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APPLICATION FOR HOUSING

Please complete this form ensuring you sign the declaration before returning.
PLEASE USE BLOCK CAPITALS

Part 1: Personal Details

A. About you:

Title _____ First name _____ Surname _____

Date of birth _____

Address _____

Telephone No. (Daytime) _____ (Mobile) _____

E-mail _____

When and why did you move to this address? _____

B. About your partner (if joint applicant):

Title _____ First Name _____ Surname _____

Date of birth _____

Address (if different from above) _____

Telephone No. (Daytime) _____ (Mobile) _____

E-mail _____

When and why did he/she move to this address _____

(delete as applicable)

C. Your Next-of-Kin details:

Title _____ First name _____ Surname _____

Address _____

Telephone No. _____ Relationship to you _____

Would he/she assist in case of illness? Yes No
(delete as applicable)

D. Your partner's Next-of-Kin details (if joint applicant):

Title _____ First name _____ Surname _____

Address _____

Telephone No. _____ Relationship to partner _____

Would he/she assist in case of illness? Yes No
(delete as applicable)

E. Please list all your addresses for the last three years:

Address _____

Date you moved in _____ Date you moved out _____

Are you currently living? (please tick one box):

As a private tenant Lodger

Council tenant Housing association tenant

Living with relatives or friends In Tied Accommodation
(with your employment)

An owner or joint owner Other (please give details below)

When and why did you leave this address?

Please continue on a separate sheet to include all addresses if necessary.

F. Please tell us where your partner (if joint applicant) has lived during the last three years (if different from E.)

Address _____

Date they moved in _____ Date they moved out _____

Are they currently living ? (please tick one box):

- | | | | |
|----------------------------------|--------------------------|---|--------------------------|
| A private tenant | <input type="checkbox"/> | Lodger | <input type="checkbox"/> |
| Council tenant | <input type="checkbox"/> | Housing association tenant | <input type="checkbox"/> |
| Living with relatives or friends | <input type="checkbox"/> | In Tied Accommodation
(with your employment) | <input type="checkbox"/> |
| An owner or joint owner | <input type="checkbox"/> | Other (please give details below) | <input type="checkbox"/> |

When and why did they leave this address (please give details below)?

Please continue on a separate sheet to include all addresses if necessary.

G. Have you, or anyone applying for housing with you, had any enforcement action taken against you for anti-social behaviour within the last two years?

Yes No

If yes, when was this action taken and what form did it take (eg ASB order, injunction, possession)

H. Have you, or anyone applying for housing with you, ever been convicted of a criminal offence, or have any charges pending at present?

Yes No

If yes, please state the nature of the offence.

Are you on the Maldon Council Housing (Gateway to HomeChoice) register? Yes No

Providing false or misleading information or failing to disclose relevant information requested at G or H above, will result in you be disqualified from being considered for housing.

If you accept an offer of housing and it is subsequently discovered that you have given false or misleading information or failed to disclose relevant information requested at G or H above, Maldon Housing Association Limited may take enforcement action to end the Licence to occupy.

Part 2: Current Home

A. Where you live now

(Please tick one box)

Do you live in a:-

House Bungalow Flat Hostel Other

(If other, please give details) _____

If you live in tied accommodation i.e. accommodation that is provided for your work, or you live in a care home, have you been given a letter or notice requiring you to leave your home?

Yes (please provide a copy) No

What is the date on your notice to leave? _____

B. The facilities in your home

Please indicate whether you *share* the following facilities with another household (ie, with people who would not be re-housed with you)

	Yes	No
Bath or shower room	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>
Lounge	<input type="checkbox"/>	<input type="checkbox"/>

C. Which of the following best describes your current situation?

Owner Occupier Please go to Part 3

Tenant

Lodger

Living with friends/relatives Please go to Part 3

Are you ready / waiting to be rehoused immediately should an offer be made:

Yes No

C. Renting your home

Please write the name and address of your landlord:

Name: _____ Telephone: _____

Address:

Email:

How much is your rent? £ _____ Weekly Monthly

Have you or have you ever had any rent arrears? Yes No

If yes, is, or has there been, Court action taken against you? Yes No

Please include evidence of pending Court action or existing Court Order.

How much rent do you owe? £ _____

How long does your tenancy last? Six months A year Other

Is your tenancy likely to be renewed? Yes No

Part 3: Your Income

A. Please give details of any of the following benefits received by your household

	Amount per week		Amount per week
Private Pension	£ _____	Income support	£ _____
State Pension/Pension Credit	£ _____	Housing Benefit	£ _____
Disability Living Allowance/ Personal Independence Payment	£ _____	Council Tax Reduction	£ _____
Attendance Allowance	£ _____	Other	£ _____

If other, please give details _____

Part 4: Special Needs/Medical Needs

Do you, or does anyone applying for housing with you, have a medical condition which is being made worse because of where you currently live?

Yes

No

Describe the nature of your/his/her medical condition and/or disability:

Describe how your/his/her medical condition and/or disability is affected by your/his/her present housing circumstances:

Do you, or a joint applicant, need to use a wheelchair indoors? Yes No

Do you, or a joint applicant, need to use a wheelchair outside? Yes No

Do you, or does anyone in your household, need to use walking sticks/frame? Yes No

Can you climb stairs? Easily With difficulty Not at all

Can your joint applicant climb stairs? Easily With difficulty Not at all

Do you have to climb stairs to the bathroom/toilet in your present accommodation? Yes No

Does your joint applicant have to climb stairs to the bathroom/toilet in your present accommodation? Yes No

Do you need help with day to day needs such as dressing, bathing or cooking? Yes No

If yes, state what help is required:

Does your joint applicant need help with day to day needs such as dressing, bathing or cooking? Yes No

If yes, state what help is required:

Do you or your joint applicant have regular carers to help you with this? Yes No

IS ANY OTHER ORGANISATION HELPING YOU OR YOUR JOINT APPLICANT AT PRESENT?

Are there any organisations who are working with you or your joint applicant, such as Social Services, the Health Authority or a voluntary group? If so, please write the name of the organisation and the name and telephone number of the person with whom you deal.

Organisation _____

Contact Name _____

Telephone No. _____ Email _____

Can we contact the above person/organisation to discuss relevant information about your housing application?

Yes No

Please attach any medical evidence from your doctor, hospital, specialist, Social Worker etc that confirms how your housing circumstances are making your medical condition worse and/or how a move to alternative accommodation will improve your medical condition.

Part 5: What type of accommodation do you require?

Tick all of those that would be suitable for your needs.

Level: Ground

First

Size: Studio

Single

Double

2 Bed

Part 6: Other circumstances

Please give details of any other circumstances you would like us to take into account when assessing your application

You may wish to include things such as relationship breakdown, harassment or other problems relating to where you live now. **Please provide copies of any supporting documentation, such as police or other agency reports.**

Part 7: How did you hear about us?

Tick as many boxes as apply:-

MHA Website

Friends/Family

Maldon District Council

Local Press

Citizen's Advice Bureau

Health Professional

Other

Please give details _____

Part 8: Declarations

Are you related to any member of the Association's staff or committee?

Yes

No

If yes, please state name of person and your relationship to them.

I/We hereby declare that all the information given on this form is true and I/we will notify Maldon Housing Association Limited of any change in my/our circumstances, which may affect my/our application.

I/We understand that if I/we give false or misleading information or fail to disclose information relevant to my/our housing application I/we may disqualify myself/ourselves from being considered for housing.

I/We also understand that if I/we accept an offer of housing and it is subsequently discovered that I/we have given false or misleading information or failed to disclose information relevant to my/our housing application, Maldon Housing Association Limited may take enforcement action against me/us in order to end my/our License Agreement.

I/We accept that if I/We are appointed as a resident, I/we shall not be a tenant. We agree my/our Maintenance Contribution will be collected monthly by direct debit.

I/We authorise Maldon Housing Association Limited to make any enquiries concerning this application. (ie we may require a personal reference or a reference from your Landlord).

I/We have read and understood Maldon Housing Association's Data Protection Policy and agree for my/our details on this form to be held in line with this Policy.

Applicant's Signature:

Joint applicant's Signature:

Date _____

Part 9: When you have completed this form

Use the tick boxes below to check that you have enclosed all required documentary evidence.

	Enclosed	N/A
Notice to quit from landlord or employer (if in tied accommodation)	<input type="checkbox"/>	<input type="checkbox"/>
Court action/judgments	<input type="checkbox"/>	<input type="checkbox"/>
Doctor/Specialist/Health Professional Reports	<input type="checkbox"/>	<input type="checkbox"/>
Police reports	<input type="checkbox"/>	<input type="checkbox"/>

Please return your signed application form to:

**Maldon Housing Association Ltd
Registered Office
Fairfield House
33 Fambridge Road
Maldon
Essex
CM9 6AD**