

APPLICATION FOR HOUSING

Please state which Development you require (Maximum of 3)

First _____

Second _____

Third _____

If Applicable, would you accept a studio flat? Yes No

All information will be treated confidentially

Important notes

Please refer to 'A Home From Arcon' before completing. **You must answer all questions and provide supporting documentation and references. Incomplete applications will be returned to the applicant. We do not accept references from family or friends.**

FOR OFFICE USE

DATE SENT

DATE REC'D

SOURCE

APP REF

PRIORITY

PROPERTY TYPE

1. YOU AND YOUR HOUSEHOLD

Applicant Title (Mr/Mrs/Ms/Miss)	Full Name
Date of Birth	National Insurance Number
Address	Daytime Telephone Number
Mobile	Email Address
Joint Applicant Title (Mr/Mrs/Ms/Miss)	Full Name
Date of Birth	National Insurance Number
Address	Daytime Telephone Number
Mobile	Email Address

Please give details of all other people, other than the applicant and joint applicant who will share your NEW home

If NONE please write NONE in this space

Forename	Surname	Male or Female	NI Number (If Applicable)	Date of Birth	Relationship to applicant (For example, Brother, Sister, Parent, Daughter, Son)	Do they live with you now?

If they do not live with you now, please explain why. Please provide proof of access/custody.

2. PRESENT STATUS

Please tick one box that describes how you live now.

- Housing Association Tenant
- Council Tenant
- Tenant of a private landlord
- Owner/Buyer
- Home comes with job
- Temporary Accommodation
- Home Office Asylum support
- Lodger
- Living with friends or family
- Other, please state

Name of landlord

Amount of current rent or mortgage

If you own a property (or properties) approximately how much money would you make if you sold it (or them) after you had paid off the mortgage and any other debts?

Have you, or anyone who will be moving with you, ever lived abroad (outside the UK)? Ireland, the Isle of Man and the Channel Islands do **not** count as abroad.

YES NO

Have you, or anyone who will be moving with you, ever been convicted of a serious offence or an offence that threatened the local community, or been given an anti-social behaviour order?

YES NO

3. PRESENT HOUSING

a) What type of housing do you live in? (please tick box)

- House/Bungalow
- Flat/Maisonette
- Institution (prison/childrens home)
- Hostel/B+B
- Mobile Home
- Other (describe below)

b) Details of current accommodation (please tick box)

- Bedsit
- 1 Bedroom
- 2 Bedroom
- 3 Bedroom
- _ Bedroom

If you live in a Flat or Maisonette (please tick)

- Ground Floor
- 1st Floor
- 2nd Floor
- 3rd Floor
- _ Floor

If applicable, do you have a lift Yes No

c) Please give details of all the other people who live in your present accommodation

(Please include any people who are not moving with you)

Full Name	Male or Female	Date of Birth	Relationship to applicant (For example, Brother, Sister, Parent, Daughter, Son)

3. PRESENT HOUSING (continued)

d) Do you share facilities in your home with others who are not in your household?

	Shared	Have own		Shared	Have own		Shared	Have own
Living room	<input type="checkbox"/>	<input type="checkbox"/>	Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	Kitchen	<input type="checkbox"/>	<input type="checkbox"/>

e) What serious problems does your home have? (You can tick more than one box)

Please provide proof-environmental health report or photographs

<input type="checkbox"/> Damp	<input type="checkbox"/> Leaking roofs or walls	<input type="checkbox"/> Dangerous wiring
<input type="checkbox"/> Rotten doors/windows	<input type="checkbox"/> No heating	<input type="checkbox"/> Other (please describe below)

f) Do you consider your present home to be

Too Large Too Small Too expensive to maintain Unsuitable for children

4. PROVIDE DETAILS OF ALL ADDRESSES DURING THE LAST FIVE YEARS

Address	From	To	Reason for leaving

5. FINANCIAL

Please state weekly amount

	Applicant	Joint Applicant
Benefits (Inc state pension)	£ _____	£ _____
Please state which benefit	_____	_____
Wages	£ _____	£ _____
Occupational pension	£ _____	£ _____
Child tax credit	£ _____	£ _____
Other	£ _____	£ _____

If you are in work give the name of your employer

Applicant	Joint Applicant
Name of present employer _____	_____
Address of present employer _____	_____
Occupation _____	_____

6. WHY DO YOU WISH TO MOVE

Please tick any of the boxes that describes your reasons. Then put a circle around the box that is the most important reason. **WE WILL REQUIRE WRITTEN EVIDENCE OF YOUR CIRCUMSTANCES BEFORE OFFERING YOU A HOME.**

- | | | |
|--|--|---|
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Severe harassment | <input type="checkbox"/> Need independent accommodation |
| <input type="checkbox"/> Potentially Homeless | <input type="checkbox"/> Neighbour problems | <input type="checkbox"/> Relationship breakdown |
| <input type="checkbox"/> Health/Medical | <input type="checkbox"/> Domestic Conflict | <input type="checkbox"/> Financial difficulties |
| <input type="checkbox"/> Overcrowded | <input type="checkbox"/> Poor housing conditions | <input type="checkbox"/> Left home country as refugee |
| <input type="checkbox"/> Need to give/receive care/support | <input type="checkbox"/> Community Connection (Please explain below) | <input type="checkbox"/> I want to get married/live with my partner |
| <input type="checkbox"/> Need to be nearer Shops Healthcare/Childcare/Schools/Work/Friends/Relatives | | <input type="checkbox"/> My family has to live apart |

Can you give us any information about why you have to leave your current home?

Are you interested in accommodation with support to help you maintain your tenancy? YES NO

7. MEDICAL HISTORY

Please fill in this section if you, or someone who will be moving in with you, has a serious medical condition which prevents them living in or returning to their full present accommodation.

Does anyone have a condition like this? YES NO if YES please give details below

Surname

First Name (s)

Condition

How does your present housing make the condition worse?

Do you consider yourself disabled, or does anyone who will be moving with you consider themselves to be disabled?

YES NO

Do you require a property with adaptations?

YES NO

If yes, please detail your requirements

We will require written evidence of medical conditions in order to process your application (Please continue on separate sheet if necessary)

8. ADDITIONAL INFORMATION

Please write down anything which may help us to assess your application.

Medical notes, legal documents, evidence of Council/Housing Association waiting lists should be sent with this form. (Complete on a separate sheet if necessary).

9. OTHER HOUSING APPLICATIONS

Have you applied to a Local Authority?

YES NO

If you have not, we recommend that you do so to increase your chance of being rehoused.

10. EQUAL OPPORTUNITIES

Applications are invited from anyone irrespective of marital status, sex, colour, ethnic or national origin, race, religion, disability or age.

If you need help to complete the form Please ask us.

As part of our Equal Opportunities Procedure, we can arrange an interview with an interpreter if necessary.

اگر آپ کو فارم پُر کرنے میں مدد کی ضرورت ہے تو براہ مہربانی ہمیں بتائیے۔

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11. ETHNIC MONITORING

Arcon Housing Association operates an Equal Opportunities Policy and in order to assess the effectiveness of our policy we monitor the ethnic origin of housing applicants. You are not obliged to fill in this section and it will not influence our decision, but we would be grateful for your co-operation.

Ethnic group of applicant (please tick one box only)

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) Gypsy/Romany/Irish Traveller

g) Refused

Nationality of applicant (please tick one box only)

UK national resident in UK

UK national returning from residence overseas

Czech Republic

Estonia

Hungary

Latvia

Lithuania

Poland

Slovakia

Slovenia

Bulgaria

Romania

Other European Area (EEA)* country

Any Other Country

Refused

*EEA countries are Austria, Belgium, Cyprus, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Malta, Netherlands, Portugal, Spain, Sweden, Iceland, Liechtenstein, Norway and Switzerland.

12. PETS

You can keep normal domestic pets in most of our houses – **but you cannot have a cat or dog in any of our flat developments**

Do you have any pets? NO YES – a cat YES – a dog
 YES – something else – Please say what

13. HOW DID YOU FIND OUT ABOUT US?

From the Local Council From another Housing Association
 From a friend or relative Internet search Other

14. DATA PROTECTION ACT 1998

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 Housing Corporation. 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.

15. 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.

16. 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.

Signed

Date

Joint Applicant



12 Lloyd Street
Manchester
M2 5ND

Tel : 0161 214 4120
Fax : 0161 214 4121

LANDLORD REFERENCE

This section to be completed by applicant only:

APPLICANT NAME : _____

ADDRESS : _____

I authorise Arcon Housing Association to make enquiries concerning my suitability as a tenant

Signed : _____ Date : _____

Tenancy Address :

Tenancy commencement date : _____

Tenancy termination date : _____
(if applicable)

RENT ARREARS

YES NO

Is the rent account currently clear?

Is NO, what is the balance? _____

Has there ever been a problem with rent arrears?

If YES, please give details : _____

If YES, has a payment agreement been made and kept to? _____

Has the applicant ever been subject to a Court Order?

If YES, is the Order still current? _____

Are there any rechargeable repairs outstanding:

If YES, please give details : _____

BREACHES OF TENANCY

YES NO

Have there ever been any complaints, written or verbal, from other residents about the conduct of this tenant or any member of their family, or visitors to this address?

Has the applicant ever been the subject of an Injunction or given an undertaking to the Court because of allegations of anti-social behaviour or neighbour nuisance?

If YES to either of the above, please give further details :

Has the applicant ever caused any damage to your property?

If YES, please give further details :

Please stamp with your official stamp or attach a compliment slip or letterheaded paper.

PLEASE RETURN THE REFERENCE DIRECTLY TO THE APPLICANT,

Signed : _____ Print Name : _____

Job Title : _____ Date : _____



12 Lloyd Street
Manchester
M2 5ND

Tel : 0161 214 4120
Fax : 0161 214 4121

REFERENCE (non-Landlord)

This section to be completed by applicant only:

APPLICANT NAME : _____

ADDRESS : _____

I authorise Arcon Housing Association to make enquiries concerning my suitability as a tenant

Signed : _____ Date : _____

REFEREE NAME :

ADDRESS :

How long have you known the applicant?

_____ (yrs)

In what capacity do you know the applicant :

Employer (current)

Employer (former)

Teacher/Lecturer

Social Worker

Church Officer

Community Worker

Solicitor

Doctor

Please state name of company / Organisation _____

WE DO NOT ACCEPT REFERENCES FROM FRIENDS OR FAMILY MEMBERS

Do you think he/she would make a suitable tenant for one of our properties?

YES

NO

Additional information : _____

DECLARATION

I confirm that the above information is correct and to the best of my knowledge. I also understand that the validity of this reference may be checked.

Signed : _____ Print Name : _____ Date : _____

Please provide company stamp or attach letter head.

PLEASE RETURN THE REFERENCE DIRECTLY TO THE APPLICANT