



Worcester Housing
Partnership

Application For Housing

Date Rec'd

Ref. No.

Section A: Your Details *(to be completed by the Applicants)*

1 1st Applicant

Title: Mr Mrs Miss Ms Other

First Name(s)

Last Name

National Insurance number

2nd Applicant *(i.e Partner/Joint Applicant)*

Title: Mr Mrs Miss Ms Other

First Name(s)

Last Name

National Insurance number

2 Address of 1st Applicant

Post Code

Address of 2nd Applicant

(if different)

Post Code

3 1st Applicant's Tel. Nos:

Home

Work

2nd Applicant's Tel. Nos:

Home

Work

Contact (if different): Name Telephone

4 If you have no permanent address, or, if we cannot write to you at this address, where may we contact you?

Postcode

5 a) Please list all the people who want to be housed with you, starting with yourself.

(1st & 2nd Applicant do not need to write their full name again)

Full Name	Date of Birth	Male or Female	Relationship to Applicant	Address if different from Applicant
1st Applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2nd Applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

b) Is your family unit able to live together at present?
You may wish to supply further information at Question 21.

Yes No

6 Is anyone included in your application pregnant?

Yes No

Who is pregnant?

What is the expected birth date of the baby? Day Month Year

Please supply a certificate of pregnancy with this form, or as soon as you can. We will also ask to see the birth certificate when the child is born.

7 About Your Income.

a. Earned income

Please tick one of the following that best describes your current employment circumstances

Unemployed Employed part time Employed full time (more than 24 hours)

If yes, please give details below:

What is your employer's name and address?

What is your partner's employer's name and address?

Name:

Name:

Address:

Address:

What is your pay?
before stoppages? after stoppages?

What is your partner's pay?
before stoppages? after stoppages?

I earn £

My partner earns £

How often do you get paid this amount?

How often does your partner get paid this amount?

Weekly Fortnightly Monthly Annually Weekly Fortnightly Monthly Annually

b. Benefit income

Do you or your partner receive any income from the Department of Social Security?

Yes No

If Yes, please give details below, stating the amount and whether it is paid weekly, fortnightly, or monthly.

	You		Partner	
Disability Living Allowance	£ <input type="text"/>	per <input type="text"/>	£ <input type="text"/>	per <input type="text"/>
Income Support	£ <input type="text"/>	per <input type="text"/>	£ <input type="text"/>	per <input type="text"/>
Job Seekers Allowance	£ <input type="text"/>	per <input type="text"/>	£ <input type="text"/>	per <input type="text"/>
Incapacity Benefit	£ <input type="text"/>	per <input type="text"/>	£ <input type="text"/>	per <input type="text"/>
Child Benefit	£ <input type="text"/>	per <input type="text"/>	£ <input type="text"/>	per <input type="text"/>
Working Families Tax Credit	£ <input type="text"/>	per <input type="text"/>	£ <input type="text"/>	per <input type="text"/>
Child Tax Credit	£ <input type="text"/>	per <input type="text"/>	£ <input type="text"/>	per <input type="text"/>
Other <small>(please name)</small> <input type="text"/>	£ <input type="text"/>	per <input type="text"/>	£ <input type="text"/>	per <input type="text"/>

c. Pension income

Do you or your partner receive any pensions? Yes No

If Yes, please give details below, stating the amount and whether it is paid weekly, fortnightly or monthly.

	You	Partner
State Retirement Pension	£ <input type="text"/> per <input type="text"/>	£ <input type="text"/> per <input type="text"/>
Widows Pension	£ <input type="text"/> per <input type="text"/>	£ <input type="text"/> per <input type="text"/>
War Widows Pension	£ <input type="text"/> per <input type="text"/>	£ <input type="text"/> per <input type="text"/>
Private Pension	£ <input type="text"/> per <input type="text"/>	£ <input type="text"/> per <input type="text"/>
Other (please name) <input type="text"/>	£ <input type="text"/> per <input type="text"/>	£ <input type="text"/> per <input type="text"/>

d. Capital

Do you or your partner have any savings or capital? Yes No

If yes, please give details:

	You	Partner
Bank <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Building Society <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Other (please name) e.g. Shares <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
How much Annual Income do you receive from your savings or capital?	£ <input type="text"/>	£ <input type="text"/>

8 Do you have any pets? Yes No

Cat Dog

Any other pets? Please list

9 a) Have you, or anyone included in this application, ever held a tenancy with:- (Tick Box if Yes)

- Worcester City Council
- Harden Housing Association
- Sanctuary Housing Association
- Nexus Housing Association
- Other Housing Association
- Other Local Authority

b) If you have ticked any of the boxes above please give details:-

Address	Date from	Date to
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

c) Have you, or anyone included in this application, sold a home you lived in during the last five years? Yes No (State address below if yes)

Address

If yes, why was this home sold?

10 a) If you do not live in Worcester now, please give details of any past residence in the City.

Address	Date from	Date to
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

b) If you are moving to the area in order to give or receive care or support from someone else, please give the name and address of that person.

Name	Address	Tel. No.
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section B: About Your Present Housing

11 Are you:- (Please tick the box that applies to you)

- A Home Owner A Housing Association Tenant
 A Private Tenant A Tenant of another Council
 A Lodger
 Other (Please state)

If you are a tenant, what is the name and address of your landlord?

What date did this tenancy commence?

Do you have an outstanding County Court Judgement against you for breach of any tenancy conditions?

Yes No

Have you ever been evicted by your landlord for rent arrears?

Yes No

Have you ever been evicted for anti-social behaviour?

Yes No

12 If you or your Partner own your home, what is the approximate value of the property? £

Who is/are the named owner(s)?

Please give details below of outstanding loans or mortgages on this property:-

1. £ 2. £ 3. £

If you own the property jointly with other people, please give details about the proportion you own:

It will save time if you are able to supply a written valuation, and a statement of mortgage loans with this form.

13 a) Would you describe where you live as any of the following:-

- Homeless Hostel Women's Refuge Accommodation provided with your job
 Special Needs Hostel Bed & Breakfast Hotel Caravan/Mobile Home
 Other Hostel With friends or relatives Boat or Tug
 Squatting or sleeping rough

b) Do you live in a House Flat Bungalow Maisonette

How many bedrooms does the property that you live in have?

Bedsit 1 2 3 4 More

If more, please state number

14 If you live in a FLAT, BEDSIT, MAISONETTE, OR A ROOM IN A BED & BREAKFAST HOTEL OR HOSTEL,

Please tick which floor level your living space is on: (N.B. First floor is above the ground)

Ground Floor First Floor Second Floor Other (*please explain*)

Is there a lift? Yes No

15 Basic amenities which are shared or lacking:

Please tick the boxes to explain the situation where you live.

	Shared with relatives/friends who will live with you when you move	Shared with relatives/friends who will <u>not</u> live with you	Shared with other people	You have sole use of	Not available
Toilet- Inside/Outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bath or Shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living Room or Lounge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold Running Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Central Heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Central Heating: Full Partial Gas fire only Electric fire only

Is your kitchen separated from your living area? Yes No

16 Please give details of any repairs which are needed to your home:

17 a) Sleeping arrangements at your present accommodation (*This is the first applicant's address you have written in **Section A**, Question 2*)

Please describe the sleeping arrangements at the address you are living at.

List everyone who sleeps in the same property as you, **including people who you do NOT wish to be housed with you.**

If you live in a hostel or Bed and Breakfast, only list people who share your bedroom area.

Room	Names of all Persons Sleeping in Room	Male or Female	Date of Birth	Relationship to You (if any)
Living Room				
Bedroom 1				
Bedroom 2				
Bedroom 3				
Bedroom 4				
Other, State				
Bedsit Room				

17 b) Do you have access to children from a previous relationship who do not live with you all of the time?

You may wish to supply further information at Question 21

Yes

No

Section C: Reason For Applying For Housing

18 Main reasons for applying:

Please tick any of the boxes that apply to you.

- | | | |
|---|--|--|
| <input type="checkbox"/> 1. For work reasons | <input type="checkbox"/> 5. Relationship breakdown | <input type="checkbox"/> 9. Need smaller home |
| <input type="checkbox"/> 2. To provide help/support | <input type="checkbox"/> 6. To escape harassment | <input type="checkbox"/> 10. For health reasons <small>See Question 19</small> |
| <input type="checkbox"/> 3. To receive help/support | <input type="checkbox"/> 7. Need larger home | <input type="checkbox"/> 11. Can't afford property |
| <input type="checkbox"/> 4. To escape domestic violence | <input type="checkbox"/> 8. Set up first home | <input type="checkbox"/> 12. Other, please describe below |

19 Medical need for housing:

If anyone included in your application has a medical condition which is made worse by where they live, please provide details below:-

Name	Nature of illness or disability	How is this affected by your present housing?
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Does anyone included in your application have a disability?

Yes No If Yes, who?

Does anyone included in your application use a wheelchair?

Yes No If Yes, who?

20 If you, or anyone in your application, have a Social Worker, Probation Officer, Health Visitor, Occupational Therapist, or other support worker, please give details below:-

Name of person who receives support

	Support worker's name (e.g. Social Worker)	Their office address if you know it
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>

21 Why is your current housing unsatisfactory?

Please give as much detail as you can about your reasons for applying and attach any relevant documents which support your application. Please continue on a separate sheet of paper if necessary.

Section D: The Accommodation You Want

Please tell us about the accommodation you need, and the areas you will consider. Please refer to the booklet you have been given before recording your choices as you will not be eligible for every type of accommodation. You should also note that not all property types are available in every area - speak to your officer for more details.

22 General Housing for Families, Singles and Couples

If you require accommodation with extra facilities, such as Sheltered Accommodation, please go to Question 23 onwards.

Property Size

Please note your family circumstances will determine the size of property you are eligible for. Please see the information booklet for further details. Please tick the property sizes you would prefer.

Flats	Studio <input type="checkbox"/>	1 Bed <input type="checkbox"/>	2 Bed <input type="checkbox"/>
Maisonettes	2 Bed <input type="checkbox"/>	3 Bed <input type="checkbox"/>	
Houses	2 Bed <input type="checkbox"/>	3 Bed <input type="checkbox"/>	4 Bed <input type="checkbox"/>

Area

Please tick as many areas of choice as you want.

Astwood Farm	<input type="checkbox"/>	Barbourne & Northwick	<input type="checkbox"/>
Blackpole & Brickfields	<input type="checkbox"/>	City Centre	<input type="checkbox"/>
Dines Green	<input type="checkbox"/>	Rainbow Hill & Goodrest	<input type="checkbox"/>
Battenhall & Redhill	<input type="checkbox"/>	Ronkswood	<input type="checkbox"/>
St. Peters & Barneshall	<input type="checkbox"/>	Tolladine	<input type="checkbox"/>
Warndon	<input type="checkbox"/>	Warndon Villages	<input type="checkbox"/>
St. Johns	<input type="checkbox"/>	Tunnel Hill	<input type="checkbox"/>

Detailed Area Choice

From the Information booklet please indicate which roads you may be interested in the box below.

Comments

23 Are you interested in buying a home on a part buy/part rent basis? *(This is known as shared ownership).*

Yes No

If you tick 'Yes' you may receive information on new schemes from time to time.

24 If you will consider a FLAT or MAISONETTE, please answer the questions below.

Do you need ground floor for health reasons? Yes No

Will you accept housing above the ground floor? Yes No

Will you use a lift to upper floor levels? Yes No

25 **Bungalows for Disabled and Retired People only** *Please tick as many areas as you wish:-*

Property Size

1 Bed

2 Bed

3 Bed

Area

Astwood Farm

Barbourne

Blockhouse (St. Pauls)*

Dines Green

Himbleton Road*

Moor Street

Ryeland Close*

St Clements Close*

Tolladine

Warndon

***Please Note:** 3 bed bungalows are only available to families who would otherwise require a house, but who have a family member with a disability who requires ground floor accommodation.

26 Flats Fitted with Emergency Call Alarm System

This is housing for people who have a particular need for the alarm system. *Please tick as many areas as you wish.*

Property Size

Studio

1 Bed

2 Bed

Area:

WARNDON

Burford Cl. / Brookthorpe Cl. / Rodborough Dr.	<input type="checkbox"/>
Chatcombe Dr. / Randwick Dr. / Painswick Cl.	<input type="checkbox"/>
Chedworth Dr. / Cranham Dr. / Snowhill Cl.	<input type="checkbox"/>
Sheepscombe Dr. / Cleeve Dr. / Crickley Dr.	<input type="checkbox"/>
Tolladine Road	<input type="checkbox"/>
Other Warndon	<input type="checkbox"/>

DINES GREEN/ST. JOHNS

Ambrose Close (Oldbury Road)	<input type="checkbox"/>
Grenville Rd. / Gresham Rd. / Tudor Way	<input type="checkbox"/>
Whites Court (Bromwich Road)	<input type="checkbox"/>

TOLLADINE

Cherwell Court	<input type="checkbox"/>
Lilac & Rose Avenue	<input type="checkbox"/>

RONKSWOOD

Lichfield Avenue, Wells Road	<input type="checkbox"/>
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CENTRAL

Blockhouse (St Paul's)	<input type="checkbox"/>
Bridge St. / John Gwynn Hse / Warmstry Ct.	<input type="checkbox"/>
Commandery Court (Sidbury)	<input type="checkbox"/>
Cornmeadow Lane (Claines)	<input type="checkbox"/>
Dent Close	<input type="checkbox"/>
Field House (Wylds Lane)	<input type="checkbox"/>
Lansdowne Rise (Lansdowne Road)*	<input type="checkbox"/>
Northfield Street*	<input type="checkbox"/>
Sansome Fields House (Sansome Street)*	<input type="checkbox"/>
Severn Street (Diglis)	<input type="checkbox"/>
Stanhope Court (Malvern Road)**	<input type="checkbox"/>
St. Catherine's Vale	<input type="checkbox"/>
St. Georges Lane / Flagmeadow Walk	<input type="checkbox"/>
The Moors	<input type="checkbox"/>
Turrall Street (Barbourne)	<input type="checkbox"/>
Victoria Place (London Road)*	<input type="checkbox"/>
Woolhope Rise (Woolhope Road)*	<input type="checkbox"/>
Other City Centre	<input type="checkbox"/>

Please Note: * applicants for these schemes **must** be aged 55 or over
 ** applicants for these schemes **must** be aged 60 or over

27 Sheltered Housing with Resident Warden: For Retired People

Either you or your partner must be over retirement age.
Please tick as many schemes as you wish.

Property Size

Studio

1 Bed

2 Bed

Area:

WARNDON

Bilford Court (Astwood Farm)	<input type="checkbox"/>
Southdown Road	<input type="checkbox"/>
Brookthorpe Close	<input type="checkbox"/>
Cranham Court	<input type="checkbox"/>
Furness Close	<input type="checkbox"/>
Langdale Close & Keswick Drive	<input type="checkbox"/>

TOLLADINE

Cherwell Close	<input type="checkbox"/>
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RONKSWOOD

Lincoln Green	<input type="checkbox"/>
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CENTRAL

Chantry House (Bromyard Road)	<input type="checkbox"/>
Fieldhouse Gardens (Wylds Lane)	<input type="checkbox"/>
James Close & St. Pauls Court	<input type="checkbox"/>
Sharman Close (Barbourne) <i>(Warden Not Resident)</i>	<input type="checkbox"/>
St. Clements Close (Multi-Storeys) <i>Please state highest floor level you will consider from 1 - 13</i>	<input type="checkbox"/>
St. Clements Close (Tybridge Street) <i>i.e. Dancox, Russell, Rowland & Merrick Houses</i>	<input type="checkbox"/>
Westhaven Place (Martley Road)	<input type="checkbox"/>
Lowesmoor House (Lowesmoor)	<input type="checkbox"/>
Noele Court (Barbourne)	<input type="checkbox"/>
Warmstry Court (City Centre)	<input type="checkbox"/>

28 "Very" Sheltered Housing with Resident Warden: For Retired People

Very Sheltered Housing is a slightly different type of accommodation for people over retirement age who need extra care. The schemes have extra facilities, such as a Warden on duty day and night, lunch served on the premises, and a medic-bath. If you tick these boxes, your application will be assessed by a panel of representatives from Social Services, the Health Authority and the City Council's Housing staff.

Rowan Court, Tolladine.

Himbleton House, St. Johns.

Chelmsford Court, Ronkswood.

Section E: Your Declaration & Signature

Please Note:

It is your responsibility to notify us of any change in your circumstances. If you move and wish to remain on the waiting list you must tell us about your new circumstances and the address you have moved to.

Are you or any member of your family related to either a City Councillor, or a member of a Housing Association Management Committee, or employee?

Yes

No

If Yes, which Housing Association or Councillor is it?

I/We understand that if, in answering the above, I/We knowingly or recklessly give false information, the Council or Housing Association may recover possession of any tenancy granted to me/us.

Applicant's Signature

Date

2nd Applicant's Signature

Date

Data Protection Act 1984 as amended 1998. All the information you give us on this form will be placed on the computer. Information may be shared and verified by any of the Landlords who belong to Worcester Housing Partnership. The information you have given will be treated as confidential by them and will be used in connection with helping to solve your housing problems. However, we must protect the public funds we handle and so we may use the information you have provided on this form to prevent and detect fraud. We may also share this information, for the same purpose, with other organisations which handle public funds.

Quality service. Worcester City Council may also use some of the information (such as your name and address) to ask you your views about the quality of the service you receive. Please tick here if you do not want your information to be used in this way.

PLEASE SUPPLY PROOF OF :-

You

Your Partner

Date Received

Citizenship - Birth Certificate, Passport etc..

Proof of savings

Proof of Pregnancy (if applicable)

Proof of National Insurance number

Section F: Equal Opportunities Questionnaire

Please help us to give a fair and impartial service by completing the questions below.

1 How would you describe your Ethnic Origin?

Applicant

- a. White British Irish Other
- b. Mixed White & Black Caribbean
White & Black African
White & Asian Other
- c. Asian or Asian British Indian Pakistani
Bangladeshi Other
- d. Black or Black British Caribbean African Other
- e. Chinese or other ethnic group Chinese Other
- f. Refused

Co-Applicant

- a. White British Irish Other
- b. Mixed White & Black Caribbean
White & Black African
White & Asian Other
- c. Asian or Asian British Indian Pakistani
Bangladeshi Other
- d. Black or Black British Caribbean African Other
- e. Chinese or other ethnic group Chinese Other
- f. Refused