



If you need someone to act on your behalf, please give their name, address and telephone number here:

Name
Address ..... ..... .....
Telephone number
Mobile number
Email address

Do you want correspondence to be sent to this person?      Yes       No

## 2. JOINT APPLICANT

Title Mr/Mrs/Miss/Ms	
Surname (Family name)	
First name(s)	
Date of birth	National Insurance Number 
Current address ..... ..... .....	Contact address if different ..... ..... .....
Postcode	
Home telephone number	
Work telephone number	
Mobile number	
Email address	
Are you, or have you been known by any other name? Please give details: .....	
Please state your relationship to the applicant: .....	

### 3. EQUAL OPPORTUNITIES

The Council and its partners want to ensure that all applicants have a fair chance of being housed through the HomeChoice Scheme regardless of their ethnic origin, colour, sex or disability. To help us achieve this aim, please complete the following information for yourself and your joint applicant.

What would you consider your ethnic group to be?

(Choose ONE section from A to F and tick where appropriate.)

#### Applicant

#### Joint Applicant

##### White

**A**  British  
 Irish  
 Gypsy/Traveller  
 Any other White background,  
please write in

##### White

**A**  British  
 Irish  
 Gypsy/Traveller  
 Any other White background,  
please write in

##### Mixed

**B**  White and Black Caribbean  
 White and Black African  
 White and Asian  
 Any other Mixed background,  
please write in

##### Mixed

**B**  White and Black Caribbean  
 White and Black African  
 White and Asian  
 Any other Mixed background,  
please write in

##### Asian, or Asian British

**C**  Indian  
 Pakistani  
 Bangladeshi  
 Any other Asian background,  
please write in

##### Asian, or Asian British

**C**  Indian  
 Pakistani  
 Bangladeshi  
 Any other Asian background,  
please write in

##### Black, or Black British

**D**  Caribbean  
 African  
 Any other Black background,  
please write in

##### Black, or Black British

**D**  Caribbean  
 African  
 Any other Black background,  
please write in

##### Chinese, or other Ethnic Group

**E**  Chinese  
 Any other Ethnic background,  
please write in

##### Chinese, or other Ethnic Group

**E**  Chinese  
 Any other Ethnic background,  
please write in

##### Other (please specify)

**F**

##### Other (please specify)

**F**

## 4. WHERE HAVE YOU LIVED BEFORE

Please give details of all your addresses where you and your joint applicant have previously lived during the past 5 years and the type of tenure you had e.g. Council, Housing Association, Private Rented, Lodger, Family Home, Sharing, Owner Occupied.

### APPLICANT

Full address	Dates		Type of tenure and name of Landlord	Reason for leaving
	From	To		

### JOINT APPLICANT

Full address	Dates		Type of tenure and name of Landlord	Reason for leaving
	From	To		

## 5. HOUSEHOLD DETAILS

Please provide details of who is to be housed permanently with you. If any of these people do not live with you at present, please put a cross (x) next to their name.

Surname	Forename(s)	Gender M/F	Relationship to Applicant	Date of Birth	Do you have overnight access or joint custody?	X

If anyone mentioned above is pregnant give details below (please provide proof of pregnancy):

Name of expectant mother: ..... Date baby is due: .....
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Expectant mothers will need to provide proof of the expected date of confinement, followed by the Birth Certificate when the baby is born.

## 6. YOUR HEALTH

Do you or a member of your household have a special housing need because of age or ill health?

Yes  No

If **yes**, please indicate which type:

Wheelchair facilities  Ground floor accommodation   
 Extra room for live-in carer  Level access shower

Please indicate if any of the following apply to you or any member of your household:

Physical disability  Mental illness  Learning disability  Elderly and frail

Other (Please state):

Do you or any member of your household have any involvement with any of the following agencies Health Visitor/Social Worker/Community Mental Health Worker/Probation Officer?

Yes  No

If **yes**, please provide details:

Name	Agency
Address .....	
..... Telephone Number:.....	

Would you require help to maintain your tenancy e.g. budgeting, claiming welfare benefits, paying bills, employment and training?

Yes  No

## 7. IMMIGRATION STATUS

Do you normally live in the United Kingdom?

Applicant Yes  No

Joint Applicant Yes  No

Are you a United Kingdom (UK) Citizen?

Applicant Yes  No

Joint Applicant Yes  No

Are you a European Union (EU) Citizen?

Applicant Yes  No

Joint Applicant Yes  No

Are you subject to immigration control as a result of the Asylum and Immigration Act 1996? (If yes, please provide a copy of your passport and any other relevant documentation)

Applicant Yes  No

Joint Applicant Yes  No

## 8. GYPSY AND TRAVELLERS

Are you a Gypsy or Traveller Yes  No

If yes, please indicate which of the following you consider yourself to be:

Gypsy  Traveller  New Age

Please select from the following which nationality you consider yourself to be:

Romany  Welsh  English  Irish  Scottish

## 9. DETAILS OF YOUR CURRENT HOME

Please indicate the type of accommodation you currently occupy:

House	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>
Flat	<input type="checkbox"/>	Maisonette	<input type="checkbox"/>
Bedsit	<input type="checkbox"/>	Room in shared house	<input type="checkbox"/>
Caravan/mobile home	<input type="checkbox"/>	Supported Accommodation	<input type="checkbox"/>
Other (please specify)			

What date did you move to this accommodation?

/  /

What date did you move to Warwick District?

/  /

How many bedrooms does your current address have?

1  2  3  4  5 or more

Do you and the people living with you have sole use, shared use or none of the following facilities:-

	Sole	Shared	None
Living Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separate Dining Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inside toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bath or Shower in a Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you live in a flat and have children under 16, please indicate which floor the flat is on:

Ground Floor  First Floor  Second Floor  Third Floor or above

Has the local Council served a Closing or Demolition Order on the property? Yes  No

To help us identify your need, please tick the type of tenure you currently occupy:

An owner occupier	<input type="checkbox"/>	A shared owner (part rent part buy)	<input type="checkbox"/>
A Housing Association tenant	<input type="checkbox"/>	A Council tenant	<input type="checkbox"/>
Living in HM Forces accommodation	<input type="checkbox"/>	A private tenant of self-contained accommodation	<input type="checkbox"/>
Living in tied accommodation	<input type="checkbox"/>	Living in a hostel	<input type="checkbox"/>
Living in bed and breakfast	<input type="checkbox"/>	Living in temporary accommodation	<input type="checkbox"/>
A lodger	<input type="checkbox"/>	Living with family	<input type="checkbox"/>
Living with friends	<input type="checkbox"/>	Living in shared accommodation	<input type="checkbox"/>
In Care e.g. Foster home or Supported Lodgings	<input type="checkbox"/>	In Prison	<input type="checkbox"/>
		Other (please state) .....	<input type="checkbox"/>

If you are in prison, what is your release date?

If you are in HM Forces accommodation, where did you live prior to joining the Forces?

When did you join the Forces?  What is your discharge date?

## TENANTS

If you are renting, who is your Landlord?

Name

Address .....  
 Telephone Number:.....

Do you have a tenancy agreement? Yes  No

Whose name is on the tenancy agreement?

If yes, what type of tenancy?	<input type="text"/>	Tenancy end date?	<input type="text"/>
How much is your rent?	<input type="text"/>	£	per month
How much of your rent is paid for by Housing Benefit?	<input type="text"/>	£	per month

Do you have any rent arrears? Yes  No

If 'yes' how much do you owe?  £

Have you made any arrangements to clear this debt? Yes  No

If yes, please give details:  
 .....  
 .....

If you are a Council or Housing Association tenant in the WDC area, are you willing to move to accommodation with fewer bedrooms? Yes  No

## HOMEOWNERS

Do you own a property?

Yes

No

What is the address of this property?:

.....  
.....

If you are an owner or part owner (Shared Ownership/Homebuy) who is your Mortgage lender:

Name

Address .....

Telephone Number:.....

What is the outstanding mortgage on the property?

£

What is the value of the property?

£

What are your mortgage repayments?

£

per month

Do you have any mortgage arrears?

Yes

No

If 'yes' how much do you owe?

£

Have you made any arrangements to clear this debt?

Yes

No

If yes, please give details:

.....  
.....

Has any action been taken to recover possession of your present home?

Yes

No

If yes, please give details:

.....  
.....

Do you or your partner own or have a legal interest in any other property?

Yes

No

If yes, please give details:

.....  
.....

## 10. WHY ARE YOU APPLYING FOR HOUSING

Please indicate why you are applying for housing:

To receive care and support		To provide care and support	
To set up home		Accommodation in poor condition	
Problems with overcrowding		Difficulties in paying rent or mortgage	
Problems with health and/or disability		Need for Warden assisted service	
To be near family		Relationship breakdown	
To be near work		Racial harassment	
Domestic violence		Court Order	
Other harassment		Leaving prison	
To return to home village or town		End of Assured Shorthold Tenancy	
Leaving Children's Care Home, Foster Home, Supported Lodging		End of tied accommodation	
Other		More than one reason	

Date required to leave tied accommodation:
Date required to leave by friends or family:
Date of leaving hospital:
Notice to quit (date notice ends):

## 11. EMPLOYMENT

**Applicant:**

Are you currently employed? Yes  No

If **yes**, please provide the following details:

Occupation	
Name of Employer	
Employers address ..... .....	
Telephone number	
Date employment started	
Take home pay (after deductions of Tax, National Insurance and Pension contributions)	£
Number of hours worked each week	

**Joint Applicant:**

Are you currently employed? Yes  No

If yes, please provide the following details:

Occupation	
Name of Employer	
Employers Address ..... .....	
Telephone number	
Date employment started	
Take home pay (after deductions of Tax, National Insurance and Pension contributions)	£
Number of hours worked each week	

**Other Income:**

If you are not currently employed, please provide details of the benefits you or your joint applicant are in receipt of (please tick where appropriate):

Child Benefits	<input type="checkbox"/>		
Child Tax Credits	<input type="checkbox"/>	Family Tax Credits	<input type="checkbox"/>
Occupation Pension (including SERPS)	<input type="checkbox"/>	Income Support	<input type="checkbox"/>
Other income (e.g. maintenance payments)	<input type="checkbox"/>	Other State Benefits	<input type="checkbox"/>

**12. LOCAL CONNECTION**

Do you have a local connection with Warwick District? Yes  No

If yes, please indicate what your connection is (please tick where appropriate):

- You have lived in the District through choice as your only or principal home for at least 6 months out of the last 12 months, or at least 3 years out of the last 5 years. Yes  No
- You have been employed in the District in permanent paid work, other than that of a casual nature. Yes  No
- A family connection in the District by virtue of a close family association, i.e. son, daughter, brother, sister, mother or father who are over 18 and have occupied accommodation in the Warwick District for at least the last 5 years as their only or principal home before the date of the application. Yes  No

<b>If you have answered yes to having a family connection to the District, please give details:</b>
Name of family member
Telephone number
Address ..... .....
Relationship to applicant
Length of residence of your family member in the District

Some of the housing in the District, both new and existing, is subject to a Section 106 Agreement. This requires that the Council let these properties to an applicant with a specified local connection. Please give details if you have a local connection with any village in the Warwick District:

.....

.....

.....

.....

.....

### 13. WHERE WOULD YOU LIKE TO LIVE

Please tick the areas where you would like to live:

<b>Kenilworth</b>	<input type="checkbox"/>	<b>Rural</b>	<input type="checkbox"/>	Lapworth	<input type="checkbox"/>	
<b>Leamington Spa</b>	<input type="checkbox"/>		Ashow	<input type="checkbox"/>	Leek Wootton	<input type="checkbox"/>
<b>Warwick</b>	<input type="checkbox"/>		Baddesley Clinton	<input type="checkbox"/>	Little Shrewley	<input type="checkbox"/>
<b>Whitnash</b>	<input type="checkbox"/>		Baginton	<input type="checkbox"/>	Offchurch	<input type="checkbox"/>
<b>Any Area</b>	<input type="checkbox"/>		Barford	<input type="checkbox"/>	Norton Lindsey	<input type="checkbox"/>
			Beausale	<input type="checkbox"/>	Old Milverton	<input type="checkbox"/>
			Bishops Tachbrook	<input type="checkbox"/>	Radford Semele	<input type="checkbox"/>
			Blackdown	<input type="checkbox"/>	Rowington	<input type="checkbox"/>
			Bubbenhall	<input type="checkbox"/>	Sherbourne	<input type="checkbox"/>
			Budbrooke	<input type="checkbox"/>	Shrewley	<input type="checkbox"/>
			Cubbington	<input type="checkbox"/>	Stoneleigh	<input type="checkbox"/>
			Eathorpe	<input type="checkbox"/>	Wappenbury	<input type="checkbox"/>
			Guy's Cliffe	<input type="checkbox"/>	Wasperton	<input type="checkbox"/>
			Hampton on the Hill	<input type="checkbox"/>	Weston under Wetherley	<input type="checkbox"/>
			Hampton Magna	<input type="checkbox"/>	Wroxall	<input type="checkbox"/>
			Haseley	<input type="checkbox"/>		
			Hatton	<input type="checkbox"/>		
		Hockley Heath	<input type="checkbox"/>			
		Honiley	<input type="checkbox"/>			
		Hunningham	<input type="checkbox"/>			

### 14. SHARED OWNERSHIP/HOMEBUY

This section of the form need only be completed if you are interested in **Shared Ownership/Homebuy**.

(**Shared Ownership** is a property purchased in partnership with a Housing Association.

The borrower purchases part of the property and rents the remainder from the Housing Association.)

(**Homebuy** is a range of low cost home ownership options funded by the Government to help enable eligible first time buyers and key workers to buy a home.)

Do you require further information about the scheme?

Yes

No



## DECLARATION

Declaration to be signed by Applicant and Joint Applicant if appropriate:

I/We hereby certify that the particulars given in this form are true and I/We undertake to notify Warwick District Council of any changes that may occur as this may alter the priority of my/our application.

I/We understand that any false or misleading statement or the withholding of any relevant information now or at a subsequent date, may result in my/our application being cancelled or any tenancy granted to me/us being terminated or may lead to a prosecution for criminal offences.

Under the terms of the Data Protection Act 1998, I/We agree that the information I/We have provided on this application may be shared with other agencies including Housing Associations within the Scheme, other Local Authorities, the Home Office, Immigration and Nationality Directorate and other UK Government Departments and Agencies.

I/We understand that any one of the HomeChoice partners, either now or in the future may make any enquiries concerning this application.

**Signature of Applicant**

**Signature of Joint Applicant**

**Date**

**Date**

**If this form has been filled in by someone other than the person applying for housing,** please tell us why you are filling in this form for the person claiming.

I declare that, as far as possible, I have confirmed with the person applying that the answers I have written on this form are correct.

**Name of the person who filled in the form**

**Signature**

**Relationship to the person applying**

**Date**

## What do I do when I've completed the form?

When you have completed and signed the form you will need to provide the following evidence of identity (ID) and address for yourself and everyone else moving with you. ID for children must include proof of Child Benefits.-

- 2 types of ID for yourself - one of which must show your current address
- 2 types of ID for every other adult moving in with you - one of which must show their current address
- 2 types of ID for every child moving with you - one of which must include proof of Child Benefit.

Expectant mothers will need to provide proof of the expected date of confinement, followed by the Birth Certificate when the baby is born.

### ID can be provided in the following format:

- ✓ Birth Certificate
- ✓ Marriage Certificate
- ✓ NHS Medical Card
- ✓ Passport
- ✓ Full Driving Licence
- ✓ EEC Identity Card
- ✓ UK Residence Permit
- ✓ Current Tenancy Agreement
- ✓ Rent Book or Card
- ✓ Utility Bill (Gas, electric, water etc - no more than 3 months old)
- ✓ TV Licence
- ✓ Bank Statements
- ✓ Benefit/Allowances Letters (Income Support, Disability Allowance, Tax Credits, Child Benefit, Pension etc)

**You must provide original documents. Photocopies will not be accepted.**

**The Council will not accept responsibility for original documents, however, your documents will be photocopied free of charge at any of the Council's offices.**

**The Council will only accept your application form if it is completed in full and the appropriate ID have been provided.**

**Before you are offered a property, a Housing Officer may visit you to confirm your household details.**

### Completed forms can be returned to any of the offices below:

- Riverside House, Milverton Hill, Leamington Spa
- Warwickshire Direct, Kenilworth Library, Kenilworth
- Warwickshire Direct, Shire Hall, Warwick
- Warwickshire Direct, Franklin Road, Whitnash
- Warwickshire Direct, Lillington Library, Valley Road, Lillington

**For office use only**

Name of officer:

Original docs verified:

Yes

No

Date:

Date returned to applicant:

Reason for return:

Date returned:

Name of officer:

## Housing Organisations

The Housing Organisations listed here are all taking part in Warwick District Homechoice.



### Warwick District Council

The Housing Department  
Riverside House, PO Box 2175, Royal Leamington Spa CV32 5QE  
Telephone: 01926 412828



### Ashram Housing Association

Fairgate House, 2nd Floor, 205 Kings Road, Tyseley, Birmingham, B11 2AA  
Telephone: 0845 1306110



### Orbit Heart of England

Garden Court, Harry Weston Road, Binley Business Park, Coventry, CV3 2SU  
Telephone: 0345 8500500



### Jephson Housing Association Group

Jephson Court, Tancred Close, Royal Leamington Spa, CV31 3RZ  
Telephone: 01926 831177



### Midland Heart

Highfield House, St Nicholas Street, Coventry, CV1 4BN  
Telephone: 0345 60 20540



### Viridian Housing

41 Poplar Road, Kings Heath, Birmingham B14 7AA  
Telephone: 0121 444 6666



### Bromford Housing Group

1st Floor, Friars Gate, 1101 Stratford Road, Solihull, B90 4BN  
Telephone: 0845 6050603



### Riverside echg

Flat 22, Southfields, Lillington Rd, Leamington Spa  
Telephone: 0845 1559002



### Housing 21

The Triangle, Baring Road, Beaconsfield, Bucks HP9 2NA  
Telephone: 0345 606 6363

THE ABBEYFIELD (WARWICK) SOCIETY LIMITED

### The Abbeyfield Warwick Society Limited

16 - 18 Emscote Road, Warwick CV34 4PP  
Telephone: 01926 492530



### Raglan Housing Association

Suite C, Lancaster House, Grange Business Park, Enderby Road, Whetstone, Leicester LE8 6EP  
Telephone: 0845 0707772

Where possible, information can be made available in other formats, including large print, CD and other languages if required. Tel. 01926 456108.

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INVESTOR IN PEOPLE

