

Lincolnshire

RURAL HOUSING ASSOCIATION LTD

quality

rural

living

Housing Application Form

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Housing Application Form

Please answer all the questions **IN CAPITALS** in the sections that apply to you. If you are unsure how to fill in the form, please **telephone 01790 754219** and speak to Customer Services.

1 YOUR DETAILS

	MAIN APPLICANT	JOINT APPLICANT
Title (Mr, Mrs, Miss, Ms etc.)		
First names		
Last name		
Previous names or maiden name		
Male/Female		
Date of birth		
National Insurance Number		
Nationality		
What is your first spoken language?		
Are you subject to immigration control?	YES/NO	YES/NO
Marital status (single, married, divorced, living with partner, widowed)		
Current address		
Postcode		
Date you moved to this address		
Home telephone number		
Work telephone number		
Mobile number		
E-mail address		

2 ETHNIC ORIGIN

Lincolnshire Rural Housing Association Ltd is an equal opportunities Association in the provision of all services and employment. The Association shall seek to ensure equality of opportunity and treatment for all persons and is committed to ensuring within the framework of the law that the workplace is free from unlawful discrimination on the grounds of colour, race, nationality, ethnic or national origin, gender (including gender reassignment), sexual orientation, age, marital status or disability.

Please tick which ethnic group you belong to, if you do not wish to answer this question please tick the box "Unwilling to answer".

	MAIN APPLICANT	JOINT APPLICANT
White British		
White Irish		
White Other (please specify)		
Black Caribbean		
Black African		
Black Other (please specify)		
White & Black Caribbean		
White & Black African		
White & Asian		
Other Mixed Ethnic group (please specify)		
Indian		
Pakistani		
Bangladeshi		
Chinese		
Other Ethnic Group (please specify)		
Unwilling to answer		

3 WHY ARE YOU APPLYING FOR A NEW HOME?

- | | | | |
|-------------------------|--------------------------|------------------------------|--------------------------|
| Require a bigger house | <input type="checkbox"/> | Arrears of mortgage/rent | <input type="checkbox"/> |
| Require a smaller house | <input type="checkbox"/> | Can't afford present housing | <input type="checkbox"/> |
| Neighbourhood problems | <input type="checkbox"/> | Pregnant | <input type="checkbox"/> |
| To be near work | <input type="checkbox"/> | To be near immediate family | <input type="checkbox"/> |
| Eviction order | <input type="checkbox"/> | Leaving care | <input type="checkbox"/> |
| Fleeing violence | <input type="checkbox"/> | End of tenancy/lease/licence | <input type="checkbox"/> |
| Other (please specify) | _____ | | |

4 INCOME DETAILS

MAIN APPLICANT

Earnings from employment	<input type="text"/>	<i>weekly/fortnightly/monthly</i>
Working Tax Credit	<input type="text"/>	<i>weekly/fortnightly/monthly</i>
Child Tax Credit	<input type="text"/>	<i>weekly/fortnightly/monthly</i>
Child Benefit	<input type="text"/>	<i>weekly/fortnightly/monthly</i>
Job Seekers Allowance	<input type="text"/>	<i>weekly/fortnightly/monthly</i>
Income Support	<input type="text"/>	<i>weekly/fortnightly/monthly</i>
Child Maintenance	<input type="text"/>	<i>weekly/fortnightly/monthly</i>
DLA	<input type="text"/>	<i>weekly/fortnightly/monthly</i>
Incapacity Benefit	<input type="text"/>	<i>weekly/fortnightly/monthly</i>
Pension	<input type="text"/>	<i>weekly/fortnightly/monthly</i>
Amount of savings	<input type="text"/>	
Do you have any other income other than the ones listed above?	<hr/>	
Amount	<input type="text"/>	
Where is the income from?	<hr/>	

JOINT APPLICANT

Earnings from employment	<input type="text"/>	<i>weekly/fortnightly/monthly</i>
Working Tax Credit	<input type="text"/>	<i>weekly/fortnightly/monthly</i>
Child Tax Credit	<input type="text"/>	<i>weekly/fortnightly/monthly</i>
Child Benefit	<input type="text"/>	<i>weekly/fortnightly/monthly</i>
Job Seekers Allowance	<input type="text"/>	<i>weekly/fortnightly/monthly</i>
Income Support	<input type="text"/>	<i>weekly/fortnightly/monthly</i>
Child Maintenance	<input type="text"/>	<i>weekly/fortnightly/monthly</i>
DLA	<input type="text"/>	<i>weekly/fortnightly/monthly</i>
Incapacity Benefit	<input type="text"/>	<i>weekly/fortnightly/monthly</i>
Pension	<input type="text"/>	<i>weekly/fortnightly/monthly</i>
Amount of savings	<input type="text"/>	
Do you have any other income other than the ones listed above?	<hr/>	
Amount	<input type="text"/>	
Where is the income from?	<hr/>	

5 ABOUT YOUR PRESENT HOME

I am currently

- | | | | |
|---------------------------------|--------------------------|------------------------------|--------------------------|
| A Council tenant | <input type="checkbox"/> | A Housing Association tenant | <input type="checkbox"/> |
| In Private rented | <input type="checkbox"/> | Living in Bed & Breakfast | <input type="checkbox"/> |
| In HM Forces accommodation | <input type="checkbox"/> | Living in a home I own | <input type="checkbox"/> |
| Sharing with family | <input type="checkbox"/> | Sharing with friends | <input type="checkbox"/> |
| Living in a caravan/mobile home | <input type="checkbox"/> | In prison | <input type="checkbox"/> |
| In a residential care home | <input type="checkbox"/> | In tied accommodation | <input type="checkbox"/> |

Other (*please specify*) _____

When do you have to leave your current home (*if applicable*) _____

If you are the tenant of your current home, please give your landlord's details here:

Landlord's name _____

Landlord's address _____

Landlord's telephone number _____

What type of property do you live in now?

- | | | | |
|---------------------|--------------------------|------------|--------------------------|
| House | <input type="checkbox"/> | Bungalow | <input type="checkbox"/> |
| Bedsit | <input type="checkbox"/> | Flat | <input type="checkbox"/> |
| Caravan/mobile home | <input type="checkbox"/> | Maisonette | <input type="checkbox"/> |
| Bed & Breakfast | <input type="checkbox"/> | Hostel | <input type="checkbox"/> |

Other (*please specify*) _____

How much rent/mortgage do you pay? _____ weekly/fortnightly/monthly

How much Housing Benefit do you receive? _____ weekly/fortnightly/monthly

How many bedrooms are there where you currently live? _____

How many of these do you and your household have exclusive use of? _____

Please tick if you share any of the following rooms in your current home

- | | | | |
|----------|--------------------------|-------------|--------------------------|
| Kitchen | <input type="checkbox"/> | Living room | <input type="checkbox"/> |
| Bathroom | <input type="checkbox"/> | | <input type="checkbox"/> |

Please tick if you lack any of the following facilities in your current home

- | | | | |
|---------------------|--------------------------|---------|--------------------------|
| Bathroom | <input type="checkbox"/> | Kitchen | <input type="checkbox"/> |
| Hot water supply | <input type="checkbox"/> | Heating | <input type="checkbox"/> |
| Internal cold water | <input type="checkbox"/> | | |

Do you have any pets? If so, what kind and how many?

6 YOUR FAMILY OR HOUSEHOLD

Which of the following best describes your household?

Couple	<input type="checkbox"/>	Single parent with children	<input type="checkbox"/>
Couple with children	<input type="checkbox"/>	Single parent with access to children	<input type="checkbox"/>
Couple with access to children	<input type="checkbox"/>	Single person who is over 60	<input type="checkbox"/>
Couple who are both over 60	<input type="checkbox"/>	Single person under 60	<input type="checkbox"/>
Friends	<input type="checkbox"/>		
Other (please specify) _____			

Please give details of all the people who live with you now, or who would like to live with you, including any carers. Do not include details about yourself or a joint applicant.

Title	Last Name	First Name	Date of Birth	Sex M/F	Relationship to main applicant	Will they move with you?

Do all the people who want to be rehoused with you, live at the same address as you now? If not, please give the following details for the people who do not live with you in your current home:

Name	Their current address	Date moved into the address	Reason they are living apart from you

Do you have access arrangements for a child (children) whose main home is somewhere else, but who stay with you overnight on a regular basis? If so, please give the following details:

Name of Child	Date of birth	Male/ Female	Relationship to applicant	Main address	Who do they live with?	Do you have legal access?

Please give details of current access arrangements:

7 ABOUT YOUR MEDICAL OR SOCIAL NEEDS

If you need to move for medical or social reasons, please give details here.

We will need supporting evidence if your current home is affecting your medical or social situation.

Are you currently receiving support from any specialist agencies, if so please name them.

Are you, or another person who lives with you, pregnant? If so please give details

Name of expectant mother _____

Baby due on _____

8 WHERE HAVE YOU LIVED IN THE LAST 5 YEARS?

Please give details about any addresses where you have lived in the last 5 years.

	MAIN APPLICANT	JOINT APPLICANT
Address		
Date moved in/out	/ / to / /	/ / to / /
Type of tenure (i.e. private rent, sharing with family, owner occupier etc)		
Reason for leaving		
Name & address of landlord (if applicable)		

	MAIN APPLICANT	JOINT APPLICANT
Address		
Date moved in/out	/ / to / /	/ / to / /
Type of tenure (i.e. private rent, sharing with family, owner occupier etc)		
Reason for leaving		
Name & address of landlord (if applicable)		

	MAIN APPLICANT	JOINT APPLICANT
Address		
Date moved in/out	/ / to / /	/ / to / /
Type of tenure (i.e. private rent, sharing with family, owner occupier etc)		
Reason for leaving		
Name & address of landlord (if applicable)		

9 ABOUT THE HOME YOU WOULD LIKE

How many bedrooms do you need?

2

3

4

What type of property would you like?

House

Bungalow

Flat

Is there any type of heating you would not accept?

Gas

Electric

Oil

Please tick which village you would like to live in. You must have a local connection* to the village to be able to be rehoused there.

Alford

Gedney

Potterhanworth

Barkston

Goxhill

Redbourne

Barnetby le Wold

Grainthorpe

Ropsley

Barrowby

Great Hale

Ryhall

Barrow upon Humber

Great Gonerby

Spilsby

Bicker

Grimoldby

South Witham

Billingborough

Halton Hologate

Sutton Bridge

Bishop Norton

Heckington

Swaton

Broughton

Hibaldstow

Swineshead

Burgh le Marsh

Holbeach St Marks

Tattershall

Caythorpe

Holton le Clay

Theddlethorpe

Chapel St Leonards

Ingoldmells

Whaplode

Clenchwarton

Leverton

Willoughby

Corringham

Long Bennington

Cowbit

Long Sutton

Donington

Manby

Eastville

Mareham le Fen

Exton

Moulton

Fishtoft

New Bolingbroke

Fosdyke

New York

Frampton

Pinchbeck

* A local connection is;

If you have immediate family living in the village or within a five mile radius, you are living there now, have previously lived there or have employment in the village or within a five mile radius.

Local Connection

Please give details of the immediate family or employment that you have in the village that you are requesting to be re-housed in;

Name of relative _____

Their current address _____

Relationship to you _____

How long have they lived in the village _____

Name and address of employer _____

Date started work or due to start work _____

10 CONVICTIONS

Please give details of any convictions you, or any other member of your household have;

11 ACTIONS FOR ANTI SOCIAL BEHAVIOUR

Lincolnshire Rural Housing Association is committed to taking action to prevent acts of anti-social behaviour in its properties or on its developments. Action for anti-social behaviour may involve;

- Service of a Notice to Quit or Notice Seeking Possession;
- Being bound by the terms of an Acceptable Behaviour Contract (ABC), an Anti-Social Behaviour Order (ASBO), a Court injunction or a demotion of tenancy; or
- Being evicted due to an act of anti-social behaviour.

Please give details of any of the above actions that have been taken against you, or any other member or your household.

PLEASE NOTE *this information will not necessarily exclude you from the Housing List, but it may help us to identify any special arrangements to put in place to help you sustain a new tenancy.*

12 RENT ARREARS

Please give details of any housing related debt you or any other member of your household may have. Include the name and address of whom it is owed, the amount, and details of any repayment schedules in place.

13 OTHER INFORMATION

Please give details of any other information which you feel is relevant to your housing application.

14 DECLARATION

I authorise Lincolnshire Rural Housing Association Ltd to make any enquiries necessary to check the information I have given on this form is correct.

I will inform you in writing any change of circumstances including the number of people in the household.

To the best of my knowledge and belief the information I have entered on this form is true. I am aware that to give false information knowingly may result in Lincolnshire Rural Housing Association Ltd cancelling this application or recovering possession of any tenancy that is granted to me.

Main applicant signature _____

Date _____

Joint applicant signature _____

Date _____

DATA PROTECTION ACT

The information provided on this form will be held on computer and is subject to the provisions of the Data Protection Act 1998.

We are sorry to inform you that due to being a charitable organization we are unable to supply you with a pre paid envelope.

POSTAGE

Postage **MUST** either be a 1st or 2nd class large, regardless of what size envelope you use, to return our application form.

WARNING

If for what ever reason the wrong postage is used, we are sorry to inform you that your application will not be accepted due to the excess charges that are levied on ourselves by the post office.

Please return the completed form along with any relevant supporting evidence to

Lincolnshire Rural Housing Association

Markime House • Pooles Lane • Spilsby • Lincs • PE23 5EY

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