



Registration No: []

CONFIDENTIAL: APPLICATION FORM FOR RENTED HOUSING

MAIN APPLICANT

Section 1. Personal Details

Title Mr, Mrs etc []
Surname []
Forenames []
Address []
Post Code []
Date you moved in [] / [] / []
NI Number []
Date of Birth []

Contact Details & Telephone Numbers

Home []
Work []
Mobile []
E-mail []

Have you applied to us before? Yes No [] []
Are you related to any staff or committee member? Yes No [] []

If yes please give details
Name []
Relationship []

If your first language is not English and you require an interpreter please let us know your language. []

JOINT APPLICANT

Section 1. Personal Details

Title Mr, Mrs etc []
Surname []
Forenames []
Address []
Post Code []
Date you moved in [] / [] / []
NI Number []
Date of Birth []

Contact Details & Telephone Numbers

Home []
Work []
Mobile []
E-mail []

Have you applied to us before? Yes No [] []
Are you related to any staff or committee member? Yes No [] []

If yes please give details
Name []
Relationship []

If your first language is not English and you require an interpreter please let us know your language. []

Section 2. Correspondence Address

If you are unable to receive post at you current address, please provide alternative address.

Address []
Postcode []

MAIN APPLICANT

Section 3. Equal Opportunities

This section is optional – To ensure that we are meeting our continued commitment to equal opportunities, how would you describe your ethnic origin?

Please tick one box only.

A) White

B) Mixed

- British ¹
 Irish ²
 Other ³

- White & Black Caribbean ⁴
 White & Black African ⁵
 White & Asian ⁶
 Other ⁷

C) Asian or Asian British

D) Black or Black British

- Indian ⁸
 Pakistani ⁹
 Bangladeshi ¹⁰
 Other ¹¹

- Caribbean ¹²
 African ¹³
 Other ¹⁴

E) Other Ethnic Group

- Chinese ¹⁵
 Other ¹⁶

- Refused ¹⁷

Section 4. Financial Details

Yes No

Do you have any savings?

If yes state how much. £

Employment Details (If applicable)

Employer ^E

Occupation

Weekly income before tax £

Benefits/Other Income

Give details of state benefits or any other income

Benefit/Other Income Amount per week

Accommodation Costs

How much is your board, rent or mortgage? £

Is this weekly or monthly? £

Yes No

Do you have any arrears?

If yes, state how much. £

Yes No

Do you get Housing Benefit?

If yes has your Housing

Benefit been 'capped'(they have said your rent is too high and will not pay it in full)?

JOINT APPLICANT

Section 3. Equal Opportunities

This section is optional – To ensure that we are meeting our continued commitment to equal opportunities, how would you describe your ethnic origin?

Please tick one box only.

A) White

B) Mixed

- British ¹
 Irish ²
 Other ³

- White & Black Caribbean ⁴
 White & Black African ⁵
 White & Asian ⁶
 Other ⁷

C) Asian or Asian British

D) Black or Black British

- Indian ⁸
 Pakistani ⁹
 Bangladeshi ¹⁰
 Other ¹¹

- Caribbean ¹²
 African ¹³
 Other ¹⁴

E) Other Ethnic Group

- Chinese ¹⁵
 Other ¹⁶

- Refused ¹⁷

Section 4. Financial Details

Yes No

Do you have any savings?

If yes state how much. £

Employment Details (If applicable)

Employer ^E

Occupation

Weekly income before tax £

Benefits/Other Income

Give details of state benefits or any other income

Benefit/Other Income Amount per week

Accommodation Costs

How much is your board, rent or mortgage? £

Is this weekly or monthly? £

Yes No

Do you have any arrears?

If yes, state how much. £

Yes No

Do you get Housing Benefit?

If yes has your Housing

Benefit been 'capped'(they have said your rent is too high and will not pay it in full)?

MAIN APPLICANT

Section 5. Previous Addresses

Please give details for the last 3 years.

Address 1

From / / To / /

Landlord

Reason for leaving

Address 2

From / / To / /

Landlord

Reason for leaving

Are you seeking Political Asylum in this country? Yes No

Have you come to live in the UK from abroad in the last 5 years? Yes No

Do you own or jointly own any accommodation? Yes No

If yes please give details.

JOINT APPLICANT

Section 5. Previous Addresses

Please give details for the last 3 years.

Address 1

From / / To / /

Landlord

Reason for leaving

Address 2

From / / To / /

Landlord

Reason for leaving

Are you seeking Political Asylum in this country? Yes No

Have you come to live in the UK from abroad in the last 5 years? Yes No

Do you own or jointly own any accommodation? Yes No

If yes please give details.

Section 6. Your present home and your household

Tick the box that applies to your present home (please tick only one box in this section).

Housing Association Tenant	<input type="checkbox"/>	Council Tenant	<input type="checkbox"/>	Hostel / Refuge	<input type="checkbox"/>
Tenant of Private Landlord	<input type="checkbox"/>	Bed & Breakfast	<input type="checkbox"/>	Owner / Buying	<input type="checkbox"/>
Shorthold Tenant / Licensee	<input type="checkbox"/>	Renting with Job	<input type="checkbox"/>	With Family	<input type="checkbox"/>
In an Institution or Prison	<input type="checkbox"/>	Sleeping Rough	<input type="checkbox"/>	With Friends	<input type="checkbox"/>
Caravan	<input type="checkbox"/>	Other (give details)	<input type="text"/>		

What type of property do you live in at present?

House Bungalow Ground floor flat Upper floor flat

Other (give details)

Do you have any pets? Yes No

If yes what kind of pet?

For your information Cats & Dogs can not normally be allowed in flats.

We need to consider whether you are overcrowded. As the main applicant please tell us the number of people sleeping in each room of your present accommodation (including yourself) and state their relationship to you i.e. partner, sister, boyfriend, etc. and whether they are to move with you.

How many bedrooms does your current home have?

Bedroom No	Name	Date of Birth	Male Female	Relationship to you	To move with you Yes	No
1		/ /				
		/ /				
		/ /				
2		/ /				
		/ /				
		/ /				
3		/ /				
		/ /				
		/ /				
Other room used as a bedroom		/ /				
		/ /				
		/ /				

Please give details of anyone who needs re-housing with you but is not mentioned in the list above. Include the expected date of unborn children and indicate if you have access rights to children who do not live with you permanently.

Name	Date of Birth	Male Female	Relationship to you	Present Address
	/ /			
	/ /			
	/ /			

Facilities in your home

Please tick if you **do not** have any of the following facilities or must share them with a household that you wish to live separate from.

	Kitchen Facilities	Inside Toilet	Bathroom	Hot Water	Heating
Shared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't Have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Why do you want to be re-housed?

Please tick ALL the boxes that are relevant to you and enclose the documentary evidence requested. If we do not receive documentary evidence, we may not be able to assess your application accurately.

Your reason for re-housing

Evidence required

Your housing situation

Leaving hostel	Letter from hostel worker	<input type="checkbox"/>
Suffering harassment / physical violence / domestic violence	Letter from Police/Social Worker/Refuge Worker or Solicitor	<input type="checkbox"/>
Being evicted or having house repossessed	Eviction Order or Repossession Order	<input type="checkbox"/>
Received valid notice to quit from landlord	Copy of Notice to Quit	<input type="checkbox"/>
Losing home that goes with job	Copy of Notice to Quit	<input type="checkbox"/>
Leaving armed forces	Confirmation of discharge date	<input type="checkbox"/>
Environmental Health Notice – Property uninhabitable	Copy of Environmental Health Notice	<input type="checkbox"/>
House subject to purchase/clearance notice	Compulsory purchase/clearance order	<input type="checkbox"/>
Leaving Prison	Prison release date notification slip	<input type="checkbox"/>
Leaving hospital	Letter from doctor or medical worker	<input type="checkbox"/>
Tenant of Private Landlord	Copy of tenancy agreement	<input type="checkbox"/>
Moving nearer to work	Letter from employer	<input type="checkbox"/> E
Can not afford present home	Letter from Housing Benefit Dept or Income & Expenditure Breakdown	<input type="checkbox"/> E
Have no home		<input type="checkbox"/>
Asked to leave by family or friends	Letter from family member or friend	<input type="checkbox"/> C
Asylum seeker granted permission to stay	Relevant Home Office papers	<input type="checkbox"/>

Your household

Relationship breakdown	Divorce paper / Solicitor's letter or letter from ex-partner	<input type="checkbox"/>
Having a baby	Proof of pregnancy certificate	<input type="checkbox"/>
Need room for children to stay	Proof of access / custody rights	<input type="checkbox"/> C
Family living apart		<input type="checkbox"/> C
Overcrowded	Full details must be supplied on Page 4 and may be subject to a home visit	<input type="checkbox"/>
Need smaller home	Full details must be supplied on Page 4 and may be subject to a home visit	<input type="checkbox"/> C

Health & Disability

Health reasons	Please complete Section 7 Health & Disability	
To be nearer carers or provide support	Please complete Section 7 Health & Disability	<input type="checkbox"/> C

Other Reasons (Please give details below)

Section 7. Health & Disability

Please describe the health problem(s) you, or any one who will be living with you, have.

If this problem affects you living in your present home please tell us how.

How long have you suffered with illness? Years Months

Describe the treatment you are receiving in connection with your health problems.

Do you have difficulty walking? Yes No Sometimes

Do you use any of the following? Walking Stick Walking Frame Wheelchair

Do you have difficulty with stairs? Yes No

How many stairs could you manage easily?

Do you have to go upstairs to the: Toilet Bathroom Bedroom

If your illness means that you need an extra bedroom, please tell us why.

If your health problem is not covered by any of the questions above, please tell us how your present housing affects your illness or disability and how re-housing would help.

What is your family doctor's name?

Address of Surgery or Health Centre.

If you regularly attend a Hospital or Clinic please give the name of Hospital or Clinic.

What is your consultants name?

If you get support from other health professionals please give details below.

PLEASE SUPPLY EVIDENCE IN THE FORM OF A LETTER FROM YOUR GP OR YOUR CONSULTANT

Section 8. Areas of Choice

PLEASE TICK THE AREA(S) WHERE YOU WOULD LIKE TO BE RE-HOUSED.

ACCOMMODATION FOR FAMILIES

Shaded sections have no property type within the area

Coalville			2 Bed	3 Bed	4 Bed
L100	Agar Nook / Greenhill	Agar Nook / Greenhill			
L101	Coalville	Central			
L102	Coalville North	Whitwick / Thringstone			Not Available
L103	Coalville South	Ellistown / Ibstock / Bagworth			
L104	Measham	Measham / Overseal			Not Available
L105	Ashby	Ashby / Swadlincote			Not Available

Loughborough			2 Bed	3 Bed	4 Bed
L160	Loughbro North	Sileby / Thurmaston			Not Available
L162	Central Loughbro	Ashby Road / Empress Road / William St			Not Available
L161	Shelthorpe Loughbro	Lingdale Close			Not Available
L163	Meadow Lane Area	Morris Close / Rendell Street			Not Available
L165	Knighthorpe Area	Hermitage Road	Not Available		Not Available

ACCOMMODATION FOR SINGLE (1Bed) SINGLES WITH CHILD ACCESS (2Bed) & COUPLES (2 Bed)

Shaded sections have no property type within the area

Coalville			1 Bed	2 Bed
L100	Agar Nook / Greenhill	Agar Nook		
L101	Coalville	Central		Not Available
L102	Coalville North	Whitwick / Thringstone		Not Available
L103	Coalville South	Ellistown / Ibstock		Not Available
L104	Measham	Bonas House		Not Available

Loughborough			1 Bed	2 Bed
L160	Loughbro North	Watling Street		
L162	Central Loughbro	Ashby Road / Empress Road / William Street		
L163	Meadow Lane Area	Morris Close		
L165	Knighthorpe Area	Hermitage Road / Sharpley Road		Not Available

Choice Based Lettings Enquiries

In some areas our properties are allocated through a Choice Based Lettings system.
Therefore if you require accommodation in the following areas please contact:

South Derbyshire: Please contact **South Derbyshire District Council** - 01283 595953

Mansfield: Please contact **Mansfield Move Ahead Property Shop** on 01623 463712

Amber Valley: Please contact **Amber Valley Borough Council** on 01773 841 338

Nottingham: Please contact **Nottingham City Homes** on 0845 330 3131

Harborough District: Please contact **Harborough Homesearch** on 01858 828282

Section 9. Additional Information

Please use this page to give us any additional information you think we may need to know in order to process your application accurately.

Please remember to complete Section 10 on the reverse of this application

Section 10. Declaration

Where there are joint applicants both must SIGN and DATE this form.

The details on this form are true and I will tell East Midlands Housing of any changes in my / our circumstances. I understand that false information may result in my application being refused, any offer of tenancy withdrawn or I may lose any tenancy I am granted.

I / We understand that EMH will make such enquiries as it considers necessary relating to this application. This will include a credit reference check with a reputable credit reference agency to verify my addresses and to check for previous housing debts. I/We agree to these checks being made.

I / We give permission for EMH to contact any Landlords for all previous addresses I have given and any addresses which come to light via credit referencing..

East Midlands Housing will only process and use (as defined within Data Protection Act) the information you have provided in accordance with our registration.

Applicants Signature.....

Date.....

Partner / Joint Applicants signature.....

Date.....

Please return your completed form to:

**Customer Service Centre
East Midlands Housing
Memorial Square
Coalville
Leicestershire
LE67 3TU**

**If you should require any help in completing this form please call
Customer Services on:-**

0844 892 9000 (Local Call Cost)

or

01530 839091 (Landline)

Calls to the association may be recorded or monitored for training & security purposes.