

Lowbourne House, Lowbourne Road, Melksham, Wiltshire, SN12 7DZ www.whitehorsehousing.co.uk

Tel: 01380 850916 e-mail**:** info@whitehorsehousing.co.uk

**APPLICATION FOR A TENANCY AT :**

Please complete all sections as fully as possible. If you require help or advice with completing this form, please contact WHHA on 01380 850916. We will be glad to help.

**PLEASE ENSURE THAT YOU HAVE ALSO REGISTERED WITH YOUR**

**LOCAL COUNCIL BECAUSE ALL OUR HOMES ARE ADVERTISED WITH THEM FIRST.**

|  |  |
| --- | --- |
| ***Personal Details*** |  |
| Your Details | Joint Applicant’s Details (if applicable) |
| Title: | Title: |
| Surname: | Surname: |
| First names | First names |
| Date of Birth: | Date of Birth: |
| Your address: | Your address: |
| Tel no: | Tel no: |
| Work Tel: | Work Tel: |
| Mobile no: | Mobile no: |
| Address we should write to (if different from above) | Relationship to you: |
| Email address: | Email address: |
| NI number: | NI number: |

Please give details of everyone who will be rehoused with you.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Gender | Relationship to you | Date of birth | Are they living with you now? |
|  |  |  |  |  |
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|  |  |  |  |  |

Have you registered with Swindon Homebid; Wiltshire Council Homes4Wiltshire; Homefinder Somerset; BANES?

Yes ☐ No ☐

If so, please give your application number and date registered:

Please give details of where you have lived for the last 5 years

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Housing History** | |  |  |  |
| Address | Landlord | Date you moved in | Date you moved out | Reason for leaving |
| Current |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Do you, or anyone being rehoused with you, owe money to a previous landlord?

Yes ☐ No ☐

Have you ever been evicted from any accommodation?

Yes ☐ No ☐

If ‘Yes’, please give details:

**Please sign here to allow us to contact the previous landlord:**

**Signed:**

Are you, or any of the people moving with you, pregnant?

Yes ☐ No ☐

If ‘Yes’, please give name: When is the baby due? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tell us below about anyone with medical problems or disability who will be living with you, and if their current accommodation causes them problems. *(Doctors letters are not required at this stage).*

# \_\_\_\_\_

Does anyone to be rehoused need care or other support from health, social services or an independent care agency?

Yes ☐ No ☐

If yes, please give details.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Your Household’s Income** | | |  | |
|  | You | Your Partner | Other Wage Earners in Household | |
| Take Home Pay | Per week/month | Per week/month | Per week/month | Per week/month |
| Total  Benefits  (weekly) |  |  |  |  |
| Total  Savings |  |  |  |  |
| Any other income |  |  |  |  |

Are you in receipt of housing benefit?

Yes ☐ No ☐

# **Your Current Accommodation**

Please give details of your current home.

|  |  |
| --- | --- |
| House ☐ Maisonette | ☐ |
| Bungalow ☐ Caravan/mobile home | ☐ |
| Flat ☐ Homeless/no fixed address | ☐ |
| Hotel or Hostel ☐ Shared accommodation | ☐ |
| Other (please give details) |  |
| If you live in a flat, what level is this on? |  |
| How many bedrooms do you have? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Tick the box which best describes your circumstances? |  |
| Owner (no mortgage) ☐ Living with relatives | ☐ |
| Owner (with mortgage) ☐ Housing tied accomm | ☐ |
| Tenant of private landlord ☐ Homeless/no fixed address | ☐ |
| Housing Association tenant ☐ Lodger or staying with friends  Council tenant ☐ | ☐ |
| Other (please give details) |  |

How much is your rent/mortgage repayment?

Are you in arrears with your rent/mortgage payment? Yes ☐ No ☐

If yes, give details

Are there any serious problems with the condition of your housing?

Yes ☐ No ☐

If yes, please give details

Please tick those boxes to show the facilities in your current accommodation.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Sole Use | Shared  Relatives | Shared nonrelatives | Lacking |
| 1 bedroom |  |  |  |  |
| 2 bedrooms |  |  |  |  |
| 3 bedrooms |  |  |  |  |
| 4 bedrooms |  |  |  |  |
| Living room |  |  |  |  |
| Dining room |  |  |  |  |
| Kitchen |  |  |  |  |
| Bath/shower |  |  |  |  |
| Inside toilet |  |  |  |  |
| Cold-water supply |  |  |  |  |
| Hot-water supply |  |  |  |  |
| Central heating |  |  |  |  |
| Garden |  |  |  |  |

What are your reasons for wanting to move?

Please give details of what connections you have with the village where you are applying to be re-housed (Eg. Family, work, have lived there previously)

Any Other Relevant Information

Has anyone in the household ever served in the UK armed forces as a regular or reserve (excluding National Service)?

If they’ve ever served as a regular, have they left within the last five years?

Has anyone in the household been seriously injured or ill as a direct result of their time or activities serving as a regular or reserve?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration**

In order to assess your housing application and help us deliver efficient services, we need to collect relevant personal details. We comply with the Data Protection Act 1998 when dealing with personal data. This means that your personal data will be processed in accordance with the law.

Please note we may share personal data with other organisations where appropriate.

By signing this form you are consenting to White Horse Housing Ltd processing your personal data.

I/We confirm that all the information given on this form is true and correct.

I/We will tell you about any change in circumstances of anyone included on this application form. I understand that if you offer me accommodation because I have given you false information you may withdraw the accommodation or take legal action to end any tenancy I may have already entered into.

Your signature: Date:

Joint Applicant’s signature: Date:

Please tick the appropriate box to indicate your background

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ethnic Group** | |  |  |  |
| White | Mixed | Asian or Asian  British | Black or  Black British | Chinese or other ethnic group |
| ☐ British  ☐ Irish ☐ Any  other white background *(please write in below)* | ☐ White & Black  Caribbean ☐ White & Black  African  ☐ White & Asian ☐ Any other mixed background  *(please write in*  *below)* | ☐ Indian  ☐ Pakistani  ☐  Bangladeshi  ☐ Any other Asian background *(please write in below)* | ☐ Caribbean  ☐ African ☐ Any other Black background *(please write in below)* | ☐ Chinese  ☐ Any other  ethnic background *(please write in below)* |
| ☐ Do not wish to answer | |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Joint Applicant** | |  |  |  |
| White | Mixed | Asian or Asian  British | Black or  Black British | Chinese or other ethnic group |
| British  Irish ☐ Any  other white background *(please write in below)* | ☐ White & Black  Caribbean ☐ White & Black  African  ☐ White & Asian ☐ Any other mixed background  *(please write in*  *below)* | ☐ Indian  ☐ Pakistani  ☐  Bangladeshi  ☐ Any other Asian background *(please write in below)* | ☐ Caribbean  ☐ African ☐ Any other Black background *(please write in below)* | ☐ Chinese  ☐ Any other  ethnic background *(please write in below)* |
| ☐ Do not wish to answer | |  |  |  |

White Horse Housing operates a policy of equal opportunity in all aspects of its work. This information is used for monitoring purposes and will not be used to assess your housing need.