

# APPLICATION FORM FOR HOUSING



## Please make sure that you fully complete all sections on the form otherwise we are unable to process your application

If you need help in person, please contact your local housing office, full contact details are given at the end of this document

KEVAKA O GADREVA MO VUKEI E NA VAKA DEWATAKI NI I VOLA TUKUTUKU OQO, YALO VINAKA MO RAICA NA I OTIOTI NI TAQA NI PEPA KA RA TABAKI TU KINA NA VEIVALE NI VOLAVOLA ERA RAWA NI VEIVUKE

如在文需要 倒最頁 夠的地

Jeśli potrzebują Państwo pomocy w przetłumaczeniu niniejszego dokumentu, prosimy zajrzeć na ostatnią stronę, gdzie podane zostały dane kontaktowe lokalnych biur, które będą mogły Państwu pomóc

Eğer bu belgenin tercüme edilmesi konusunda yardıma ihtiyacınız varsa, lütfen size yardımcı olabilecek yerel ofisler için son sayfaya bakınız

رخ ے نل ے رتلفد ماقم نا مر بارب ،وٹ ے نپاچ ددم و پ نم ے نر بمجرت ازواتسد سا رگا  
نہ ے نسر ددم پ وچ نناچ رپ بحفص

## The Partnership Area



# Personal Details

	Main Applicant				Joint Applicant			
1. Title								
2. First name								
3. Middle name								
4. Surname (your family name)								
5. Gender								
6. Marital status								
7. Relationship to main applicant								
8. Previous surname/s or maiden name/s								
9. National Insurance Number								
10. Date of birth (DD/MM/YYYY)								
11. Your last housing application number (see guidance notes)								
12. Are you a UK citizen?	Yes		No		Yes		No	
13. If you are not a UK citizen, of which country are you a citizen?								
14. In the last 5 years have you or anyone moving with you come to live in the UK or returned to the UK from living abroad? If 'Yes' go to Q15, if 'No' go to Q16	Yes		No		Yes		No	

15. If answering 'Yes' to question Q14 please fill in the table below:

Name	Date of birth	Country you/they entered the UK from	Date entered the UK

# Current Address Details

**Main Applicant**

**Joint Applicant**

16. Current address

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17. Postcode

18. Date you moved into this address (DD/MM/YYYY)

19. Home telephone number

20. Work telephone number

21. Mobile number

22. Best telephone number to contact you on?

23. E-mail address

24. Correspondence address (if different to main address)

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25. Postcode

# Applicants under 18 or leaving care

**Main Applicant**

**Joint Applicant**

	Yes		No		Yes		No	
26. Are you aged 16 or 17?								
27. If you answered yes to question Q26, give the name, address and phone number of the person or organisation who will act as your trustee								
28. If you answered yes to question Q26, give the name and contact number of the organisation who will support you in your new home								
29. Are you leaving care?								
30. Are you looked after by Social Services?								

# Your Home

	Main Applicant	Joint Applicant
31. Your current housing arrangements (please tick one)	Accommodation with support	Accommodation with support
	Armed forces accommodation	Armed forces accommodation
	Living with family or friends	Living with family or friends
	Lodger	Lodger
	No fixed abode	No fixed abode
	Own the home you live in	Own the home you live in
	Prison	Prison
	Renting from private landlord	Renting from private landlord
	Renting from council or housing association	Renting from council or housing association
	Tied accommodation	Tied accommodation
	Temporary accommodation provided by council	Temporary accommodation provided by council
Other (please state)	Other (please state)	
32. If you are applying from prison please give your expected date of release		
33. If you are renting from a private landlord please give their name, address and phone number		

# Disability

	Main Applicant				Joint Applicant			
34. Do you consider yourself to be disabled?	Yes		No		Yes		No	
35. If yes, please tick one	Autistic				Autistic			
	Do not wish to disclose				Do not wish to disclose			
	Hearing impaired				Hearing impaired			
	Learning disability				Learning disability			
	Mental health				Mental health			
	Mobility				Mobility			
	Progressive disability/ chronic illness				Progressive disability/ chronic illness			
	Visual impairment				Visual impairment			
	Other (please state)				Other (please state)			

## Local connection - Please tick each circumstance that applies to you

36. How you are connected to the partnership area:	Main Applicant	Joint Applicant
Are a current member of the armed forces due to leave armed forces accommodation? (Serving in the regular forces or serving in the reserve forces and suffering from a serious injury, illness or disability wholly or partly attributable to their service)		
Are employed in the partnership area (employment must be meaningful permanent full or part time not casual or seasonal)		
Bereaved spouse, partner or civil partner of armed forces personnel (whose death was wholly or partly attributable to their service)		
Currently live in the partnership area and have done for at least 6 out of the last 12 months		
Discharged from armed forces in last 5 years (serving in the regular forces in the 5 years preceding application or has served in the reserve forces and suffering from a serious injury, illness or disability wholly or partly attributable to their service)		
Essential need to move to live close to someone or give/receive essential daily care or support to/from someone who lives in the partnership area and been resident for at least 5 years. (Please enter contact details for person concerned)		
Have a close family member residing in the partnership area that has done so for at least 5 years (Mother, Father, Adult son, Adult daughter, Adult brother, Adult sister) please provide their name, address and phone number.		
Have a need to move to a particular locality in the partnership area, where failure to meet that need would cause hardship (to yourself or others) and a move would resolve this need		
Have lived in the partnership area for 3 out of the last 5 years.		

# Language

	Main Applicant				Joint Applicant			
37. Do you need information in another language? If 'Yes' go to Q38, if 'No' go to Q39	Yes		No		Yes		No	
38. If yes, please provide details:								

# Ethnicity

39. How would you describe your ethnic origin?

Main Applicant		Joint Applicant	
<b>White</b>		<b>White</b>	
British		British	
Irish		Irish	
Other White please state:		Other White please state:	
<b>Black</b>		<b>Black</b>	
African		African	
Caribbean		Caribbean	
Other Black please state:		Other Black please state:	
<b>Mixed</b>		<b>Mixed</b>	
White and Black Caribbean		White and Black Caribbean	
White and Black African		White and Black African	
White and Asian		White and Asian	
Other Mixed please state:		Other Mixed please state:	
<b>Other ethnic group</b>		<b>Other ethnic group</b>	
Other Ethnic Group Please state:		Other Ethnic Group Please state:	
Gypsy / Romany / Irish traveller		Gypsy / Romany / Irish traveller	
<b>Asian</b>		<b>Asian</b>	
Indian		Indian	
Pakistani		Pakistani	
Bangladeshi		Bangladeshi	
Chinese		Chinese	
Other Asian please state:		Other Asian please state:	
Prefer not to say		Prefer not to say	

# Religion

39. How would you describe your religion, belief or faith?

Main Applicant		Joint Applicant	
Buddhist		Buddhist	
Christian		Christian	
Hindu		Hindu	
Jewish		Jewish	
Muslim		Muslim	
None		None	
Prefer not to say		Prefer not to say	
Secular/Humanist		Secular/Humanist	
Sikh		Sikh	
Other please state:		Other please state:	

40. Do you, or anyone living with you, have any religious or cultural requirements that you would like us to be aware of when we visit you or when you call into the office?	Yes		No	
If yes, please provide details:				

# Sexual Orientation

41. What is your sexual orientation?

Main Applicant		Joint Applicant	
Heterosexual/Straight		Heterosexual/Straight	
Lesbian		Lesbian	
Gay man		Gay man	
Bisexual		Bisexual	
Prefer not to say		Prefer not to say	

# Gender

Main Applicant		Joint Applicant		
42. Is your gender identity the same as the gender you were given at birth?	Yes	No	Yes	No



# Financial

## Main Applicant

## Joint Applicant

43. Please tell us your total annual gross income. Please include money from work (including self-employed work), tax credits, state benefits and pensions. (£)

44. Please tell us in detail the value of all your savings, shares, equity in property and any land you may own. (£)

# Accommodation History

Please provide details of your addresses over the last five years starting with your current address. Please note we will not be able to process your application without this information. Continue on a separate sheet if necessary (see guidance notes)

## Main Applicant

## Joint Applicant

Address:	From (month/year)	Address:	From (month/year)
	To (month/year)		To (month/year)
Property type:		Property type:	
Your housing arrangements (see Q31 for definitions):		Your housing arrangements (see Q31 for definitions):	
Landlord's name address and phone number (if applicable):		Landlord's name address and phone number (if applicable):	
Reason for leaving:		Reason for leaving:	
Address	From (month/year)	Address	From (month/year)
	To (month/year)		To (month/year)
Property type:		Property type:	
Your housing arrangements (see Q31 for definitions):		Your housing arrangements (see Q31 for definitions):	
Landlord's name address and phone number (if applicable):		Landlord's name address and phone number (if applicable):	
Reason for leaving:		Reason for leaving:	

**Main Applicant****Joint Applicant**

Address:		From (month/year)	Address:		From (month/year)
		To (month/year)			To (month/year)
Property type:			Property type:		
Your housing arrangements (see Q31 for definitions):			Your housing arrangements (see Q31 for definitions):		
Landlord's name address and phone number (if applicable):			Landlord's name address and phone number (if applicable):		
Reason for leaving:			Reason for leaving:		
Address		From (month/year)	Address		From (month/year)
		To (month/year)			To (month/year)
Property type:			Property type:		
Your housing arrangements (see Q31 for definitions):			Your housing arrangements (see Q31 for definitions):		
Landlord's name address and phone number (if applicable):			Landlord's name address and phone number (if applicable):		
Reason for leaving:			Reason for leaving:		
Address:		From (month/year)	Address:		From (month/year)
		To (month/year)			To (month/year)
Property type:			Property type:		
Your housing arrangements (see Q31 for definitions):			Your housing arrangements (see Q31 for definitions):		
Landlord's name address and phone number (if applicable):			Landlord's name address and phone number (if applicable):		
Reason for leaving:			Reason for leaving:		

## Other household members

45. Who is to be **re-housed with you**. Please complete the table below for everyone other than the main and joint applicant.

Title	First name	Surname	DOB	Gender	Relationship to main applicant	Do they live with you at your current address?
						Yes/No
						Yes/No
						Yes/No
						Yes/No
						Yes/No

46. If any of the people you want to be rehoused with you do not live with you at present, please tell us why:

47. Who else lives with you at your current address who is not moving with you?

Title	First name	Surname	Gender	Relationship to applicant	DOB

## Help to use this scheme

48. Do you think you might need help to bid for properties under this scheme for any reason?	Yes		No	
49. Would you like to nominate someone to act on your behalf? If so, please provide their details (see guidance notes)	Name			
	Address			
	Postcode			
	Phone			
	Mobile			
50. Please tell us more about the difficulties you might have. Please tick all that apply.	Difficulty in reaching an office supporting this scheme			
	Disabled			
	Housebound			
	Learning disability			
	No internet access			

# Current property

	Main Applicant		Joint Applicant	
51. What type of property do you live in (please tick)	Bungalow		Bungalow	
	House		House	
	Ground floor flat or bedsit		Ground floor flat or bedsit	
	Above ground floor flat or bedsit		Above ground floor flat or bedsit	
	Other please specify:		Other please specify:	

52. Use the first column to show any facilities lacking in your home. If you are currently sharing facilities with people who are not moving with you use the second column to show this. Please tick all that apply.

	Lacking Facilities	Shared Facilities
Bathroom/WC		
Cold water supply		
Cooking facilities		
Electricity supply		
Hot water supply		

53. What adaptations does your home have (if any)? Please tick all that apply:

Level access shower or wet room	
Level or ramped access to your home	
Wheelchair adapted	

54. What adaptations do you need (if any)? Please tick all that apply:

Level access shower or wet room	
Level or ramped access to your home	
Wheelchair adapted	

55. Do you rent your home from a council or housing association in the partnership area?

Yes

No

56. Do you wish to apply for a transfer under the good tenant scheme?

Yes

No

57. Which council or housing association are you renting from?

58. How many bedrooms does your current home have?

59. How many bedrooms do you want in your new home?

## Previous accommodation

	Main Applicant				Joint Applicant			
60. Have you been evicted by any landlord in the last five years?	Yes		No		Yes		No	
61. Have you been subject to legal action by any landlord in the last five years?  If 'Yes' to either of the above go to Q62.	Yes		No		Yes		No	
62. Please give the landlord's name, address and phone number								

## Debt and convictions

63. Do you, or anyone moving with you, have debts to any Council or Housing Association?	Yes		No	
64. How much do you owe and to whom?				
65. Have the main/joint applicant got any unspent criminal convictions?  If 'Yes', please tell us the offence and year you were convicted.	Yes		No	
66. Is the main/joint applicant a high risk offender/subject to MAPPA registration?  If 'Yes', please give the name of the offender/supervising officer	Yes		No	

## Parishes of local connection

67. Please list which Parishes you have a connection to (if any):	
68. What is your connection to each Parish you have listed above?	

# Your application

69. Please give your reason for seeking re-housing				
70. Are you an approved foster carer needing to move to a larger home?	Yes		No	
71. Are you interested in a shared ownership/discounted sale property or a Homebuy property? (these are schemes designed to help people buy their own home, a mortgage will be needed)	Yes		No	
72. Are you looking for 'Extra Care' housing? (see the Guidance Notes for a definition of this service, it may be of particular interest to people aged over 60 or for households where disability is an issue.)	Yes		No	
73. Have you (main or joint applicant) just completed a programme of re-settlement in a hostel or supported housing? If 'Yes' go to Q74, if 'No' go to Q76. Please note that your support provider will be asked to provide proof that your programme has been completed	Yes		No	
74. Please give the name and address of the organisation that supported you:				
75. Please tell us the date when the programme began				
76. Are you, or anyone who is moving with you, a board member, councillor or employee of any of the partner landlords to this scheme, or are you related to any board member, councillor or employee? If 'Yes' go to Q77, if 'No' go to Q78	Yes		No	
77. Please provide details in the space below:				

The following two questions are optional and will be used to help us identify where we need to provide affordable housing in the future

78. Please tell us which village, town or area within a town you most want to live in?				
79. What connection do you have to this place?				
80. Are you currently a member of the armed forces?	Yes		No	
81. Have you ever been a member of the armed forces?	Yes		No	
82. Date of discharge:				
83. Please specify the reason for discharge stated on your discharge papers:				
84. Are you required to leave service accommodation due to bereavement?	Yes		No	

# Health, housing and support

**Only complete this section if you are applying for re-housing on health grounds. This section can be completed by the main applicant on behalf of themselves and everyone who is moving with them.**

85. Are you, or anyone moving with you, permanently unable to return to your home from hospital? (please provide a letter from the hospital confirming this, see guidance notes)	Yes		No	
86. In your current home, is it possible for all of the persons applying to move with you to get to a toilet and a bedroom?	Yes		No	
87. Is your current home suitable on health grounds?  If <b>'No'</b> please tell us why:	Yes		No	
88. Please tell us what sort of housing will improve your health or the health of someone moving with you				
89. Are you are interested in sheltered housing (please see guidance notes)	Yes		No	
90. Does anyone living with you need their own room for health reasons? If <b>'Yes'</b> go to Q91, if <b>'No'</b> go to Q92	Yes		No	
91. Please give details				
92. Please tell us if you or anyone who is moving with you, has difficulty in getting to regular treatment and why?				
93. Do you, or anyone who is moving with you, need to move to give or receive support? If <b>'Yes'</b> go to Q94, if <b>'No'</b> go to Q95	Yes		No	
94. Please provide the name, address and phone number of the person you are moving to be near and the reason you are moving to be near them				
95. Is there any organisation or professional who is supporting you? If <b>'Yes'</b> go to Q96	Yes		No	
96. Please provide their name, phone number and address				

# Communication

97. What is your preferred language of spoken communication?		
98. What is your preferred language of written communication?		
99. How would you like us to communicate with you?	Telephone	
	Braille	
	Email	
	Large print	
	Standard print	
	CD	
100.If we were able to, would you like us to use any of the following when we contact you? Please tick all that apply	British sign language	
	Makaton	
	Lip reading	
	Bliss	
	Induction loop	
	Minicom	
	Deaf/blind communication	



## Declarations and consents

I/We confirm that the details given in this application are true and accurate.

I/We will notify you of any changes to my/our circumstances.

I/We accept and understand that if I/we are unable to provide any information requested to support my/our application that it may be cancelled. It may also be cancelled if I/We fail to notify you of a change of address.

I/We accept and understand that if I or any party to this application has deliberately worsened my/our circumstances to gain a higher priority for housing then my/our application will be cancelled. It will also be cancelled if I/We have withheld or given false information.

I/We understand that any future application submitted, following cancellation and any period of ineligibility/non qualification, will be assessed at that time.

I/We hereby give consent to North Yorkshire Home Choice partner , participating & associated landlords to request, disclose and share information provided between themselves and with other organisations and statutory bodies in respect of this application and to protect public funds.

I/We understand that information will only be exchanged between organisations that are party to the 1998 Data Protection Act or a person appointed by myself/ourselves to deal with my/our application.

I/We accept and understand that any offer of property is subject to verification and can be withdrawn if there is evidence to invalidate my application

I/We agree to any information kept on my/our records can be used to tailor the service I/we receive to meet my/our needs.

**Warning – it is a criminal offence to knowingly or recklessly make a false statement, or knowingly withhold information which we require to process your application. In respect of homelessness applications, it is also an offence if you fail to notify us of any changes in your circumstances which may affect your application prior to it being determined.**

**A person found guilty in a magistrate’s court is liable to a fine of up to £5000 on conviction.**

Any allocated property obtained as a result of false information or any act of tenancy fraud may result in court action for eviction, damages and recovery of any profit made as a result of tenancy fraud.

Main Applicant signature	
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Please print your name	
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Joint Applicant signature	
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Please print your name	
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Date	
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**Please remember to include copies of the relevant information:**

- **Proof of address and national insurance number for the main and joint applicant**
- **Proof of child benefit if applicable**
- **A reference from your current landlord.**
- **Proof of address and national insurance number for any other member of the household who is 16 or over and will be moving with you.**

# Where to go if you need help in person

## **City of York Council**

West Offices  
Station Rise  
YORK  
YO1 6GA  
Phone: 01904 551550  
Email: [housing.registrations@york.gov.uk](mailto:housing.registrations@york.gov.uk)

## **Selby District Council**

Civic Centre  
Doncaster Road  
SELBY  
YO8 9FT  
Phone: 01757 705101  
Email: [lettingsteam@selby.gov.uk](mailto:lettingsteam@selby.gov.uk)

## **Craven District Council**

1 Belle Vue Square,  
Broughton Road  
SKIPTON  
BD23 1FJ  
Phone: 01756 700600  
E mail: [housing@cravenc.gov.uk](mailto:housing@cravenc.gov.uk)

## **Ryedale District Council**

Ryedale House  
MALTON  
YO17 7HH  
Phone: 01653 600666  
E mail: [housing@ryedale.gov.uk](mailto:housing@ryedale.gov.uk)

## **Broadacres Housing Association**

Broadacres House  
Mount View  
Standard Way  
NORTHALLERTON  
DL6 2YD  
Phone: 01609 767900  
Email: [info@broadacres.org.uk](mailto:info@broadacres.org.uk)

## **Scarborough Borough Council**

Town Hall  
St Nicholas Street  
SCARBOROUGH  
YO11 2HG  
Phone: 01723 232323  
Email: [housingoptions@scarborough.gov.uk](mailto:housingoptions@scarborough.gov.uk)

## **Hambleton District Council**

Civic Centre  
Stone Cross  
NORTHALLERTON  
DL6 2UU  
Phone: 0845 1211555  
Email: [housing@hambleton.gov.uk](mailto:housing@hambleton.gov.uk)

## **Richmondshire District Council**

Mercury House  
Station Road  
RICHMOND  
DL10 4JX  
Tel 01748 829100  
Email: [cbl@richmondshire.gov.uk](mailto:cbl@richmondshire.gov.uk)

## **Beyond Housing**

Brook House  
4 Gladstone Road  
SCARBOROUGH  
YO12 7BH  
Phone: 0845 0655656  
Email: [info@ych.org.uk](mailto:info@ych.org.uk)

## **Yorkshire Housing**

Dyson's Chambers  
12-14 Briggate  
LEEDS  
LS1 6ER  
Phone: 03453 664404  
Email [customerservices@yorkshirehousing.co.uk](mailto:customerservices@yorkshirehousing.co.uk)

**IF YOU HAVE DIFFICULTY READING OR COMPLETING THIS FORM LET US KNOW AND ASSISTANCE WILL BE PROVIDED**





North Yorkshire  
**HOME CHOICE**



This information is available in alternative formats and languages