

OFFICE USE ONLY:

APP. NO. _____

REG. DATE _____



11 Devon Place, Newport,
S Wales, NP20 4NP
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Fax: 01633 245930
Email:

lettings@charterhousing.co.uk

Office Use Only

DATE STAMP

ABOUT FILLING IN THIS FORM

IMPORTANT—What you write on this form will help us to help you find a home. We will only be able to do this if you answer the questions as fully and accurately as you can.

If you need help filling in this form, or if you require this form in large print, Braille or another language, please contact the office at the above address. When you have finished, each applicant **MUST** sign the form. Please return to the above address.

FIRST APPLICANT

Mr Mrs Ms

Miss
Other

First name

Surname

Date of birth
Sex M F

National Insurance No

Home phone

Work phone

Mobile phone

Email

JOINT APPLICANT (IF APPLICABLE)

Mr Mrs Ms Miss Other

First name

Surname

Date of birth Sex M F

National Insurance No

Home phone

Work phone

Mobile phone

Email

Main address with postcode

Contact address (if different)

Are you a current Charter Tenant?
Yes No

ABOUT WHERE YOU LIVE NOW

FIRST APPLICANT What type of property do you live in?

House Flat Bedsit Hostel Bungalow Static caravan Maisonette

Prison Hospital/nursing home Other

What is your current living situation?

Private tenant Family/friends Lodger Homeowner Housing association

Council tenant Tied accommodation (with job) No fixed abode Other

How many bedrooms do you have? If you live in a flat/maisonette, what floor is it?

If your home is rented, what is the name and address of your landlord?

Please list all your addresses in the last 5 years and continue on a separate sheet if necessary. If you were living with friends or relatives, please include in the box marked "name and address of landlord". We may contact any current or previous landlord.

ADDRESS OF PROPERTY	DATES FROM	DATES TO	NAME AND ADDRESS OF LANDLORD	REASON FOR LEAVING

Do you have any outstanding debts to your current or a previous landlord? Yes No

If yes, please give details

Have you ever been evicted or refused accommodation? Yes No

If yes, please tell us why and when

Does any household member have a financial interest in any property? Yes No

If yes, please give details

Have you been told by Environmental Health that your home is unfit? Yes No

ABOUT WHERE YOU LIVE NOW

SECOND APPLICANT What type of property do you live in?

House Flat Bedsit Hostel Bungalow Static caravan Maisonette

Prison Hospital/nursing home Other

What is your current living situation?

Private tenant Family/friends Lodger Homeowner Housing association

Council tenant Tied accommodation (with job) No fixed abode Other

How many bedrooms do you have? If you live in a flat/maisonette, what floor is it?

If your home is rented, what is the name and address of your landlord?

Please list all your addresses in the last 5 years and continue on a separate sheet if necessary. If you were living with friends or relatives, please include in the box marked "name and address of landlord". We may contact any current or previous landlord.

ADDRESS OF PROPERTY	DATES FROM	DATES TO	NAME AND ADDRESS OF LANDLORD	REASON FOR LEAVING

Do you have any outstanding debts to your current or a previous landlord? Yes No

If yes, please give details

Have you ever been evicted or refused accommodation? Yes No

If yes, please tell us why and when

Does a household member have a financial interest in any property? Yes No

If yes, please give details

Have you been told by Environmental Health that your home is unfit? Yes No

ABOUT YOUR HOUSEHOLD

Please list everyone in your household who will be living with you.

TITLE	NAME	DATE OF BIRTH	RELATIONSHIP TO YOU	IF THEY DO NOT LIVE WITH YOU, HOW OFTEN DO THEY STAY?

Is anyone pregnant? Yes No Who? Due date

Please list everyone living with you now but who will not be moving with you

NAME	DATE OF BIRTH	RELATIONSHIP TO YOU

Are you homeless or likely to be homeless in the next 28 days? Yes No

If you are already homeless, what date did you become homeless?

Are you currently living in temporary accommodation? Yes No

Are you currently in hospital waiting to be discharged? Yes No

Does living in your home affect your health? Yes No
 (If yes, we will send you a separate medical questionnaire)

How would a move improve your condition?

Do you need any adaptations such as grab rails, stairlift? Yes No

If yes, please give details

Do you have any pets? Yes No

If yes, please give details

Does any member of your household receive support from or have contact with any agency such as Social Services, Probation, a CPN, Health Worker etc?

Yes No If yes, please give details below:

WHO GETS SUPPORT?	NAME OF SUPPORT WORKER	ORGANISATION	ADDRESS	TELEPHONE

Is anyone in the household affected by:

	YES	NO	IF YES, PLEASE GIVE DETAILS
Visual impairment			
Deafness			
Learning disability			
Mental health problems			
Alcohol/drugs misuse			

Do you need to move to give or receive support? Yes No

If yes, please give details

Has anyone in the household had any criminal convictions, served a prison sentence or have any pending convictions? Yes No

If yes, please give details of each offence

WHO	DETAILS OF OFFENCE	DATES	OUTCOME/SENTENCE

Does your household have assets worth over £70,000? Yes No

How much is your annual family income?

To your knowledge, are you related to any present Seren (including Charter Housing, Solas, Fairlake and Reach) employees or any past or present Committee Members?

Yes No

If yes, please say who

If a council/ housing association tenant, are you interested in swapping? Yes No

Would you like any information about low cost home ownership? Yes No

YOUR CHOICE OF PROPERTY

Please tick all the property types you would consider:

House Flat Maisonette Bedsit Bungalow Other

Specialist accommodation: Sheltered Extra Care Supported

How many bedrooms? What is the highest floor you would take (flat)?

What area would you like? **(please see information on back page)**

Newport Please state areas

Monmouthshire Please state areas

Caerphilly Please state areas

Torfaen Please state areas

DECLARATION

I/we declare that the information contained in this application is correct to the best of my/our knowledge and I/we understand that any false information knowingly given may disqualify me/us from further consideration for housing. I/we hereby give consent for the information provided on this form to be used for the purpose of processing my/our application for housing with the Association, and understand that this processing will include the contacting of any previous landlords together with other statutory authorities in connection with my/our application. I/we have voluntarily supplied my/our National Insurance Number, and I/we understand that it may be used for the purposes of identifying or tracing me/us, if I/we owe any debt to the Association as the result of obtaining a tenancy.

UNSIGNED FORMS WILL NOT BE ACCEPTED

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

Please use this space for any other information you feel may be relevant

TURN OVER NOW—IMPORTANT INFORMATION

EQUAL OPPORTUNITIES MONITORING

Equal Opportunities

Charter Housing has a policy that is designed to ensure that all customers receive the same treatment regardless of their ethnic origin. In order for us to monitor this policy please could you provide the following information by ticking one box in each section for you and your partner. This page is detached and not held with your application form

	You	Your Partner
1. Black		
White		
Mixed		
Other – please state _____		
2. African		
Arab		
Asian		
Bangladeshi		
British		
Caribbean		
Chinese		
European		
Indian		
Irish		
Pakistani		
Somali		
Combination of Groups		
Other – please state _____		

I/we do not wish to provide this information