documents necessary to support your application. If your address or circumstances alter in the future please let us know.