

HomeChoice North Somerset

Application Form



The HomeChoice North Somerset Housing Register aims to provide a high quality of service to its customers. Your comments can help us to achieve this and are welcomed. If you have a comment or complaint about this service, please contact the HomeChoice Team at Town Hall, Weston-super-Mare BS23 1UJ.

We can produce information in different formats (e.g. on tape, computer disc, in large print, in Braille, or community languages). We can also supply an interpreter if required. Please contact us on 01934 426 330.

If your household circumstances change, you must tell us as this may affect your priority. This includes change of address, pregnancy in the household, change of medical needs etc.

IMPORTANT: If you are homeless, threatened with homelessness, or have a home but it is not reasonable for you to continue to stay there, please contact a member of the Housing Advice Team for an appointment.

Please answer all of the questions in full so that an accurate assessment of your housing need can be made. If you have any difficulty with the questions or do not understand the form, please contact the HomeChoice Team on 01934 426 330.

Please complete this form as honestly and accurately as possible. You may not be eligible for housing if you provide false information.

If you need more space for any of the sections please continue on a separate sheet and write in the heading of the question.

1. Your details Person 1 – Main applicant

Title (e.g. Mr, Mrs, Miss, Ms):	<input type="text"/>	First name:	<input type="text"/>
Middle name:	<input type="text"/>	Last name:	<input type="text"/>
Date of birth:	<input type="text"/>	Male or female:	<input type="text"/>

What is your (main applicant) current address?

Work telephone no.	<input type="text"/>
Home telephone no.	<input type="text"/>
Mobile telephone no.	<input type="text"/>
Email address:	<input type="text"/>

We will contact you if your application is incomplete. However, there may be some special personal circumstances under which you may not want us to contact you;

Please tick here if you DO **NOT** want us to contact you for further information.

You will not be able to bid under HomeChoice until your application is completed.

2. Alternative contact details

If you have no permanent address and/or wish for letters from us to be sent to a friend, relative, support worker or advocate, please provide details below:

Their name:

Their address:

Contact details:

Their relationship to you:

3. Communication

If English is your first language and you have difficulty with reading and writing, please tell us below

I have difficulty with reading

I have difficulty with writing

What is your preferred method of communication?

Spoken (please describe)

Written (please describe)

British Sign Language

Other, please state

Do you require correspondence in any of the following formats?

Large print

BSL video

Audio tape

CD

Braille

Other, please state:

How would you prefer us to contact you?

Mobile phone

Home number

In writing

Email

Mobile phone text message

Work

4. Eligibility for housing

The Asylum and Immigration Act 1996 says that the council must ask all applicants questions about their eligibility for housing from registered social landlords. Please tick if the following applies to you and your household:

Have you come to live in the United Kingdom in the last 5 years?

Yes

No

Does everyone included in this application have a permanent right of residence in this country?

Yes

No

Are there any conditions or limits attached?

Yes

No

If yes, please give details:

If you are not a British Citizen and restrictions have been imposed on your stay in the UK (for example that you can only remain here for a limited period of time) please give details below:

We may contact you for more information.

5. Ethnic origin

HomeChoice North Somerset keeps confidential records of racial/ethnic origins of all applicants. This is to ensure, through monitoring, that housing is provided on an equal basis to all. Please note that these categories reflect those in the 2001 Census.

How would you describe your ethnic origin? (If you do not identify with any categories listed, please use one of the 'other' categories). Please tick one.

Asian or Asian British

Indian

Bangladeshi

Asian African

Other Asian background (please describe):

Black or Black British

Caribbean

African

Other Black background (please describe):

Chinese

Chinese

Mixed race/dual heritage

White and Black Caribbean

White and Black African

White and Asian

White and Chinese

Other Mixed (please describe):

White

British

Irish

Other White (please describe):

Other ethnic group

- Gypsy/Romany/Irish Traveller
- Other ethnic group (please describe):
- Don't know/not sure
- Would rather not state
- Any other background (please describe):

6. Religion/Belief

How would you describe your religion/belief?

- Buddhist
- Jewish
- None
- Would rather not state
- Christian
- Muslim
- Don't know/not sure
- Other:
- Hindu
- Sikh

7. Sexual orientation

How would you describe your sexual orientation?

- Bisexual
- Lesbian
- Gay
- Don't know/not sure
- Heterosexual
- Would rather not state

8. Person 2 (Joint applicant)

Title (e.g. Mr, Mrs, Miss, Ms): First name:
Middle name: Last name:
Date of birth: Male or female:

Work telephone no.

Home telephone no.

Mobile telephone no.

Email address:

Relationship to main applicant, please state:

9. Communication

If English is your first language and you have difficulty with reading and writing, please tell us below

- I have difficulty with reading I have difficulty with writing

What is your preferred method of communication?

- Spoken (please describe):
- Written (please describe):
- British Sign Language
- Other, please state:

Do you require correspondence in any of the following formats?

- Large print BSL video Audio tape
- CD Braille Other, please state:

How would you prefer us to contact you?

- Mobile phone Home number In writing
- Email Mobile phone text message Work

10. Ethnic origin

How would you describe your ethnic origin? If you do not identify with any categories listed, please use one of the 'other' categories. Please tick one.

Asian or Asian British

- Indian Bangladeshi Asian African
- Other Asian background (please describe):

Black or Black British

- Caribbean African
- Other Black background (please describe):

Chinese

- Chinese

Mixed race/dual heritage

- White and Black Caribbean White and Black African
- White and Asian White and Chinese
- Other Mixed (please describe):

White

- British Irish
- Other White (please describe):

Other ethnic group

- Gypsy/Romany/Irish Traveller
- Other ethnic group (please describe):
- Don't know/not sure
- Would rather not state
- Any other background (please describe):

11. Religion/Belief

How would you describe your religion/belief?

- Buddhist
- Jewish
- None
- Would rather not state
- Christian
- Muslim
- Don't know/not sure
- Other:
- Hindu
- Sikh

12. Sexual orientation

How would you describe your sexual orientation?

- Bisexual
- Lesbian
- Gay
- Don't know/not sure
- Heterosexual
- Would rather not state

13. Disabilities

Are you or is anyone included in this application disabled?

- Yes
- No

If you have ticked yes, please tick which of the following apply (you may tick more than one).

- A physical impairment
- Sensory impairment, for example, loss of sight or hearing
- Mental health condition/issues
- Learning disability
- People with long term conditions, for example diabetes, multiple sclerosis and people living with HIV or cancer.
- Other (please describe):

14. Employment

If you or the joint applicant are employed, please tell us about the nature of your employment and tick if the following applies to the main or joint applicant:

Main applicant

I am in permanent employment based in North Somerset and have been employed in this role for at least 12 months.

Job title

Name and address of employer:

Joint applicant

I am in permanent employment based in North Somerset and have been employed in this role for at least 12 months.

Job title

Name and address of employer:

15. Other people to be included in your application

Details of all the people you want to be housed with you:

Name	Gender	Date of Birth	Age	Relationship to Applicant	If they share a bedroom, tell us with who	Do they live with you?

If people named in your application live at a different address from you, please tell us why they are unable to live with you:

If you have any children, are they having to live elsewhere due to the lack of suitable accommodation?

Yes

No

16. Household details

Are you, or is anyone included in this application expecting a baby?

Yes

No

Name of person expecting a baby:

Date when the baby is due:

17. Visiting children

If you are a parent and have access to children who sometimes stay overnight with you please give details below. Note: evidence will be required if an offer of accommodation is made to you.

Their name(s) and date(s) of birth:

How often they stay with you:

Children's current address:

Who is the main carer of the children?

18. Local connection

Have you or the joint applicant lived in North Somerset for 3 out of the last 5 years?

Yes

No

If yes, please list the address below – continue on a separate sheet if necessary.

Main Applicant

Address	Dates From	to	Did you own this property?	Name and address of Landlord	Why did you leave there?

Joint applicant

Address	Dates		Did you own this property?	Name and address of Landlord	Why did you leave there?
	From	to			

Have you or the joint applicant lived in North Somerset continuously for 5 years **at any time in the past?**

Yes

No

If yes, please state the address or addresses you lived at including the length of time (on the following page).

Main Applicant

Address	Dates		Did you own this property?	Name and address of Landlord	Why did you leave there?
	From	to			

Joint applicant

Address	Dates		Did you own this property?	Name and address of Landlord	Why did you leave there?
	From	to			

Do you or the joint applicant have a close relative who has lived in North Somerset for the last 5 years (a close relative includes father, mother, adult son or adult daughter, brother, sister or grandparents)?

Yes

No

If yes, please give details below

Name:

Address:

19. Other housing related circumstances

Please tick if any of the following circumstances apply to you or anyone in your household. Further evidence may be required.

- Experiencing domestic violence, racial harassment, sexual harassment, homophobic harassment, disabled harassment (underline which).
- Homeless or are about to become homeless
- A young person leaving the care of a local authority
- A young person who has previously been in the care of a local authority
- Currently misusing prescribed or non prescribed drugs or alcohol
- Recovering from the misuse of prescribed or non prescribed drugs or alcohol
- Currently in Supported Housing and are looking to move on. Please specify date below:

- Please tick if you or has anyone included in your household been asked to leave your address? Please also include details of any legal action taken by the landlord (e.g. notice to quit, notice seeking possession, court possession order) Please state current notice to quit expiry date if applicable:

20. Medical needs

Do you or does anyone in this application suffer from any chronic or progressive medical condition which makes your current accommodation difficult to live in?

- Yes No

If yes, please give details:

If you or anyone in your household has a medical condition or disability which makes your current accommodation difficult to live in, would you consider staying in your current accommodation if it could be adapted to meet your housing need? If yes, please tick here.

We will send you a medical self assessment form to determine your housing need.

Has your home been adapted in any way to make it easier to live in?

- Yes No

If yes, please give details:

Do you still need these adaptations?

Yes

No

21. Welfare needs

Do you or does any member of your household suffer from any other issues that are affected by where you live?

Yes

No

If yes, please give details:

Support services or relevant professionals can provide us with evidence of this.

Do you or does anyone included in this application need to move to be nearer a carer or to receive family support?

Yes

No

OR

Are you or is anyone in your application a carer who needs to move closer to someone to provide support?

Yes

No

If yes, please give relevant details including addresses concerned:

If you or anyone in your household currently receives help from any relevant support agency e.g. social worker, probation officer, health visitor, housing advice officer etc please give details:

Name of person who receives help:

Name of the agency which provides the help:

Name, address and telephone number of the person who provides help:

22. Home ownership details (for all adults included in the application)

Are you a current home owner/part owner/have a legal interest in a property?

Yes

No

Approx value of the property:

Mortgage/loan outstanding:

Note: We will need to see proof of your outstanding mortgage or the amount gained from the sale (if appropriate) For example, latest mortgage account statement or completion statement.

How much are your repayments each month? Please state below:

Are you behind with your repayments?

Yes

No

If yes, how much are you behind approximately?

Months

£

Has the lender started legal action which could lead to your eviction?

If yes, please give details below:

23. Previous tenancy history

Please give details if any adult in your application has ever been a tenant or joint tenant of a Registered Social Landlord (RSL) or council property:

Please tick if you or anyone in your household has previous or current history of any of the following:

Rent arrears

Physical violence against staff or other residents

Anti social behaviour

Other grounds for statutory possession

24. Convictions

Have you or has anyone in your application been convicted under the **Sex Offenders Act 1997** or been placed on the Sex Offenders Register?

Yes

No

If yes, please give details below:

Have you or has anyone included in your application been **convicted of a criminal act, threat of violence, arson, anti social behaviour or drugs related offences?**

Yes

No

If yes, please give details below:

25. Money owed

Do you or does anyone in your household owe any money to a council or RSL?

Yes

No

If yes, please give details below:

26. Income and savings

Income and savings of applicant and joint applicant

Annual income from all sources (before tax)

Applicant:

Joint applicant:

TOTAL:

Savings in bank/building society, etc.

Applicant:

Joint applicant:

TOTAL:

Do you or the joint applicant receive any of the following benefits (you do not need to include child benefit)?

Main Applicant

- Housing benefit/council tax benefit
- Income Support/JSA
- Pension credit
- Working tax credit
- Other, please state

Joint applicant

- Housing benefit/council tax benefit
- Income Support/JSA
- Pension credit
- Working tax credit
- Other, please state

27. Accommodation

What type of accommodation do you live in? (More than one may apply).

- House
- Bungalow
- Flat
- Maisonette
- Hostel
- Bed and breakfast hotel
- Prison
- Supported housing
- Care Home/residential home
- Caravan
- Mobile home
- Room(s) in a shared house
- Bed-sit/studio flat
- Hospital
- Nowhere to live
- Other (please state):

If you live in a flat or a maisonette, what floor level is your accommodation on?

Is there a lift?

- Yes
- No

On what basis do you occupy the property? (Please tick one)

- Owner occupier
- RSL or council tenant (Please give landlord's name):
- Tenant of a private landlord (Please give landlord's details)

Landlord name:

Landlord address:

Landlord contact telephone:

- Tied accommodation with job
- Other tied agreement
- With family/friends
- Other please state:

28. The rooms and facilities where you live:

	Sole use (tick)	Shared with people not related to you/not included in your application.	Shared with relatives not on your application	Not available
Living room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bath or shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet – inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet – outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedroom 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedroom 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedroom 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedroom 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you applying for housing because you are already a tenant of an RSL/council and you have one or more bedrooms you do not use?

- Yes No

29. Do you have a pet(s)?

- Yes No
- Dog
 - Cat
 - Other, please state:

30. Property condition

Is your property in disrepair which therefore makes it difficult to continue living in?

Yes

No

If yes, please provide details:

Have you been told that you need to be re-housed because of improvement works or redevelopment of the property?

Yes

No

31. Supported Housing

Please tick if you would like to be considered for elderly designated accommodation (formerly known as Sheltered Accommodation). This will not prevent you from bidding for other accommodation.

Extra Care Housing with Support

Housing with support is for people who need extra help (for example, regular visits from a support worker or the provision of 24 hour support).

Please tick if you would like information about this type of housing

If you feel that you are at risk for any reason and would benefit from housing support, please give details below:

Other Housing Support

There are agencies in North Somerset who are sometimes able to help vulnerable people settle into their new home. Do you think you would benefit from being referred to an agency which might be able to provide resettlement or general support?

Yes

No

What support might you need?

- Moving in Ongoing help
- Other (please describe):

Please tick which apply to you or anyone in your household.

- Aged between 16 and 25 and would benefit from Supported Housing
- Aged between 26 and 55 and would benefit from Supported Housing
- Over 55 years of age and are interested in housing reserved for older people
- You are receiving extra care in a scheme (for example, meals, room cleaned, 24 hour care available)

32. Low Cost Home Ownership

There are a range of schemes to help people get on the property ladder.

Homebuy schemes allow you to buy, for example, a half share, and pay rent on the share you do not own.

- Please tick if you would like to be considered for any homebuy schemes in North Somerset.

For further information please go to:

New Futures www.homebuy-southwest.co.uk Telephone **0800 073 1315**

Places for People www.ownhome.co.uk Telephone **0845 607 0110**

33. Additional Information

Please use this space to tell us any other details about your current housing situation or requirements:

Note: If you are successful when bidding for a property, you must provide the following:

- Two forms of identification for each adult on the application
- Proof of address for one adult on your application such as a recent utility bill
- Proof of date of birth
- Proof of all children listed on your application (including proof of access to non dependant children) such as a child benefit award letter at the point of selection.

34. Bidding

Please indicate how you will look at the advertised properties:

- | | |
|---|---|
| <input type="radio"/> Internet at home | <input type="radio"/> Housing reception |
| <input type="radio"/> Internet point | <input type="radio"/> Newsletter |
| <input type="radio"/> May need help with this | |

Please indicate which of these methods you are likely to use to bid for vacant properties.

Please note that you will not be able to bid in writing.

- | | |
|---|---------------------------------|
| <input type="radio"/> Internet | <input type="radio"/> Text |
| <input type="radio"/> Housing reception | <input type="radio"/> Telephone |
| <input type="radio"/> May need help with this | |

Please state if you have a support worker, family or friends who have agreed to bid on your behalf;

Name:

Name of agency (if applicable):

Address:

Phone number:

- If you need help with understanding the HomeChoice scheme or help with bidding and do not have anyone that can help you, please tick and a member of the HomeChoice Team will contact you.

35. Areas of choice

Please tick the areas of choice you would like to live in. This will determine the demand for properties across the district. Please note that this will not restrict you bidding for other areas not ticked.

- | | | |
|---|-----------------------------------|--|
| <input type="radio"/> Anywhere in North Somerset (includes all areas listed below) | | |
| <input type="radio"/> Anywhere-in Weston-super Mare | | |
| <input type="radio"/> Bournville | <input type="radio"/> Mead Vale | <input type="radio"/> Town Centre |
| <input type="radio"/> Coronation | <input type="radio"/> Milton | <input type="radio"/> Uphill |
| <input type="radio"/> Hutton | <input type="radio"/> Oldmixon | <input type="radio"/> Wick St Lawrence |
| <input type="radio"/> Kewstoke | <input type="radio"/> St Georges | <input type="radio"/> Worle |
| <input type="radio"/> Locking Castle | <input type="radio"/> Summerlands | |
| <input type="radio"/> Anywhere outside of Weston-super-Mare (Includes all areas listed below) | | |

- Abbots Leigh
- Backwell (including Oatfield)
- Banwell
- Barrow Gurney
- Blagdon
- Bleadon
- Brockley (including Chelvey)
- Burrington
- Butcombe
- Churchill (incl. Langford)
- Clapton-in-Gordano
- Claverham
- Cleeve
- Clevedon
- Congresbury
- Dundry
- Easton in Gordano (including Pill)
- Felton (incl. Longcross)
- Flax Bourton
- Kenn
- Kingston Seymour
- Locking
- Long Ashton
- Loxton and Christon
- Lulsgate
- Nailsea
- Portishead
- Portbury
- Puxton (including Hewish)
- Redhill
- Tickenham
- Walton-in-Gordano
- Weston-in-Gordano
- Winford
- Winscombe
- Wraxall (including Failand)
- Wrington
- Yatton

Please note that the information we gather will be used to assess your housing needs. The information will be used to monitor and review the HomeChoice service. We may contact you to offer alternative housing options and advice based on the information we have asked for in the application form.

Declaration

The information you provide will be recorded on a computer system and is covered by the provisions of the Data Protection Act. You are entitled to see the information you have provided. If you wish to do so please contact the office that holds your application.

IMPORTANT: North Somerset Council has a duty to protect the public funds it administers and may use the information you have provided to obtain housing with this authority for the prevention and detection of fraud. It may also share this with other bodies administering public funds solely for these purposes.

Please check that the answers and information that you have given are correct to the best of your knowledge. Now please read and sign the statement below.

- a) The information given on this form is true to the best of my/our knowledge. It is understood that any false or misleading information given may lead to a prosecution for criminal offences and may result in eviction from any housing being offered.
- b) I/we understand that any information given to me/us relating to the housing application, or given with my/our consent by others, will be placed on the HomeChoice North Somerset Register computer. I/we understand that any landlord or supported housing provider, who takes part in the register, either now or in the future, may see it.
- c) I/we give permission for you to contact individuals or agencies referred to on this form in order to seek additional information about specific housing needs.

Signed (applicant):

Date:

Signed (joint applicant):

Date:

The next step All applications (except for online applications) should be sent to:
HomeChoice Team
Town Hall
Weston-super-Mare
BS23 1UJ