

Application for Housing



Please answer all questions in full. If you need help completing this application form please contact us on 01775 761161.

The council has nomination Rights with some Housing Associations. By being on the housing register you could also be considered for these properties.

I am a:

- transfer applicant** - a tenant of South Holland District Council or Housing Association
- homeseeker** - anyone else, for example, renting privately, living with family or friends, living outside of the district, living in temporary accommodation or simply applying for the first time.

(please tick one box)

Please note that your application can only be accepted with all the relevant personal documents and evidence as listed below. Please tick to check you have included everything you need to:

- 2 forms of ID (Identification) - for example, passport, birth certificate, driving licence etc
- A legal document showing your National Insurance Number
- ALL income for 1 complete month for all applicants - wage slips, tax credits, benefits, maintenance etc (whatever is relevant to you)
- ALL bank accounts, savings - details of 1 months transactions. Also proof of any bonds, shares, saving certificates, investments etc.
- If you have dependant children - proof of child benefit
- If you are renting - tenancy agreement & copy of notice to quit, if relevant.
- If you own or have owned property - proof of ownership/sale, or plans to sell
- If you are pregnant - your maternity record with estimated date of delivery
- If you take medication - your repeat prescription form
- If you originate from a country that is not part of the E.U. we will need your state registered workers details.

Office use only

Date received _____ Entered Officer _____ Date _____ Application Number _____

Section 1 – Details of Applicants

You must provide proof of identification. See checklist on front page.

Main Applicant

Title (Mr/Mrs/Miss/Ms) _____

Surname _____

Previous Surname (if applicable) _____

First name(s) _____

Current Address _____

_____ Postcode _____

Telephone number: home _____ work _____

mobile _____ email _____

Nationality _____ First language _____ Second language _____

Are you subject to immigration control? Yes No

Marital status: married civil partnership divorced

separated widowed single

Date of Birth _____ National Insurance Number _____

Joint Applicant

Title (Mr/Mrs/Miss/Ms) _____

Surname _____

Previous Surname (if applicable) _____

First name(s) _____

Current Address _____

_____ Postcode _____

Telephone number: home _____ work _____

mobile _____ email _____

Nationality _____ First language _____ Second language _____

Are you subject to immigration control? Yes No

Marital status: married civil partnership divorced

separated widowed single

Date of Birth _____ National Insurance Number _____

Section 2 – Household Details

People living with you at your present address

Please list **all** the other people living with you at the moment.

Name	Date of Birth	Age	Sex (Male/ Female)	Relationship to you	Is this person moving with you?

Is the applicant, joint applicant, or any other member of the household pregnant?

Yes No (please tick)

You must provide evidence of the due date.

If yes, who is pregnant and when is the baby due?

Name _____ Due date _____

People living apart from you

Please give details of all the people who are NOT currently living with you but will need rehousing with you.

Name	Date of Birth	Age	Sex (M/F)	Relationship to you	Address

Joint Applicant

Address starting with current address	Dated moved IN and OUT	Tenure: owner/private rented/council tenant/parents	Names/address of landlord/Building Society/other	Reason for leaving/wanting to leave current accommodation

Both Applicants

If you have not lived in South Holland within the last 10 years please give details of previous addresses in the area.

Address	From	To	Applicants name

Both Applicants

If you have adult relatives living in the area please provide the following details:

Name of Relative	Date of Birth	Telephone number	Address	Date of residence	Relationship to you

Section 4 – Your Current Home

Your current home

At the moment, you are (please tick):

- a Council Tenant a Housing Association Tenant Living with parents
 an Owner Occupier a Lodger a Private Tenant
 Other (please give details) _____
-

If Private Tenant please give type of tenancy: Assured Assured Shorthold

The type of property you live in is a (please tick): house bungalow
 flat other (for example Caravan or bedsit, please specify) _____

How many bedrooms does your current accommodation have? _____

Number of bedrooms for use by your family: _____

What other rooms can your family use in the property? (please list)

If you live in a caravan, are you on a licensed site? (please tick) Yes No

If you answered yes to previous question, can this site be occupied all year round?

Yes No (please tick)

Are there any health and safety hazards in your home? (please tick) Yes No

If yes, please give details.

For more information on what a hazard is, contact the Community and Neighbourhood Services department at South Holland District Council.

Do you share any of the following facilities? (Please tick)

- Toilet Bathroom Hot water
 Kitchen Piped water supply

Property Owners

Provide copy of evidence of ownership, or proof of plans to sell. See checklist on front page.

How many properties do you own? _____

What is the total value of your property/properties? £ _____

How much mortgage is outstanding? £ _____

How much is your mortgage per month? £ _____

Do you have any mortgage arrears Yes No

If yes, how much are the arrears? £ _____

Do you have an agreement to pay the arrears? Yes No

People renting accommodation

Do you have any rent arrears with your current landlord? Yes No

How much are the arrears? £ _____

Do you have an agreement to clear the arrears? Yes No

How much rent do you pay to your landlord? £ _____ per _____

Does your landlord live in the same property as you? Yes No

If you live in private rented accommodation, please give the details of your landlord

Name _____

Address _____

Telephone number _____

Have you been given a notice to quit by your landlord? Yes No

A notice to quit is a letter from your landlord giving you notice that your tenancy will terminate on a specified date. We need a copy to check that your notice is legal.

If yes, what is the expiry, quit date? _____

Provide copy of notice to quit & tenancy agreement. See checklist on front page.

Family Pets

Please provide details of any family pets

Section 5 – Support & Facilities

Facilities you need

Do you or a member of your household have any mobility or sensory requirements?

Yes No

Please tell us if your property has any disabled adaptations?

Do you need any of the following facilities? (Please tick)

- | | |
|---|--|
| <input type="checkbox"/> Wheelchair accommodation | <input type="checkbox"/> Adaptations |
| <input type="checkbox"/> Level access | <input type="checkbox"/> Downstairs toilet |
| <input type="checkbox"/> Ground Floor accommodation | |

Support you need

If you believe you or members of your household belong to any of the following groups please tick the relevant boxes.

- | | |
|--|--|
| <input type="checkbox"/> Young people (16/17 years old) | <input type="checkbox"/> Young people leaving care |
| <input type="checkbox"/> People with mental health needs | <input type="checkbox"/> People with learning disabilities |
| <input type="checkbox"/> People with hearing impairment/deaf | <input type="checkbox"/> People with visual impairment/blind |
| <input type="checkbox"/> People with substance misuse problems | <input type="checkbox"/> People who are street homeless |
| <input type="checkbox"/> People with a physical disability | <input type="checkbox"/> Ex-offenders |
| <input type="checkbox"/> Other | |

Do you need a lifeline service? Yes No

Do you need a Scheme Manager (Warden)? Yes No

Proof of any condition listed is required. This can be in the form of a letter from your Doctor, or repeat prescriptions.

Section 6 – Accommodation Offered

The type and size of accommodation that we may offer you will depend on the size of your family. We may offer you a property that is bigger than your family needs if it is available and, you are next on the list.

We would generally consider that you need one bedroom for:

- every adult couple
- any single adult aged 18 or over
- any two children under the age of 10
- any two children of the same sex.

Property types of choice

Please tick which types of property you would like to be considered for.

	1 bedroom	2 bedrooms	3 bedrooms	4 bedrooms
House				
Flat				
Bed-sit Flat				
Bungalow				

Areas of choice

The table opposite shows where we have accommodation, and the type of accommodation we have. Please list your FIVE area choices (town/village) using the table on page 11.

1	
2	
3	
4	
5	

Would you consider a housing association (independent organisation that provides low cost social housing) property? Yes No

Would you be interested in Shared Ownership housing (part buy, part rent) or similar?
 Yes No

Would you be interested in affordable Private Rented Accommodation? Yes No

Availability of homes within the district	Types of properties available in Letting Areas							
	Bed-sit Flat	1 Bed Flat	1 bed bungalow	2 Bed Flat	2 bed bungalow	2 Bed House	3 Bed House	4 Bed House
Cowbit				✓	✓	✓	✓	
Crowland	✓	✓	✓		✓	✓	✓	
Deeping St Nicholas	✓				✓	✓	✓	
Donington	✓	✓	✓	✓	✓	✓	✓	
Fleet					✓		✓	
Gedney Hill					✓		✓	
Gedney North/ Gedney Drove End and Black Barn			✓		✓		✓	
Gedney South/ Gedney Village, Gedney Dyke, Bells Bridge			✓		✓		✓	
Gosberton Village			✓		✓	✓	✓	
Gosberton Risegate/Clough					✓	✓	✓	
Holbeach Bank							✓	
Holbeach Hurn, including Tolls Lane			✓		✓	✓	✓	
Holbeach Drove					✓		✓	
Holbeach Town			✓		✓	✓	✓	✓
Holbeach St Johns					✓		✓	
Holbeach St Marks					✓		✓	
Long Sutton/Little Sutton		✓	✓		✓	✓	✓	
Lutton					✓		✓	
Moulton Chapel					✓		✓	
Moulton Seas End			✓		✓	✓	✓	
Moulton Village					✓	✓	✓	
Pinchbeck East	✓		✓		✓	✓	✓	
Pinchbeck West					✓	✓	✓	
Quadring					✓	✓	✓	
Spalding East *	✓	✓	✓		✓	✓	✓	✓
Spalding West *		✓	✓	✓	✓	✓	✓	✓
Surfleet			✓		✓	✓	✓	✓
Sutton Bridge			✓		✓	✓	✓	✓
Sutton St Edmund							✓	
Sutton St James					✓		✓	
Tongue End					✓	✓	✓	
Tydd			✓		✓	✓	✓	✓
Weston			✓		✓		✓	
Weston Hills			✓		✓		✓	
Whaplode			✓		✓	✓	✓	
Whaplode Drove			✓		✓		✓	
Whaplode St Catherine					✓		✓	

* Spalding is divided East to West by the river. Spalding West includes Wygate Park, Winsover Rd, & Spalding Common. Spalding East includes St Paul's Road, Royce Rd, & Balmoral Avenue.

Section 7 – Financial Information

Providing the information below is optional. However, it may help us assess whether you are in financial hardship.

Are you in full time employment? Yes No

Are you in part time employment? Yes No

Outgoings		
Debt	Weekly (£)	Monthly (£)
Mortgage		
Mortgage endowment policy		
Second Mortgage		
Rent		
Council tax		
Water rates		
Ground rent/service charge		
Buildings/contents insurance		
Life insurance/pension		
Gas		
Electricity		
Other fuel		
Housekeeping		
TV rental/license		
Magistrates court fines		
Maintenance payments		
Hire purchase vehicle		
Travelling expenses		
School meals/meals at work		
Clothing		
Laundry		
Telephone/mobile		
Prescriptions/health		
Costs		
Childminding		
Other		
Other		
Other		
Other		
TOTALS	£	£
OVERALL TOTAL (A)	£	

If you feel you are in financial difficulty you can telephone National Debt Line on 0808 808 4000 or Citizens Advice Bureau on 08444 994199

Section 8 – Medical Information

Medical circumstances

Does anyone on your application suffer from a disability or ill health, which affects their ability to manage in their present home? Yes No

If yes, please provide information below. By filling in the self assessment, you give the Council permission to approach the medical profession to clarify your medical needs and/or provide a report. Please provide as much detail as possible.

Remember - if you don't tell us about it, we can't assess it.

When completing this form, the following information is required:

Diagnosis - name of condition as told to you by your GP/Specialist/Consultant

Treatment - how the condition is being treated - medication/courses of treatment

Medication - which medication is taken for the condition, including repeat prescription

Effects - how the conditions affect your ability to cope in your current home.

Diagnosis/condition	
Treatment	
Medication	
Effects this has on your lifestyle	
Diagnosis/condition	
Treatment	
Medication	
Effects this has on your lifestyle	
Diagnosis/condition	
Treatment	
Medication	
Effects this has on your lifestyle	

If you need to provide more information than the space allows, continue on paper and insert it into the application

Section 9 – Equality Monitoring Questionnaire

We want to make sure that all our customers are treated fairly and equally. Please help us by filling in this section. The information is only used to monitor our services.

I would describe myself as ... (please tick one)

	Applicant	Joint Applicant
White	<input type="checkbox"/> ₁ British <input type="checkbox"/> ₂ Irish <input type="checkbox"/> ₃ Other* <input type="checkbox"/> ₄ White & Black Caribbean	<input type="checkbox"/> ₁ British <input type="checkbox"/> ₂ Irish <input type="checkbox"/> ₃ Other* <input type="checkbox"/> ₄ White & Black Caribbean
Mixed	<input type="checkbox"/> ₅ White and Black African <input type="checkbox"/> ₆ White & Asian <input type="checkbox"/> ₇ Other*	<input type="checkbox"/> ₅ White and Black African <input type="checkbox"/> ₆ White & Asian <input type="checkbox"/> ₇ Other*
Asian or Asian British	<input type="checkbox"/> ₈ Indian <input type="checkbox"/> ₉ Pakistani <input type="checkbox"/> ₁₀ Bangladeshi <input type="checkbox"/> ₁₁ Other*	<input type="checkbox"/> ₈ Indian <input type="checkbox"/> ₉ Pakistani <input type="checkbox"/> ₁₀ Bangladeshi <input type="checkbox"/> ₁₁ Other*
Black or Black British	<input type="checkbox"/> ₁₂ Caribbean <input type="checkbox"/> ₁₃ African <input type="checkbox"/> ₁₄ Other*	<input type="checkbox"/> ₁₂ Caribbean <input type="checkbox"/> ₁₃ African <input type="checkbox"/> ₁₄ Other*
Chinese or other ethnic group	<input type="checkbox"/> ₁₅ Chinese <input type="checkbox"/> ₁₆ Other*	<input type="checkbox"/> ₁₅ Chinese <input type="checkbox"/> ₁₆ Other*
Travelling People	<input type="checkbox"/> ₁₇ Irish Traveller <input type="checkbox"/> ₁₈ Traveller <input type="checkbox"/> ₁₉ Gypsy/Romany <input type="checkbox"/> ₂₀ Other*	<input type="checkbox"/> ₁₇ Irish Traveller <input type="checkbox"/> ₁₈ Traveller <input type="checkbox"/> ₁₉ Gypsy/Romany <input type="checkbox"/> ₂₀ Other*
Refuse to Answer	<input type="checkbox"/> ₂₁	<input type="checkbox"/> ₂₁

*If you ticked 'other' in any of the above, please state your nationality/ethnic origin

Section 10 – Third Party Information

Third Party Information regarding your application may not be provided to any other member of the public and generally the council will only give information to applicants directly. If you wish a representative to receive information about your application please provide the following details:

Name of Third Party Representative _____

Address _____

Postcode _____

Date of Birth _____ Telephone number _____

Section 11 – Declaration

Important Notice: It is an offence to give false information or withhold such information as requested by the Council. If found guilty a person may be convicted and fined and debarred from appearing on the Housing Register.

This authority is under a duty to protect the public funds it administers, and may use this information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

I/we declare that the provided information is correct to the best of my/our knowledge.

I/we authorise the Council to verify the details I/we have provided on this application form, with a credit reference agency.

I/we understand that it is an offence knowingly to provide false information in support of an application for a tenancy with a Local Authority and could result in prosecution and eviction from any housing accommodation offered.

I/we authorise the Council to cross check the information I/we have given with other sections of the Council, other Councils and Benefit Authorities, this also applies if I am/we are offered a local authority tenancy.

Applicant name _____

Signature _____ Date _____

Joint applicant name _____

Signature _____ Date _____

Please include both signatures on joint applications

Please return completed forms to: South Holland District Council
Council Offices
Priory Road
Spalding
Lincolnshire
PE11 2XE

For further information contact Customer Services at South Holland District Council on 01775 761161

YOUR APPLICATION IS NOW COMPLETE