



ARCON HOUSING ASSOCIATION

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

DO NOT USE THIS APPLICATION PACK TO APPLY FOR HOMES IN CRUMPSALL, GORTON, LEVENSHULME, LONGSIGHT OR WHALLEY RANGE.

GO TO WWW.MANCHESTERMOVE.CO.UK

APPLICATION CHECKLIST

Please read the **Applying For An Arcon Home Guide** booklet for help filling these forms.

Your application will not be processed without the required documents. Please read through the list below to make sure you provide all the necessary documents.

Please tick where provided

	Applicant	Joint Applicant
Application For Housing - make sure all sections of the form are filled in.	<input type="checkbox"/>	<input type="checkbox"/>
Proof of Identity - eg. valid passport, driving license.	<input type="checkbox"/>	<input type="checkbox"/>
Proof of National Insurance Number - eg. National Insurance card, benefit letter, wage slip.	<input type="checkbox"/>	<input type="checkbox"/>
Proof of Child Benefit - for each child in the moving group	<input type="checkbox"/>	<input type="checkbox"/>
Proof of current address - eg. tenancy agreement, bank statement, driving license, utility bill.	<input type="checkbox"/>	<input type="checkbox"/>
Landlord's reference - if you have not been a tenant in the last 3 years please provide two non-landlord references.	<input type="checkbox"/>	<input type="checkbox"/>
Non-landlord Reference - there is a list of suitable referees on the back of the reference form.	<input type="checkbox"/>	<input type="checkbox"/>
Supporting Documents - make sure you have included any supporting documentation required in Section 3.	<input type="checkbox"/>	<input type="checkbox"/>
If you have given health or medical reasons for why you want to move you must fill in the Additional Medical Form and provide any further Supporting Documents .	<input type="checkbox"/>	<input type="checkbox"/>

Return all completed forms to

Arcon Housing Association, FREEPOST RRTJ-CHLL-SXGJ, Manchester, M2 5ND

You do not need to use a stamp when you send to the FREEPOST address.

Or scan and email the forms to **waitinglist@arcon.org.uk**.

Do not send original documents in the post. Only send photocopies, or visit our office where we can make copies or email them to **waitinglist@arcon.org.uk**. We will check the original documents at your home visit. You have 4 weeks to return all documents, after which you will have to apply again in full.

If English is not your first language please call 0161 214 4120 and we can call you back with an interpreter. If you have any other communication requirements, for example large print, please contact call 0161 214 4120 or email waitinglist@arcon.org.uk.



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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

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	Male or Female	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



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ADDITIONAL MEDICAL FORM

Applicant's Name

Applicant's Address

Applicants's Telephone Number

Please give the names of anyone moving with you who has a medical condition or disability that is affected by their housing circumstances.

Tick if any of the above people use a wheelchair?

Please contact Arcon to check which properties have wheelchair access.

Tick if any of the above people have difficulty with stairs?

Tick if any of the above people require adaptations?

If any of the above people require a separate bedroom please say why.

FOR OFFICE USE ONLY - APP REF:

Please describe how your current housing make your/their health worse?

Please describe how a move to a new home will help your/their health?

You will need to provide evidence from a medical professional stating the impact your current property is having on your/their health.

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

Signed

Date



ARCON HOUSING ASSOCIATION

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

Email: waitinglist@arcon.org.uk

Reference provider must complete all sections

LANDLORD REFERENCE

Landlord's Name

Landlord's Address

Landlord's Telephone Number

Landlord's Email Address

Tenant Details

Tenant's Name

Tenant's Address

Tenancy Address
(if different from above)

Tenancy start date

Tenancy end date if applicable

Household Members

Please list all residents of the property

Name	Date of birth	Relationship to tenant

Tick if any of the residents require support from outside agencies?

Rent Arrears

Is the rent account in arrears?

If YES, what is the balance?

Is there any history of rent arrears / notice seeking possession / court action?

If YES, please give details

Are there any other housing related debt outstanding

If YES, please give details:

Breaches of tenancy

Have there ever been any complaints, written or verbal, from two or more 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?

Has there been any history of involvement as a complainant of anti-social behaviour or any other tenants matter?

Has the tenant kept the property / garden in good condition?

RETURN TO THE APPLICANT OR ARCON HOUSING ASSOCIATION

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

Signed

Print Name

Job Title

Date

Please stamp with your official stamp or attach a compliment slip or letterhead.
If you do not have a stamp or letterhead, make sure you give us your telephone number.



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Email: waitinglist@arcon.org.uk

Reference provider must complete all sections

REFERENCE (non-landlord)

WE DO NOT ACCEPT REFERENCES FROM FRIENDS OR FAMILY MEMBERS
THERE IS LIST OF ACCEPTED REFEREES ON THE BACK OF THIS FORM

Applicant's Details

Applicant's Name

Applicant's Address

Referee's Details

Referee's Name

Referee's Address

Referee's Telephone Number

Referee's Email Address

How long have you known the applicant?

How do you know the applicant?

Name of company / organisation

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

RETURN TO THE APPLICANT OR ARCON HOUSING ASSOCIATION

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

Signed

Print Name

Date

Please stamp with your official stamp or attach a compliment slip or letterhead.
If you do not have a stamp or letterhead, make sure you give us your telephone number.

List of Suggested Referees

Former Landlord
Current Employer
Former Employer
Probation Officer
Support worker/Social worker
Health Visitor
Member of the Police Force
Doctor/Nurse/Therapist
Teacher/Lecturer
Voluntary Worker
Arcon Housing Association Tenant
Local government Officer
Civil Servant
Councillor/MP
Work experience
Hostel Accommodation Officer
Bank
Clergy
Solicitor
Community Worker
Church Officer

APPLYING FOR AN ARCON HOME GUIDE

HOW TO FILL IN THE APPLICATION FORM

You can use this form to apply for all Arcon Housing Association properties with the exception of those let through **Manchester Move (Crumpsall, Gorton, Levenshulme, Longsight, Whalley Range)**. You can also complete this form online at www.arcon.org.uk.

Once you have sent us your completed application you will be entered onto our waiting list for your chosen areas. The length of the lists vary by area. You will receive an email / letter informing you of your position on the list. If we are unable to offer you a vacancy within 6 months we will contact you by text / letter asking you to confirm that you still want to move and remain on our waiting list. If you do not respond we will remove your application from the waiting list.

Enclosed in your application pack is -

- Application checklist
- Application form
- Landlord reference
- 2 Non-landlord references
- Additional medical form
- Property list

Application Checklist

The purpose of the checklist is to ensure that your application is complete and that you have sent all of the necessary documents. Please do not tick the reference box if they are being sent separately.

Application for Housing

Section 1 – Where do you want to live (Page 1)

- Please refer to the Property List. Write the names of up to 3 properties eg. Fir Court or Avondale Court or Carrigart and **NOT AREAS** eg. Macclesfield or Rochdale or Prestwich.

Do **NOT** use this form for any of the following areas:

- **Crumpsall** (Beech Court, Alder Court)
- **Gorton**
- **Levenshulme** (Park House, Chestnut Court, St Marys Court, Winterley House and houses)
- **Longsight** (Laindon Rd) and
- **Whalley Range** (Sycamore Court and Oak Court).

Go to **www.manchestermove.co.uk** to apply for these properties.

- Our Blackley development has a number of bedsits. Please tick this box only if you wish to live in Blackley.

Section 2 – Your details (Page 1 & 2)

- This section is for the main applicant and joint applicant only. A joint applicant is someone who is equally responsible for paying the rent, eg. a spouse or partner.
- Children's details should not be entered on this page.
- If you do not wish to be contacted at your address, please explain why in Section 4 and provide us with safe contact details.
- Your nationality is stated in your passport, eg. British Citizen.
- Choose your ethnicity from the list below. You can write the number rather than the full description.

Key	Ethnic origin
1	White British
2	White Irish
3	White Other

Key	Ethnic origin
4	Mixed-White & Black Caribbean
5	Mixed-White & Black African
6	Mixed-White & Asian
7	Mixed-Other
8	Asian Indian
9	Asian Pakistani
10	Asian Bangladeshi
11	Asian Other
12	Black Caribbean
13	Black African
14	Black Other
15	Chinese
18	Gypsy/Romany/Irish Traveller
19	Arab
16	Other
17	Do not wish to say

- Make sure you state your National Insurance number which can be found on letters from the benefits agency, wage slips or your National Insurance card.
- It is important to provide us with a mobile telephone number as, where possible we will text you.

Section 3 - Your household (Page 2)

- Include all other members of the household **WHO WILL BE MOVING WITH YOU** in the table on page 2. Include National Insurance numbers for anyone aged 16 or over. Please also describe the relationship to the main applicant eg son, daughter, partner, etc.
- You need to provide proof of child benefit for all children in the moving group. If they do not live with you permanently we cannot allocate them a bedroom. We may allocate an additional room if we are happy you can afford it. We will not allocate a house to a household without children living there

permanently.

Household Size	Property Size
Single Person	Studio (1 bed)
Couple (no children)	1 bed flat
2 adults not living as a couple*	2 bed flat
1 or 2 adults + 1 child	2 bed house /flat
1 or 2 adults + 2 children (same sex under the age of 16 years)	2 bed house /flat
1 or 2 adults + 2 children (different sex and both under 10 years)	2 bed house/flat
1 or 2 adults + 2 children (different sex, eldest is over 10 years)	3 bed house
1 or 2 adults + 3 children	3 bed house
1 or 2 adults + 4 children	3 bed house
1 or 2 adults + 4 children (3 of one sex and a child of different sex is over 10 years)	4 bed house

*We do not allocate houses to couples without children.

- If you only have weekend access to children we may offer you an additional bedroom. We will only do this if we are happy you can afford the extra bedroom.
- If you have stated that any member of the household is pregnant please send their Maternity Certificate (form MAT B1).

Section 4 – Why do you want to move (Page 3)

- You must provide proof of all situations if they are marked with a star (*).
- See examples below of accepted evidence:

Homeless – letter from Local Authority stating that you have been accepted as being statutory homeless.

Potentially homeless – if you are in a rented property you must send the notice that you been given to leave. If your property has sold or been repossessed please send a

solicitors letter. If your home is attached to your job which is coming to an end please send evidence of this.

Harassment – police reports or copies of any injunction obtained.

Neighbour problems – evidence of any complaints made to your landlord or the local authority.

Domestic violence – evidence from police or Women’s Aid.

Overcrowding / Under occupying - make sure that you have fully completed both sections 2 & 5 of the application form so that we can calculate overcrowding. This will be confirmed at your home visit prior to any offer of a property.

Poor Property Conditions – please give details at the bottom of page 4 in the ‘Does your home have any serious problems’ box and include any photos or reports to the Environmental Health Department.

Relationship breakdown - please give details as to why you need to leave your current home.

Health / Medical – you must complete the additional medical form for any member of the household who has an applicable medical condition. with full details and evidence from your doctor / consultant / occupational therapist such a letter explaining how your medical condition is affected by your housing situation.

Need to give or receive care or support for medical needs – written proof is required.

Need to be nearer work – job offer letter or contract of employment.

Family living apart – proof of address for all household members.

Section 5 – Where do you live now (Pages 3 and 4)

- Only tick one box which best describes your current home.
- (On page 4) List all the people living with you now who are not moving with you in this table. This is important for calculating over-crowding.
- If your home has any serious problems such as repair issues please describe them in the box and provide photos or reports to support this.

Section 6 – Where have you lived (Page 5)

- If joint applicants who live apart are applying to live together please tell us to which applicant the address relates.

Section 7 – What is your household income (Page 5)

- Please use **WEEKLY** amounts for all incomes.
- If income is listed under 'Other' please give a description such as 'child benefit'.
- Arcon will not rehouse households with earnings of more than £50,000 a year.
- If you own a property please provide evidence of the amount of any mortgage you may owe ie. a mortgage statement. If it is on the market please send proof of this ie. estate agent sales particulars or valuation letter from surveyor. If this property is jointly owned please provide proof ie. solicitor letter.
- Arcon will not rehouse households with more than £75,000 in savings and/or equity. We will give the lowest priority to households with savings and/or equity of more than £50,000 and less than £75,000, regardless of the severity of housing circumstances.
- Tell us if you have a bank account. If you do not have a bank account we will help you get a basic bank account if you are rehoused by Arcon.

Section 8 – How did you find out about us (Page 5)

- Please tick just one box to tell us how you found out about Arcon Housing Association.

Section 10 – Statement (Page 6)

- Your form will not be processed if it is not signed.

Landlord Reference

- This form can be completed by either your current landlord or former landlord within 3 years.
- This form **MUST** be completed your landlord and not the applicant.
- The landlord reference form can be returned with the application form or directly to Arcon from the landlord in the post or by email to waitinglist@arcon.org.uk.
- Details in the reference will be verified by Arcon contacting the landlord.

Non landlord Reference

- See the back of reference form for a list of suggested referees .
- The reference form can be returned with the application form or directly to Arcon from the referee in the post or by email to waitinglist@arcon.org.uk.
- Details in the reference will be verified by Arcon contacting the referee.

Additional Medical Form

- You must fill this form in if you have ticked Health/Medical on Section 4 of the application form.
- Make sure you complete the applicant details at the top of the form.
- List any member of the household including children with a medical condition or disability that is affected by their housing situation.
- Make sure you state how your current housing makes it worse.
- Make sure you provide documentation to support any medical conditions you describe.

HOW TO RETURN YOUR APPLICATION

- Send your application to:
Arcon Housing Association Ltd
FREEPOST RRTJ-CHLL-SXGJ
Manchester
M2 5ND
- You can also scan your application and email it to **waitinglist@arcon.org.uk**