

Eldonian Community Based Housing Association Limited

HOUSING APPLICATION

This form is also available in Braille, in large print and on tape/CD

If you need help filling in this form, please tick your language. If your language is not listed below, please write it in the box and return the form to the Tony McGann Centre Eldonian Village, Liverpool L3 6LG

Albanian	NË QOFTË SE GJUHA JUAJAMTARE NUK ËSHTE ANGLEZE, DHE JU DUHET TA MBUSHNI KËTË FORM, ATËHERE VËNI SHENJË NË KATROR.	<input type="checkbox"/>
Arabic	إذا لم تكن اللغة الإنجليزية هي لغتك الأصلية ، وتحتاج مساعدة في تعبئة هذه الاستمارة ، ففضلاً أشر على المربع المقابل للغتك وأرسله إلينا.	<input type="checkbox"/>
Bengali	যদি আপনার মাতৃভাষা ইংরেজী না আর আপনার এই ফর্ম পূরণ করতে সাহায্যের দরকার তাহলে জান দিকে দেওয়া বাজ্ঞে চিহ্ন দিন আর এই ফর্মটি আমাদের কাছে ফেরত পাঠান।	<input type="checkbox"/>
Chinese	若您不諳英語和需要他人協助來填寫這表格，請在右邊格內填上✓和把表格寄回給我們。	<input type="checkbox"/>
Hindi	यदि अंग्रेजी आपकी मातृभाषा नहीं है और आपको इस फॉर्म को पूरा करने के लिए मदद चाहिए तो कृपया दाहिने तरफ दिये गये बॉक्स में चिह्न लगाएँ और इसे हमारे पास वापस भेजें।	<input type="checkbox"/>
Punjabi	ਜੇ ਤੁਹਾਡੀ ਮਾਂ-ਬੋਲੀ ਅੰਗਰੇਜ਼ੀ ਨਹੀਂ ਹੈ ਅਤੇ ਤੁਹਾਨੂੰ ਇਹ ਫਾਰਮ ਭਰਨ ਲਈ ਮਦਦ ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕ੍ਰਿਪਾ ਕਰਕੇ ਸਜ਼ੇ ਪਾਸੇ ਵਾਲੇ ਬੁਕਸ 'ਚ ਚਿਹਨ ਲਿਖਣ ਲਗਾਓ ਅਤੇ ਫਾਰਮ ਸਾਨੂੰ ਵਾਪਸ ਭੇਜੋ।	<input type="checkbox"/>
Somali	Haddii aysan Luqaddaada hooyo Af-Ingiriiska aheyn aadna u baahan tahay in buuxinta foomkan lagaa caawino faqlan sax sanduuqa dhinaca gacanta midig ku yaal oo foomka dib noogu soo celi.	<input type="checkbox"/>
Urdu	اگر انگریزی آپ کی مادری زبان نہیں ہے اور آپ کو فارم بھرنے میں مدد کی ضرورت ہے تو سیدھی چاہب دے گئے بکس میں نشان لگا کر فارم ہمیں ارسال کر دیں	<input type="checkbox"/>

- This form asks you for a lot of information about you and your household. Your household is you and the other people who will be living with you.
- We need this information to work out your housing needs.
- Please fill in the form as fully as you can with a pen.
- You can answer a lot of questions by ticking a box.

We will send back forms not filled in properly

1 Equal opportunities monitoring form

We are striving to be an equal opportunities employer and provider of services. To help us monitor the success of our equal opportunities policy, it would be helpful if you could fill in this form. If you do not want to fill in this form, it will not affect your application. We will not pass on the information you give us to anyone else, and will only use it to monitor, develop and improve our housing policy.

Please tell us which racial group you belong to by ticking the relevant box.

	You	Your partner	Other people (please tell us their relationship to you)
White			
UK European	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Irish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other European	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Black and others			
British black	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
African	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Afro Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Somali	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Indian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Pakistani	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Cypriot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Turkish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Refused to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

If you think that the categories above do not describe your racial group, you can use this space to tell us your racial group.

Please tell us if you or anybody else on your application has a disability.

You Your partner Other people

Please tell us which of the following best describes you.

Lesbian Gay Heterosexual

I do not want to give you this information.

Thank you for your help. This information will help us to make sure we run our services fairly.

We will separate this form from your application. We will not use it when we offer you housing.

Housing application

2 About you and your household

(Only include people who are going to be rehoused with you.)

Surname	First name	Date of birth	National insurance number of all the adults who are going to be rehoused with you	Relationship to you	Sex (male or female)	Tick if they are part of a couple
		/ /	/ / / /	You		
		/ /	/ / / /			
		/ /	/ / / /			
		/ /	/ / / /			
		/ /	/ / / /			
		/ /	/ / / /			
		/ /	/ / / /			

Current address and postcode	Phone number
	Home:
	Work:
How long have you lived here? (We need proof of this.)	

Your partner's address and postcode (if different from yours)

Is anybody on your application expecting a baby? Yes No

If 'Yes', please give their name and the date the baby is due.

Are there people living with you who will not be moving with you? Yes No

If 'Yes', please give details.

Is anybody on your application restricted by immigration rules? Yes No

If 'Yes', please give their name and type of income.

3 Income details

Please tick the box that best describes you and your partner, if you have one.

	You	Your partner
Working full time (over 16 hours)	<input type="checkbox"/>	<input type="checkbox"/>
Working part time	<input type="checkbox"/>	<input type="checkbox"/>
Looking after children or someone who is sick or elderly	<input type="checkbox"/>	<input type="checkbox"/>
Looking for a job	<input type="checkbox"/>	<input type="checkbox"/>
Pensioner or retired	<input type="checkbox"/>	<input type="checkbox"/>
Long-term sick or disabled	<input type="checkbox"/>	<input type="checkbox"/>
Not looking for work	<input type="checkbox"/>	<input type="checkbox"/>
Full-time student	<input type="checkbox"/>	<input type="checkbox"/>
Government training scheme	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please give details.) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tick the box that best applies to you and your partner, if you have one. **Do not include Child Benefit, Housing Benefit or Council Tax Benefit.**

Type of income	You	Your partner
Income Support or Jobseeker's Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Wages	<input type="checkbox"/>	<input type="checkbox"/>
Working Families' Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>
Disability Living Allowance or Attendance Allowance	<input type="checkbox"/>	<input type="checkbox"/>
State retirement pension	<input type="checkbox"/>	<input type="checkbox"/>
Company pension	<input type="checkbox"/>	<input type="checkbox"/>
Other state benefits	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please give details.) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

4 Previous addresses

Please list the previous addresses of all the adults you have included in your application for rehousing, for the last five years. Start with the address you live at now, we may use this to obtain information from your previous landlord about your tenancy with them.

Name	Previous address	Dates from - to	Landlord	Reason for leaving
		/ / - / /		
		/ / - / /		
		/ / - / /		
		/ / - / /		
		/ / - / /		

5 Which of the following best describes your situation?

Please tick one box in each column.

Type of occupancy		Type of accommodation	
Council tenant	<input type="checkbox"/>	House	<input type="checkbox"/>
Private tenant	<input type="checkbox"/>	Maisonette	<input type="checkbox"/>
Living in a property I own	<input type="checkbox"/>	Flat	<input type="checkbox"/>
Housing association tenant	<input type="checkbox"/>	Bed and breakfast	<input type="checkbox"/>
Living with friends or relatives	<input type="checkbox"/>	Hospital	<input type="checkbox"/>
Lodger	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>
Hospital or residential home	<input type="checkbox"/>	Bedsit	<input type="checkbox"/>
In prison	<input type="checkbox"/>	Caravan or mobile home	<input type="checkbox"/>
Accommodation with job	<input type="checkbox"/>	Hostel	<input type="checkbox"/>
Member of armed forces	<input type="checkbox"/>	Sheltered or supported housing	<input type="checkbox"/>
Other (Please give details.)		Other (Please give details.)	
<input type="text"/>		<input type="text"/>	

How many bedrooms do you have?	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
How many adults in total live at this property?		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
How many children live at this property?		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

6 Reasons why you need rehousing

Tick the boxes that best describe why you need rehousing.

Split up from partner	<input type="checkbox"/>	To get children into a better school	<input type="checkbox"/>
Losing home with job	<input type="checkbox"/>	Neighbourhood problems	<input type="checkbox"/>
Landlord selling property	<input type="checkbox"/>	Health reasons	<input type="checkbox"/>
Want to move to a better area	<input type="checkbox"/>	Overcrowding	<input type="checkbox"/>
Victim of crime or fear of crime	<input type="checkbox"/>	Building society repossession	<input type="checkbox"/>
Need a smaller property	<input type="checkbox"/>	Asked to leave by friends or relatives	<input type="checkbox"/>
To leave home	<input type="checkbox"/>	Cannot afford present housing	<input type="checkbox"/>
To be nearer friends or family	<input type="checkbox"/>	Nearer current employment	<input type="checkbox"/>
Living apart from family	<input type="checkbox"/>	To give support	<input type="checkbox"/>
Eviction order	<input type="checkbox"/>	To receive support	<input type="checkbox"/>
Other (Please give details.)			
<input type="text"/>			

What type of housing would you like?

House	<input type="checkbox"/>	Special needs	<input type="checkbox"/>
Flat	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>

How many bedrooms do you need?

1 2 3 4

Are you suffering from harassment or domestic violence? **Yes** **No**

Can we contact you at your home address? **Yes** **No**

If **'No'**, please give an address or phone number below where we can contact you.

Where would you like to live?

Please look at the information leaflet. Please list up to three areas you would like to live in. Put the area you like best first.

First choice	
Second choice	
Third choice	

Is there anywhere you do not want to live?

7 Declaration

Are you an employee of board member of the Eldonian CBHA? **Yes** **No**

If you have ticked **'Yes'**, please give details.

Have you ever been evicted? **Yes** **No**

If **'Yes'**, please give us the following information.

The address you were evicted from	
Your landlord's name	
The reason you were evicted	
The date you were evicted	/ /

Have you, or anyone on your application, any criminal convictions for firearms offences or drug-related offences? (Do not include 'spent' convictions.)

If **'Yes'**, please give details of the offences, including dates and sentences.

Data Protection Act

We register the information you give us on your housing application form in line with the Data Protection Act. We may share the information with other landlords or ask for references from your previous landlords. It is important that the information you give us is accurate. We may use certain information on your form to check the accuracy with the Department of Social Security, police, Probation and Social Services and other registered social landlords in the scheme.

Please read and sign the declaration below.

As far as I know, the answers I have given on this form are true. I understand that I may lose any housing or tenancy if I have given false information. I understand that all the information I have given will be put on the landlord's computer. I will tell the Eldonian CBHA office immediately if there is any change to the circumstances I have told you about on this form.

Your signature:	Date: / /
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Joint applicant's signature:	Date: / /
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We may use the information you have given on this form for research and analysis.

**Please return this form to:
Eldonian Community Based Housing Association
The Tony McGann Centre
Burlington Street
Liverpool L3 6LG
Phone: 0151 207 3406
Fax: 0151 298 1464**

Housing Visitor(s):

Date of visit:

Supporting evidence seen:

For office use only

- 1) Date received
- 2) Date to Association Sub Committee (ASC)
- 3) Decision
- 4) Home visit report
- 5) Date of appeal
- 6) Date returned to ASC (if applicable)
- 7) Decision after appeal

Signature:

Date: / /