

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 VAKADEWATAKI 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 رتفد ملقم نا مر بارب ءوت ے نٲاچ ددم و پ نم ے نر بمجرت ازواتسد سا رگا
نہ ے کسر ددم پ وچ نٲاچ رپ بحفص

The Partnership Area



NORTH YORKSHIRE HOME CHOICE - APPLICATION FORM FOR HOUSING

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		
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)		
25. Postcode		

Applicants under 18 or leaving care

	Main Applicant				Joint Applicant			
26. Are you aged 16 or 17?	Yes		No		Yes		No	
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?	Yes		No		Yes		No	
30. Are you looked after by Social Services?	Yes		No		Yes		No	

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

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

Religion

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

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

Joint Applicant	
Buddhist	
Christian	
Hindu	
Jewish	
Muslim	
None	
Prefer not to say	
Secular/Humanist	
Sikh	
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	
Heterosexual/Straight	
Lesbian	
Gay man	
Bisexual	
Prefer not to say	

Joint Applicant	
Heterosexual/Straight	
Lesbian	
Gay man	
Bisexual	
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)	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>	Bungalow
	<input type="checkbox"/>	House	<input type="checkbox"/>	House
	<input type="checkbox"/>	Ground floor flat or bedsit	<input type="checkbox"/>	Ground floor flat or bedsit
	<input type="checkbox"/>	Above ground floor flat or bedsit	<input type="checkbox"/>	Above ground floor flat or bedsit
	<input type="checkbox"/>	Other please specify:	<input type="checkbox"/>	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	<input type="checkbox"/>	<input type="checkbox"/>
Cold water supply	<input type="checkbox"/>	<input type="checkbox"/>
Cooking facilities	<input type="checkbox"/>	<input type="checkbox"/>
Electricity supply	<input type="checkbox"/>	<input type="checkbox"/>
Hot water supply	<input type="checkbox"/>	<input type="checkbox"/>

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

<input type="checkbox"/>	Level access shower or wet room	<input type="checkbox"/>
<input type="checkbox"/>	Level or ramped access to your home	<input type="checkbox"/>
<input type="checkbox"/>	Wheelchair adapted	<input type="checkbox"/>

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

<input type="checkbox"/>	Level access shower or wet room	<input type="checkbox"/>
<input type="checkbox"/>	Level or ramped access to your home	<input type="checkbox"/>
<input type="checkbox"/>	Wheelchair adapted	<input type="checkbox"/>

55. Do you rent your home from a council or housing association in the partnership area?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
56. Do you wish to apply for a transfer under the good tenant scheme?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
57. Which council or housing association are you renting from?	<input type="text"/>				
58. How many bedrooms does your current home have?	<input type="text"/>				
59. How many bedrooms do you want in your new home?	<input type="text"/>				

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 'No' 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 'Yes' go to Q91, if 'No' 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 'Yes' go to Q94, if 'No' 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 'Yes' 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	

Where to go if you need help in person

Selby District Council

Civic Centre
Doncaster Road
SELBY
YO8 9FT
Phone: 01757 705101
Email: housingsupport@selby.gov.uk

Craven District Council

1 Belle Vue Square,
Broughton Road
SKIPTON
BD23 1FJ
Phone: 01756 700600
E mail: housing@cravendc.gov.uk

Ryedale District Council

Ryedale House
MALTON
YO17 7HH
Phone: 01653 600666
E mail: housing@ryedale.gov.uk

Broadacres Housing Association

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

Scarborough Borough Council

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

Hambleton District Council

Civic Centre
Stone Cross
NORTHALLERTON
DL6 2UU
Phone: 0845 1211555
Email: housing@hambleton.gov.uk

Richmondshire District Council

Mercury House
Station Road
RICHMOND
DL10 4JX
Tel 01748 829100
Email: cbl@richmondshire.gov.uk

Beyond Housing

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

Yorkshire Housing

The Place
2 Central Place
LEEDS
LS10 1FB
Phone: 03453 664404
Email customerservices@yorkshirehousing.co.uk

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

DECLARATION AND IMPORTANT INFORMATION

Important Information:

The information you have provided will enable North Yorkshire Home Choice (NYHC) to process and administer your housing application, confirm your identity, your eligibility for social housing, qualification for access to the NYHC housing register and assess your housing need.

Information will be accessed, stored, shared and processed in accordance with the Data Protection Act 2018 and General Data Protection regulation. The NYHC Privacy Notice sets out how we use, share and store your information

Declaration:

I/We understand and declare the following statements ;

I/We have read the NYHC Privacy Notice.

The information provided in making this application and any subsequent information will be true and accurate.

The information you provide about household members has been given with their full knowledge and consent.

Where you are unable to provide information required to process and administer your housing application your application may be cancelled.

You will notify NYHC of any change of address or any change of circumstance that may be relevant to your housing application.

Where any party to this application is found to have deliberately worsened their circumstances to gain access to the housing register or gain higher priority and/or found to have withheld and/or provided false information then the application may be cancelled and subject to a period of exclusion

At any time from point of application to an offer of accommodation where it is found that the applicant/s is/are no longer eligible or qualify for the housing register then the application may be cancelled.

You understand that to process, administer and verify your housing application, information will need to be shared with other housing partners and organisations such as the Police, probation and/or social services, Doctors, medical practitioners, NHS staff and health authorities, registered social housing landlords, private landlords, local authority departments and other statutory bodies.

Information may be used for cross system and cross authority comparison and in the prevention or detection of fraud.

FALSE STATEMENTS AND WITHOLDING INFORMATION under s171 Housing Act 1996 it is an offence if a person knowingly or recklessly makes a statement which is false and/or knowingly withholds information relevant to their application for social housing. A person found guilty under this section is liable to a fine up to £5000.

Applicant

Date

Joint Applicant

Date





North Yorkshire
HOME CHOICE



This information is available in alternative formats and languages

