



# ARCON HOUSING ASSOCIATION

12 Lloyd Street, Manchester M2 5ND Telephone 0161 214 4120

## APPLICATION FOR HOUSING

### FOR OFFICE USE

Source DIY	App Ref	Priority	Prop Type	Pets
Adaptations				

### 1. Where do you want to live?

**THIS APPLICATION FORM IS NOT FOR PROPERTIES IN CRUMPSALL, GORTON, LEVENSHULME, LONGSIGHT OR WHALLEY RANGE.**

To apply for properties in these areas go to [www.manchestermove.co.uk](http://www.manchestermove.co.uk)

**Tell us which Arcon properties from the Property List you would like to live in.**

First Choice

Second Choice

Third Choice

If applicable tick here if you would accept a bedsit?

A bedsit is for one person only. It has a combined living and sleeping area. The waiting lists are usually much shorter for bedsits than for other properties.

### 2. Your Details

#### First Applicant

Title and Full Name

Date of Birth

Nationality

Ethnicity

Address

Post Code

National Insurance Number

Telephone Number

Alternative Telephone Number

Email Address

## 2. Your details

### Joint Applicant

Title and Full Name	<input type="text"/>
Date of Birth	<input type="text"/>
Nationality	<input type="text"/>
Ethnicity	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Post Code	<input type="text"/>
National Insurance Number	<input type="text"/>
Telephone Number	<input type="text"/>
Relationship to First Applicant	<input type="text"/>

## 3. Your household

Give details of everyone, other than the applicant and joint applicant who will share your NEW Arcon home. Please provide proof of permanent residence.

Full Name	Sex	NI Number (if applicable)	Date of Birth	Relationship to applicant	Do they live with you now?

If anyone in the list above does not live with you now, please explain why.

Will there be any changes to your household in the next year, eg pregnancy?

**You need express permission to keep pets in Arcon properties. We are unable to give permission for pets for most of our flats.**

Do you have any pets?  
If so, please say what.

**Have you, or anyone who will be moving with you, ever caused a nuisance, acted antisocially, been involved in criminal activities, broken a tenancy agreement, or been evicted from a rented home?**

## 4. Why do you want to move?

Tick **ALL** of the reasons you want to move. You must provide supporting documentation for any reasons marked with a star (\*).

- Homeless\*
- Potentially Homeless\*
- Harassment\*
- Neighbourhood problems\*
- Domestic violence\*
- Overcrowded\*
- Under occupying\*
- Poor property conditions (tenants of private landlords only)\*
- Need independent accommodation
- Relationship breakdown\*
- Health/Medical **(you must complete the additional medical form)\***
- Need to give or receive care or support for medical needs\*
- Need to be nearer work\*
- Need to be nearer friends / relatives / community work
- Want to get married / live with my partner
- My family is living apart\*
- Property too large or expensive to maintain

Provide any further information about your circumstances here:

## 5. Where do you live now?

Which of these describes your current home? (Choose only one)

- Living with family or friends / lodging
- Council or housing association tenancy
- Private rented tenancy
- Owner
- Temporary accommodation
- Other, please state:

## 5. Where do you live now (continued)?

Name and address of landlord  
(if applicable)

Current weekly rent or mortgage

What type of property do you live in? (Choose only one)

House/Bungalow

Flat/Maisonette

Hostel/B&B

Mobile Home

Prison

Other (please specify)

How many bedrooms are in the property?

If you live in a flat, what floor is it on?

Tick here if the building has a lift?

Is there anyone living with you now who will NOT be moving to a new home with you?

Please give details:

Full Name	GYI	Date of birth	Relationship to applicant

Tick any rooms in your home that you share with others who are not in your household?

Living Room

Bathroom

Kitchen

Does your home have any serious problems? Please describe below.

## 6. Where have you lived?

Please give details of all your addresses during the last five years

Address	From	To	Reason for leaving
<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"/>

## 7. What is your household income?

Please state weekly amounts	Applicant	Joint Applicant	Other Adult
Wages	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>
State benefits (including state pension)	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>
Private pension/investment income	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>
Other	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>
If other please describe	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do you have any savings?	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>
If you own any property - how much is it worth?	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>

Tick if you have a current bank account?

## 8. How did you find out about us?

(Choose only one)

- From the local council
- From another housing association
- From a friend or relative
- Internet search
- Other (please specify)

## 9. National Fraud Initiative

**THE ASSOCIATION PARTICIPATES IN THE NATIONAL FRAUD INITIATIVE DATA MATCHING EXERCISE. THIS IS REQUIRED UNDER SECTION 6 OF THE AUDIT ACT 1998. TENANCY DATA (INCLUDING HOUSING BENEFIT CLAIM INFORMATION) IS PROVIDED TO THE AUDIT COMMISSION FOR THE INITIATIVE AND IS USED FOR CROSS-SYSTEM AND CROSS-AUTHORITY COMPARISON FOR THE PREVENTION AND DETECTION OF FRAUD.**

## 10. Data Protection

In order to proceed with your application for housing, the Association is required under the Data Protection Act 1998 (the Act) to obtain your consent to process the data you have supplied on this form. The Association has policies in place to ensure that data is processed and held in accordance with the Act and remains confidential where appropriate.

Details regarding ethnic origin and medical condition are regarded as being sensitive data under the Act and express consent is required for this data to be processed.

Ethnic origin data is used by the Association to monitor its Equal Opportunities policy in respect of lettings and to meet the requirements of the current regulator. All data is aggregated and individual applicants are not identifiable.

Medical information will only be used to assist the Association in assessing your application for housing.

By signing the Application form below the Association recognizes that you are consenting to us processing general information about yourself as well as data concerning your ethnic origin and medical history/health.

## 11. Statement

**The above information I have given is true and complete and I consent to Arcon processing my application for housing form. I understand that Arcon Housing Association will carry out checks to ensure that the information provided is accurate and I give them permission to do so. I also understand that part of these investigations may involve cross referencing the details I supply with a third party. I am aware that if false information is given it may result in my application being disqualified.**

Applicant signature

Date

Joint applicant signature

Date