

HOUSING APPLICATION FORM



Members are:
Chevin Housing Association Ltd.
Harewood Housing Society Ltd.

Date received

For office use:

App Ref:

Category:

P NU

UN CL

Scheme codes:

**If you need any help completing this form,
please contact the office below.**

PLEASE RETURN THIS FORM TO THE HOUSING OFFICE TICKED BELOW:

General enquiries: 0845 270 1088

- Harrison Street, Wakefield, WF1 1PS.
- Royd House, Low Mills, Guiseley, Leeds, LS20 9LU.
- 32 New Lane, Selby, North Yorkshire, YO8 4QB.
- PO Box 114, Bridlington, East Yorkshire, YO15 2YF.
- 2 Carbrook Street, Sheffield, S9 2JE.

1 DETAILS OF PEOPLE WISHING TO BE RE-HOUSED

MAIN APPLICANT:

Title: _____ First Name: _____ Surname: _____

Date of Birth: _____ Age now: _____

Previous Surname (if applicable): _____

National Insurance No: (if you do not complete this, the form will be returned) _____

Current Address: _____

_____ Postcode: _____

Tel No (Home): _____ Tel No (Work): _____ Tel No (Mobile): _____

PARTNER:

Title: _____ First Name: _____ Surname: _____

Date of Birth: _____ Age now: _____

Previous Surname (if applicable): _____

National Insurance No: (if you do not complete this, the form will be returned) _____

Current Address (if different from above): _____

_____ Postcode: _____

Tel No (Home): _____ Tel No (Work): _____ Tel No (Mobile): _____

Please check you have completed all sections

3 WHY DO YOU WANT TO MOVE?

Please read (below) and tick as many boxes as appropriate

✓ Tick	REASON FOR RE-HOUSING	codes	✓ Tick	REASON FOR RE-HOUSING	codes
<input type="checkbox"/>	Eviction/repossession (Please provide supporting evidence from landlord/local authority)	UN	<input type="checkbox"/>	Homelessness (no current home) (Please provide supporting evidence from local authority landlord)	UN
<input type="checkbox"/>	Racial Harassment (Please provide supporting evidence from Police/ landlord/other agencies)	UN	<input type="checkbox"/>	Urgent health requirement (Please provide supporting evidence from your Doctor/consultant)	UN
<input type="checkbox"/>	Harassment/neighbour nuisance (Please provide supporting evidence from eg. Police/landlord/other agencies)	UN	<input type="checkbox"/>	Loss of tied accommodation (Please provide supporting evidence)	UN
<input type="checkbox"/>	Domestic violence (Please provide supporting evidence from eg. Police/other agencies)	UN	<input type="checkbox"/>	Rehousing from prison/Hospital/other institution (Please provide letter of support)	UN
<input type="checkbox"/>	Asked to leave home by family/friend (Please provide supporting evidence from relative/friend)	UN	<input type="checkbox"/>	Home in poor condition (requiring repairs) (Please provide supporting letter if environmental health have been involved)	UN
<input type="checkbox"/>	End of short term tenancy (Please provide supporting evidence from landlord)	UN	<input type="checkbox"/>	Underoccupation	NU
<input type="checkbox"/>	Leaving armed forces (Please provide supporting evidence from MOD)	UN	<input type="checkbox"/>	Overcrowding	NU
<input type="checkbox"/>	Difficulty paying rent/mortgage	UN	<input type="checkbox"/>	Other	NU
			<input type="checkbox"/>	Newly forming households	NU
			<input type="checkbox"/>	Problems relating to relationship breakdown	NU

Please give further details explaining why you have ticked the boxes above and send supporting evidence where indicated:

4 AT YOUR CURRENT HOME ARE YOU A:

Local Authority Tenant (1) Housing Association Tenant (2) Other (3)

If 'Other' please explain: _____

Do you have any rent or mortgage arrears? Y N

If so, how much arrears do you owe? _____

Has an arrangement been made to clear the debt? Y N

If YES, please explain in detail: _____

Please check you have completed all sections

5 WHERE HAVE YOU LIVED THE PAST FIVE YEARS?

Address	Dates	Name/address of landlord Building Society/Owner	Telephone no
current	Moved in:		
previous	Moved in:		
	Moved out:		
	Moved in:		
	Moved out:		
	Moved in:		
	Moved out:		
	Moved in:		
	Moved out:		

6 WHERE DO YOU WANT TO LIVE

Choose only from the property description sheet

Area	You must tell us if you wish to be near family/friends, school, work and or facilities.
1	
2	
3	
4	
5	
6	

How many bedrooms do you require?

Bedsit 1 Bed 2 Bed 3 Bed 4 Bed

Level: Ground floor First floor Above first floor No preference

Do you have any pets? Y N If Yes, please give details: _____

Are you related to any Chevin Housing Group member of staff or Board Member? Y N

If YES, please give details: _____

Where did you hear about us? _____

Please check you have completed all sections

7 CRIMINAL ACTIVITY SECTION

PLEASE SIGN THIS SECTION EVEN IF YOU DO NOT HAVE ANY CONVICTIONS

Please read the following carefully and sign where applicable:

Chevin's allocation policy allows us to exclude persons from our waiting list who have been involved in certain criminal or anti-social behaviour.

If you want us to consider this application then you must declare whether you, or anyone wishing to be re-housed with you, has been involved in, or convicted of, any of the following activities:

✓ Tick ACTIVITY

- Illegal use or the supplying of drugs
- Theft or damage to our or other landlord property
- Burglary or theft from dwellings, motor vehicles, etc
- Racial harassment
- Sexual harassment
- Assault
- Intimidation and/or harassment of neighbours and/or other residents or our employees
- Previous evictions for noise or other nuisance
- Previous evictions for persistent arrears from council, housing association or other registered landlord

Do you have any convictions? Y N O

Give details of all convictions (include convictions of all those wishing to be re-housed):

Full Name	Conviction	Date of Conviction	Court Convicted at:	Length of Sentence

Please read this statement carefully:

I/we, _____, hereby give permission for Chevin Housing Group to contact the Police, Courts or other relevant bodies, to make enquiries about the information I have given above.

Signed: (Applicant) _____ Date: _____

Signed: (Partner) _____ Date: _____

Please check you have completed all sections

8 GENERAL DECLARATION

To the best of my knowledge, the information that I have given within this application form is correct. I understand that if I knowingly make false statements then my application may be cancelled or repossession proceedings may be implemented if I am given a tenancy.

I give Chevin Housing Group permission to contact my existing and previous landlord(s) for details regarding any tenancies I held with them.

RIGHT OF APPEAL: You have the right to appeal against any decision made regarding your application form. In such a situation you should contact the office detailed on the front of this form and ask for a copy of complaints procedure which will explain how your complaint will be dealt with.

Signed: (Applicant) _____ Date: _____

Signed: (Partner) _____ Date: _____

Note: If you have provided us with insufficient information we may return the form for further details/supporting evidence. You must notify us in writing of any change of circumstance.

Did you find this form difficult to complete? Y N

If YES, please comment: _____

Please check you have completed all sections

If you need any help in completing this form, please contact the office indicated at the front of this form

INTERNAL USE

Points	Category
Total	

Changes		
Points	Date	