

For office use only	Applicant's name	Address	Application number		Application date
			Registration date	Transfer/housing registration	First application update

Application for housing

This form is for anyone applying for Council or Registered Social Landlord (RSL) housing, including tenants who want to move from one of our properties to another. The housing register is a single register of people applying for all social housing (local authority and housing association properties) available in Stevenage.

Please read our booklet 'Your Guide to the Housing Register' before you fill in this form.

- You must fill in all parts of this form.
- If you do not, or if you do not provide all the information we have asked you for when you send this form to us, we will return the form to you and we will not register your application.
- We will register your application from the date you provide all the information we need.
- Please see the enclosed leaflet 'proof of circumstances' for details of what information is needed as proof.

Data protection and investigating fraud

We must protect public money and may use the information you have given on this form to prevent and detect fraud. We may also share this information with other public organisations for the same reason.

If we find that any of the information you have given us is false, your application may be cancelled. If you are a tenant in one of our homes and this information is later found to be false, we may evict you. It is an offence to make false statements or to keep information from us when applying for housing. We will prosecute people who try to get a tenancy by giving us false information.

If you need any help filling this form, please contact our Customer Service Centre on 01438 242666.



Part I: name and address

Please use this section to tell us about where you live now and how we can contact you.

	You	Second person applying
Name	<input type="text"/>	<input type="text"/>
Address with postcode	<input type="text"/>	<input type="text"/>
Mobile phone	<input type="text"/>	<input type="text"/>
Home phone	<input type="text"/>	<input type="text"/>
Work phone	<input type="text"/>	<input type="text"/>
Textphone	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>	<input type="text"/>

How should we contact you?

Home phone	<input type="text"/>	<input type="text"/>
Work phone	<input type="text"/>	<input type="text"/>
Textphone or minicom	<input type="text"/>	<input type="text"/>
Mobile phone	<input type="text"/>	<input type="text"/>
E-mail	<input type="text"/>	<input type="text"/>
Letter	<input type="text"/>	<input type="text"/>
Text (SMS)	<input type="text"/>	<input type="text"/>
In person	<input type="text"/>	<input type="text"/>

Have you ever been known by any other name?

Yes No

Yes No

If yes, please give us the other name.

Part 2: you and your household

Please tell us about yourself and all the people who are permanent members of your household and are part of your application. Put your details in the first line of the table.

Title	Last name	First name	Relationship to you	Date of birth	Sex	National Insurance number	Nationality
			Me	/ /			
				/ /			
				/ /			
				/ /			
				/ /			
				/ /			
				/ /			
				/ /			

Note one: In the table above, where we ask for your sex, please write male, female or transgender (living as the opposite sex to that shown on your birth certificate).

Are any of these people pregnant? Yes No

If so, please tell us who is pregnant and when the baby is due below

Name Date when the baby is due

Part 3: criminal convictions

Do you or any member of your household named on this form have any criminal convictions for antisocial behaviour, violent crime or sexual offences?

Yes No

If yes, write their name or names below

If you or anyone named on this form have a court appearance coming up, write the offence and court date below

	Date
--	------

Part 4: special housing needs

Do you or does any member of your household have a disability which has a serious effect on your or their ability to carry out normal day-to-day activities? This includes long-term conditions like cancer, multiple sclerosis or HIV.

Yes No Not sure

If yes, please tell us who, whether they are registered as disabled and which of the following types of disability or illness they have.

Deaf or hard of hearing Mental or emotional problems Wheelchair user
 Learning problems Problems getting around Any other disability (please give details)
 Long-term illness Blind or partially sighted _____

Name	Type of disability or illness

You

Second person applying

Do you have a carer, family member or friend who helps you with housing problems?

Yes No Yes No

If yes, and you are willing to let us contact them about your housing services, please give their details.

Title	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
First name	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Last name	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Relationship to you	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Address (with postcode)	<input style="width: 95%; height: 80px;" type="text"/>	<input style="width: 95%; height: 80px;" type="text"/>
Phone	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Part 4: Special Housing Needs continued

You

Second person applying

Are you a carer?

A carer is someone who provides care for someone who is ill, has a physical or mental disability or drug or alcohol problems. This could be someone you care for professionally or a member of your household, a relative or a friend.

Yes No

Yes No

Not sure

Not sure

If yes, what is your relationship to the person you care for?

Is the person you care for

a part of your application? Yes No

Yes No

not a part of your application but living in Stevenage? Yes No

Yes No

not a part of your application and living outside of Stevenage? Yes No

Yes No

Part 5: medical information

Do you or a permanent member of your household have a diagnosed physical or mental-health condition that is permanent or near permanent?

Yes No

Can you show that your present housing is having a long-term negative effect on you or that person's health that can only be improved by moving home?

Yes No

If yes, you can ask for an assessment for extra priority for medical reasons. You should fill in and return a medical information form, which you can get from the Customer Service Centre, by phoning 01438 242666, or you can download a form from www.stevenagehomes.org.uk.

Part 6: non-British citizens

Please use this section to tell us if you or any person on your application is not a British citizen. Please see the Guide to the Housing Register booklet for more information on when non-British citizens can apply to join the housing register.

Are you or any person on your application under United Kingdom immigration control?

Yes No

If yes, please give us the details

Name		Name	
Date of birth		Date of birth	
Nationality		Nationality	
Home Office number		Home Office number	

You must provide us with an original passport and immigration papers for **each person** subject to UK immigration control. We will not accept photocopies.

Part 7: marital status

Please use this section to tell us your marital status. Are you

	You	Second person applying
Single	<input type="checkbox"/>	<input type="checkbox"/>
Married	<input type="checkbox"/>	<input type="checkbox"/>
Civil partner	<input type="checkbox"/>	<input type="checkbox"/>
Living with someone	<input type="checkbox"/>	<input type="checkbox"/>
Widowed	<input type="checkbox"/>	<input type="checkbox"/>
Separated	<input type="checkbox"/>	<input type="checkbox"/>
Divorced	<input type="checkbox"/>	<input type="checkbox"/>

Part 8: employment details and savings

Please tell us about all employed people included in your application.

Name	Job title	Employers name and address	Date employment started	Hours worked each week	Gross earnings before deductions
			/ /		£
			/ /		£
			/ /		£
			/ /		£

Do you or the second person applying have any savings? Yes No

If yes, please tell us how much You £ Second person applying £

Part 9: HM Forces

Please use this section to tell us if you or the second person applying currently serve in the armed forces.

You Yes No Second person applying Yes No

If yes, please tell us about any family you have who live in Stevenage

Name	Address	Relationship to you or the second person applying

Part 10: where you live now

Please tell us about your present home.

	You	Second Person
When did you move into your present home?	<input type="text"/>	<input type="text"/>

What type of property do you live in?

House	<input type="checkbox"/>	<input type="checkbox"/>
Bungalow	<input type="checkbox"/>	<input type="checkbox"/>
Flat	<input type="checkbox"/>	<input type="checkbox"/>
Bedsit/studio flat	<input type="checkbox"/>	<input type="checkbox"/>
Maisonette	<input type="checkbox"/>	<input type="checkbox"/>

If it's a flat, bedsit or maisonette please answer the following questions.

• What floor is it on? (For example, ground floor, first floor and so on)	<input type="text"/>	<input type="text"/>
• Is it in a tower block?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Is there a lift?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Is it above shops?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Mobile home or caravan	<input type="checkbox"/>	<input type="checkbox"/>
Hostel	<input type="checkbox"/>	<input type="checkbox"/>
Guest house	<input type="checkbox"/>	<input type="checkbox"/>
Bed and breakfast hotel	<input type="checkbox"/>	<input type="checkbox"/>
Other (please give details)	<input type="text"/>	<input type="text"/>

Please tick only one of the following. Are you

a council tenant?	<input type="checkbox"/>	<input type="checkbox"/>
a housing association tenant?	<input type="checkbox"/>	<input type="checkbox"/>
a private tenant?	<input type="checkbox"/>	<input type="checkbox"/>
living or lodging with family?	<input type="checkbox"/>	<input type="checkbox"/>
living or lodging with non-relatives?	<input type="checkbox"/>	<input type="checkbox"/>
An owner-occupier?	<input type="checkbox"/>	<input type="checkbox"/>
other (please give details)	<input type="text"/>	<input type="text"/>

Part 11: your current housing situation continued

Sleeping arrangements. Please tell us about the sleeping arrangements of your household. You need to show which rooms are used by yourself and all the other people included in your housing application. Tell us about the household of the second person applying on the next page if you live separately at the moment.

You						
	Which floor is this room on? Basement, ground, first and so on	Room size length to the nearest metre	Room size width to the nearest metre	How many people sleep in this room?	What are the dates of birth of the people who sleep in this room?	How are these people related to you?
Bedsit or studio flat						
Bedroom one						
Bedroom two						
Bedroom three						
Bedroom four						
Bedroom five						
Living room						
Dining room						
Other rooms, including bedroom in a hostel						

How many people live in the property? Include people who will not be moving in with you.

How many rooms are there in the property? Do not count bathrooms and kitchens.

Part 11: Your current housing situation continued

Sleeping arrangements. Please tell us about the sleeping arrangements of the household. You need to show which rooms are used by all the people included in your housing application.

Second person applying						
	Which floor is this room on? Basement, ground, first etc	Room size Length to nearest metre	Room size Width to nearest metre	How many people sleep in this room?	What are the dates of birth of the people who sleep in this room?	How are these people related to you?
Bedsit or studio flat						
Bedroom one						
Bedroom two						
Bedroom three						
Bedroom four						
Bedroom five						
Living room						
Dining room						
Other rooms, including bedroom in a hostel						

How many people live in the property?
Include people who will not be moving in with you.

How many rooms are there in the property? Do not count bathrooms and kitchens.

Part 13: home ownership

Please use this section to tell us about any home that you or the second person applying own or have owned previously. You should include property owned abroad, property owned under a shared-ownership scheme and property owned jointly with any other person.

Do you currently own any residential property?

You Yes No Second person applying Yes No

If yes, please tell us the following.

	You	Second person applying
Address of the property including postcode		
Type of property, house, flat, bungalow and so on		
Did you buy the property under 'Right to Buy' scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Have you or the second person applying ever owned any residential property in the past?

You Yes No Second person applying Yes No

If yes, please tell us the following.

	You	Second person applying
Address of the property including postcode		
Type of property, house, flat, bungalow and so on		
Did you purchase the property under 'Right to Buy' scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
When did you sell the property?	Date: / /	Date: / /

If you need more space please use another sheet of paper and sign and date it.

Part 13: home ownership continued

	You	Second person applying
Address of the property including postcode		
Type of property (house, flat, bungalow and so on)		
Did you purchase the property under 'Right to Buy' scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
When did you sell the property?	Date / /	Date / /

If you need more space please use another sheet of paper and sign and date it.

Part 14: other applications for housing

Please tell us if either you or the second person applying have a current housing application with this council, or with any other council or registered social landlord, also known as housing associations.

You Yes No Second person applying Yes No

If yes, please tell us the following.

	You	Second person applying
The name of the council or registered social landlord		
The date of the application	/ /	/ /
The reference number of the application		

Part 15: accommodation needed

Please tell us about the size and type of home you need.

The table below shows the types of property we would normally offer you.

A single person	Bedsit or studio flat or one-bedroom flat
A single person with access to children	One-bedroom flat
A couple with no children	One-bedroom flat
A couple with access to children	One-bedroom flat
A parent(s) or guardian(s) with one child	Two-bedroom house or flat
A parent(s) or guardian(s) with two or three children	Three-bedroom house, flat or maisonette
A parent(s) or guardian(s) with four children	Three or four-bedroom house, this depends on the age and sex of the children
A parent(s) or guardian(s) with five or more children	Four or five-bedroom house

If your personal situation is not listed above, we may still consider you for housing in very exceptional circumstances. Please refer to the table when ticking the boxes below.

Type of property you need

House Flat Maisonette Bungalow Bedsit or studio flat

How many bedrooms do you need? one two three four five

If you have ticked flat or maisonette, which is the Lowest floor you will accept?

Which is the highest floor you will accept? With a lift Without a lift

Will you consider a tower block? Yes No

Do you want to be considered for sheltered housing (people over 60 only)? Yes No

Registered Social Landlords are also developing a large number of properties for shared ownership in Stevenage. You can find out more about shared ownership from the leaflet enclosed in your application pack.

Would you like to be considered for shared ownership? Yes No
 This does not commit you to anything.

Part 16: equal opportunities

We are committed to equal opportunities. We have to record information on who applies for housing to improve our services and so that we can make sure we offer housing fairly.

Please tell us your ethnic background.

Ethnic background means the ethnic group of your ancestors. It is not the same as your nationality.

	You	Second person applying
White		
British	<input type="checkbox"/>	<input type="checkbox"/>
Irish	<input type="checkbox"/>	<input type="checkbox"/>
Other (please give details)	<input type="text"/>	<input type="text"/>
Mixed		
White and black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
White and black African	<input type="checkbox"/>	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>	<input type="checkbox"/>
Other (please give details)	<input type="text"/>	<input type="text"/>
Asian		
Indian	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>
Other Asian (please give details)	<input type="text"/>	<input type="text"/>
Black		
African	<input type="checkbox"/>	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
Other black (please give details)	<input type="text"/>	<input type="text"/>
Travellers		
Gypsy	<input type="checkbox"/>	<input type="checkbox"/>
Roma	<input type="checkbox"/>	<input type="checkbox"/>
Irish traveller	<input type="checkbox"/>	<input type="checkbox"/>
Other traveller (please give details)	<input type="text"/>	<input type="text"/>
Any other ethnic background (please give details)	<input type="text"/>	<input type="text"/>

Part 16: equal opportunities continued

You

Second person applying

Please tell us your religion.

Christian

Buddhist

Hindu

Jewish

Muslim

Sikh

No religion

Other (please give details)

Please tell us your sexuality

Hetrosexual (straight)

Lesbian

Gay man

Bisexual

Part 16: equal opportunities continued

You

Second person applying

Access to information

Do you have difficulty reading English?

Yes No

Yes No

Do you have difficulty writing English?

Yes No

Yes No

Would you find it useful to receive information in any of the following formats?
Tick as many as you need to.

Large print

Yes No

Audio cassette or DVD

Yes No

Braille

Yes No

Is sign language your main way of communicating

Yes No

Yes No

If yes, which type of sign language do you use?

British Sign Language

Makaton

Other
Please give details

What is your
first language?

Part 16: equal opportunities continued

You

Second person applying

If English is not your first language and you need us to communicate with you in another language, please say which language from the list below.

	For reading	For speaking	For reading	For speaking
Albanian or Kosovan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arabic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bengali	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Croatian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Czech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estonian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Farsi or Persian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greek	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gujarati	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hindi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Italian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Latvian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lithuanian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Japanese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punjabi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Romanian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Russian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serbian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slovakian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slovenian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Somali	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swahili	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turkish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urdu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Please give details	<input type="text"/>		<input type="text"/>	

Part 17: extra information

Please use this section to tell us if there is any other information about your housing application that you would like us to know.

Part 18: Checklist

Please use this checklist to make sure that you have given us all the proof of identity and address that we need. We need proofs of identity for everyone included in your application, including children, and proofs of address for everyone aged over 18. We may need other proofs, depending on your circumstances. The list enclosed in your application pack gives you details of what proof we will accept.

Please remember that if you do not provide all the required proof we need with this application form, we will return your form and proof to you. Your application will not be registered until you have sent the form back with all the required proof we need included. We do not accept photocopies.

	please tick
Two items of proof of identity for you and the second person applying and one item of proof for all others included in the application.	
Two items of proof of address for each person on the application aged over 16.	
Passport and immigration papers if needed (see section 5).	
Other proof we ask for.	

Part 19: complaints and review procedure

If you think we have not kept to our allocations scheme, you can complain. You can get details of the complaints procedure from the Customer Service Centre.

You have a legal right to ask us to review:

a decision not to accept your application; and
 a decision to cancel your application.

You must ask for a review in writing within 21 days of receiving our decision.

Part 20: declaration

Please read this declaration carefully and then sign and date it.

For joint applications, you and the second person applying must both sign this form.

I give you permission to check the information I have provided on this form, including contacting present and previous landlords and employers. I understand that your officers may visit me at home to check my circumstances.

I understand that any offer will depend on me providing proof of my housing need.

I understand that I must let the Lettings Section know about any changes to my circumstances as soon as those changes happen and that you will acknowledge important changes such as change of address, births of children and such in writing. If I do not receive an acknowledgement in writing within 28 days of contacting the Lettings Section about such change, I will contact them straightaway.

I understand that if I have given false information, my application may be cancelled. If you have already offered me a tenancy, I may lose my home.

	You	Second person applying
Signature		
Date	/ /	/ /

If you are filling in this form on behalf of someone else, please tell us your name and address and relationship to the person applying, and then date and sign the form below.

Name	Address	Relationship to person	Signature	Date
				/ /

We strongly advise you to bring your filled-in form together with all the proof we ask for to the **Customer Service Centre at Daneshill House**, where we will photocopy your proof and return it to you straightaway. If you cannot bring your form and proof to us in person, you can post them to us at the address below. We are not responsible for your original documents.

Lettings Section
 Stevenage Homes Ltd
 Daneshill House
 Danestrete
 Stevenage
 Hertfordshire SG1 1HN

Please make sure that you get a receipt for all your documents and that you keep it in a safe place in case you need it in the future.