

Quality System	Version 1
DOC010LA3b Application for General Needs Accommodation	30/04/2015
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Tyne Housing Association  
***Application Form  
For Housing***

**Data Protection Act**

Information in respect of your Housing Application will be processed by computer for the proper conduct of Tyne Housing Association's housing function. Data will also be used for statistical purposes, although individuals will not be identified.

If you need any help with completing this form, please contact the Lettings department at the address and telephone number shown on the back of this form.

**Office Use Only**

Received: .....

App. No.: .....

Source: .....

Date deleted or cancelled .....

Reason: .....

**Your Details**

Title  Mr  Mrs  Miss  Ms  Other .....

Surname ..... First Name .....

Date of Birth .....

Address .....

.....

Postcode .....

Telephone: Home ..... Work .....

Mobile .....

**Please provide the details of each person to be rehoused with you**

Title	Forename(s)	Surname	M/F	D.O.B	Relationship to Applicant

**What type of home do you live in**

Bedsit  Flat  Maisonette  House  Bungalow  Caravan

Hostel  Sleeping rough  Other (Please specify) .....

If you live on a flat, bed-sit or maisonette, which floor is it on? .....

Is there a stair lift?  Yes  No Number of bedrooms .....

How long have you lived at your present address? ..... Years ..... Months

Do you have a:  Separate kitchen  Bathroom  Inside toilet  Central heating

Do you share any of these facilities with another household?  Yes  No

Are you:  Housing association tenant  Council Tenant  Owner Occupier

Renting from a private landlord  Living with relatives  Lodger

Living with friends  Staying in hostel or B&B  Other (specify)

If you own your own home- how much is it worth? £ .....

How much mortgage is outstanding? £ .....

**If you rent your home, who is your landlord?**

Name .....

Address .....

Please give details of your previous addresses for the last five years

Address	Tenant/lodger/ owner	From	To	Why did you leave?

Do you owe arrears of rent for your current or a previous tenancy?

Please provide details .....

**Income Details**

If you are currently employed

Name and address of employer .....

Occupation .....

**What is the net weekly income of you (and your partner)**

Take home pay

Child benefit

Occupational pension

Other state benefits (excluding child tax credit, housing benefit, council tax benefit)

Other income (excluding income from investments)

You	Partner

**Please read our property lists and state the area(s) of your choice**

1	2
3	4

What type of accomodation do you require?

Ground floor flat  First floor flat  Second floor flat  Third floor flat

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**Medical Information**

Do you, or anyone being re-housed with you, suffer from any disability or illness?

Yes  No

If yes, give details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does your present home affect this illness or disability? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can you manage the stairs?  Yes  Yes with difficulty  No

Do you use a wheelchair?  Outside of the home only  Inside and outside of the home

Is your current home adapted in any way?  Yes  No

If yes please give details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you receive help from  Social Services  Home Help  District Nurse  
 Health Visitor  Other, please state \_\_\_\_\_

**Reason for requesting rehousing**

**Why do you wish to be rehoused?**

Written evidence may be required for those marked \*. If possible please send this evidence with your application

- |                                   |                          |                                       |                          |
|-----------------------------------|--------------------------|---------------------------------------|--------------------------|
| Present home too large            | <input type="checkbox"/> | To be nearer family/friends           | <input type="checkbox"/> |
| Present home too small            | <input type="checkbox"/> | Family living apart                   | <input type="checkbox"/> |
| Poor condition of present home    | <input type="checkbox"/> | Leaving hospital, hostel, prison etc* | <input type="checkbox"/> |
| Living in temporary accommodation | <input type="checkbox"/> | Health/medical reasons                | <input type="checkbox"/> |
| Building society repossession*    | <input type="checkbox"/> | Financial difficulties*               | <input type="checkbox"/> |
| Eviction order*                   | <input type="checkbox"/> | Need sheltered housing                | <input type="checkbox"/> |
| Asked to leave by family/friends  | <input type="checkbox"/> | Racial harassment*                    | <input type="checkbox"/> |
| Relationship breakdown*           | <input type="checkbox"/> | Harassment*                           | <input type="checkbox"/> |
| Sleeping rough                    | <input type="checkbox"/> | Domestic violence                     | <input type="checkbox"/> |
| To be nearer amenities            | <input type="checkbox"/> | Refugee/seeking asylum*               | <input type="checkbox"/> |
| To be nearer work                 | <input type="checkbox"/> |                                       |                          |

Other (please give details) \_\_\_\_\_

Do you need to be nearer relatives for support?  Yes  No

Name of relative(s) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Details of support provided \_\_\_\_\_

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**Reason for requesting rehousing**

Please give any more information about the reason(s) that you want to be rehoused

.....  
.....  
.....

**Ethnic Origin of Applicant**

This information will be used to check that the Association's Equality & Diversity policy is working, and help us to ensure that everyone is treated fairly

White:  British  Irish  Other  
Mixed:  White & Black Caribbean  White & Black Asian  White & Asian  Other  
Asian or Asian British:  Indian  Pakistani  Bangladeshi  Other  
Chinese or other ethnic group:  Chinese  Other

**General Information**

Are you related to any member of the association's staff or Board?  Yes  No

If yes, please give details: .....

If you have someone acting on your behalf or that you would like to be present when we interview you e.g. next of kin, carer, support worker, please provide their details:

Name .....

Address .....

..... Telephone number .....

Relationship to applicant .....

It would be helpful to know how you heard about the Association

Advert in local newspaper  Advert in other publication  Personal recommendation  
 The council  Family/friends  Yellow Pages  
 Other, please state .....

Do you have a cat or dog?  Yes  No

**Declaration**

I authorise Tyne Housing Association to obtain any other relevant information in relation to this application from any previous landlord and other agencies such as the Council, Police, Probation, Social Services and Health Authorities. This may include information about previous tenancies or criminal convictions.

I confirm that the information given on this form is true and includes all the relevant information about my housing circumstances. I will inform the Association of any changes in circumstances before any offer of accommodation is made

Signature of Applicant ..... Date .....

Please return your completed form to:

**Tyne Housing Association, St Silas Church Building, Clifford Street, Byker, NE6 1PG  
Telephone: 01912658621 Fax: 01912244906**

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