



Warwick District HomeChoice application form

1. Your details

	You (the applicant)	Joint applicant
Title (Mr/ Mrs/ Miss/ Ms/other)		
Surname (family name)		
First names		
Are you known or have you been known or used any other name? Please give details.		
Nationality		
Date of birth (dd/mm/yyyy)	/ /	/ /
Gender (leave blank if you prefer not to say)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Current address		
Postcode		
What date did you move to this address?		
Please tell us where we can get in touch with you by post if you are homeless or have no fixed address?		
Landline phone number		
Mobile phone number		
Email address		
National Insurance Number	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Do you need someone to act on your behalf with regard to your HomeChoice application? This could be a friend or relative who is helping you.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you want all correspondence sent to this person?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you give permission for the Council to discuss all aspects of your HomeChoice application with this person?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please give the full name, address including postcode and phone number of the person who will be helping you.	Name Address Postcode Phone No.	Name Address Postcode Phone No.

2. Household

Please give details of who will live with you.

	Surname	First names	Date of birth	Sex Male or female	Relationship to you	Tick if this person lives elsewhere
Person 1			/ /			
Person 2			/ /			
Person 3			/ /			
Person 4			/ /			
Person 5			/ /			

Is anyone who will live with you pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/>	If 'Yes', please give their name, the date the baby is due and the sex of the baby if known Name: Date: Sex (if known):	
Are you receiving Child Benefit/ Child Tax Credit or an extra amount of Universal Credit for a child or young person who lives or will live with you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

<p>Are you an approved foster carer or prospective adopter?</p> <p>If so, please tell us how many children you have been approved to care for and if possible give the age/s and sex.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Are you or any member of your family employed by Warwick District Council?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If so, please give the name and relationship to the person.</p>	
<p>Are you or any member of your family an elected member of the Council or a board member of a partner housing association?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If so, please give the name and the relationship to the person.</p>	

Relationships to be declared are: Spouse or Partner, Father, Mother, Sister, Brother, Adult Child and any step-relations, Uncle, Aunt, Nephew and Niece.

3. Local connection

To join HomeChoice you need to have a local connection to Warwick District, or you need to meet the criteria that means you don't need one.

Please fill in the questions below to help us to decide if you can join HomeChoice.

What is your local connection to Warwick District?

	You (the applicant)	Joint applicant
<p>Have you lived in the district for at least six months out of the last 12 months or at least three years out of the last five years?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Are you in employment or have you received an evidenced offer of employment (permanent or temporary, for at least one year) within the Council's Local Authority area?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'Yes', please give the name and address of your employer and the date you started.</p> <p>Name:</p> <p>Address:</p> <p>Date:</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'Yes', please give the name and address of your employer and the date you started.</p> <p>Name:</p> <p>Address:</p> <p>Date:</p>

	You (the applicant)	Joint applicant
<p>Do you have a close family association in the district?</p> <p>(Mother, Father, or persons acting in place of a parent, siblings, son, daughter, over the age of 18)</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'Yes', please give the name of the family member, their date of birth, address, phone number, how long they have lived there and their relationship to you.</p> <p>Name:</p> <p>Date of birth:</p> <p>Address:</p> <p>Phone:</p> <p>Time at address:</p> <p>Relationship to you:</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'Yes', please give the name of the family member, their date of birth, address, phone number, how long they have lived there and their relationship to you.</p> <p>Name:</p> <p>Date of birth:</p> <p>Address:</p> <p>Phone:</p> <p>Time at address:</p> <p>Relationship to you:</p>

Are you in or can evidence that you are due to undertake training or further education within the Council's Local Authority area, which has a duration of at least 6 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>Are you a registered carer for someone resident within the Council's Local Authority area?</p> <p>If so, we will ask you for further information.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been housed in Warwick district by another Local Authority? If so, have you been resident in the area for at least 3 years? Please tell us which Local Authority made the placement.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you aged between 16 and 21 and either in or have been in the care of Warwickshire Social Services?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Armed Forces. Please tick if any of these apply to you.

	You (the applicant)	Joint applicant
Are you currently serving or have you ever served in the regular forces within the last 5 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you the spouse or civil partner of armed forces personnel, leaving service accommodation after the death of your partner in active service?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you the ex-husband, wife or civil partner of armed forces personnel?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently serving or have served in the reserve forces and suffering from a serious injury, illness or disability which is attributable (wholly or partly) to that service?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answered “No” to every question on the previous page, please tick if any of these apply to you.

	You (the applicant)	Joint applicant
Do you need to move to the district to receive support? We will write to you separately for further information	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a council or housing-association tenant who needs to move to the district to avoid hardship and because of work or an offer of work?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you need to move because you are a victim of domestic violence or harassment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a key public-sector worker and need to move to the district to take up a job?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have we or any other Local Authority accepted a full homeless duty? (s193 Housing Act 1996) Please enclose your decision letter.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

4. Immigration status

Some classes of people living in the United Kingdom are not entitled to housing by the local authority on the basis of their immigration status. We will carry out checks to confirm your eligibility.

	You (the applicant)	Joint applicant
Are you a UK citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you lived or worked abroad? What date did you last enter the UK if you have ever lived or worked abroad?	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please give dates and details.	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please give dates and details.
Are you subject to immigration control under the Asylum & Immigration Act 1996? Please tell us your immigration status and the date you arrived in the UK? Please let us see your biometric residence card.	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please give details.	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please give details.

	You (the applicant)	Joint applicant
<p>Have you been granted pre-settled status or settled status by the EU settlement scheme? Please give details.</p> <p>Please let us see your passport if it contains a vignette or your biometric residence permit.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>If you have been told you can view your immigration status on-line, please tell us your 'share code' so we can check if you are eligible for allocation of housing and welfare benefits.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

5. Convictions

Have you (or any member of your household) been convicted of any 'offences against the person', this means you have committed a crime causing direct physical harm or force being applied to another person, this includes but is not limited to fatal and sexual offences, assault and injury, or 'crimes against property' which includes arson, theft, burglary, robbery, and fraud. You do not need to tell us about convictions which are 'spent' under the Rehabilitations of Offenders Act 1974.

Yes ☐ No ☐

If 'Yes' give the name of the household member, date of conviction and reason for conviction.

Name:

Date of conviction:

Offence:

6. Where have you lived before?

Please give details of all the addresses where you and your joint applicant have lived during the past five years starting with your current address.

You (the applicant)					
Full address	Date from	Date to	Reason for leaving	Name and address of Landlord	Tenure (private, owner etc.)
	/ /	present			
	/ /	/ /			
	/ /	/ /			

Joint applicant			
Full address	Date from	Date to	Reason for leaving
	/ /	present	
	/ /	/ /	
	/ /	/ /	

7. Tenure

Please tick the type of accommodation you live in.

Warwick District Council tenant <input type="checkbox"/>	Looked after by social services <input type="checkbox"/>
Council tenant outside the area <input type="checkbox"/>	Shared accommodation <input type="checkbox"/>
Housing-association tenant in the area <input type="checkbox"/>	To join two households (where two tenants of social landlords want to move in together). <input type="checkbox"/>
Housing-association tenant outside the area <input type="checkbox"/>	For this option also tick one of the following:
Private tenant in the area <input type="checkbox"/>	A. Both households are council tenants <input type="checkbox"/>
Private tenant outside the area <input type="checkbox"/>	B. Both households are housing-association tenants <input type="checkbox"/>
Owner <input type="checkbox"/>	C. One household is council tenant and one is a housing-association tenant <input type="checkbox"/>
Shared owner <input type="checkbox"/>	Other (please give details)
Bed and breakfast <input type="checkbox"/>	
Lodger <input type="checkbox"/>	
Living with friends <input type="checkbox"/>	
Armed-forces accommodation <input type="checkbox"/>	
Hostel or supported accommodation <input type="checkbox"/>	
Living with family <input type="checkbox"/>	

8. Current home

What type of accommodation do you live in?

House <input type="checkbox"/>	<input type="checkbox"/> Other (please give details):
Flat <input type="checkbox"/>	
Maisonette <input type="checkbox"/>	How many bedrooms does your current home have?
Bedsit <input type="checkbox"/>	
Bungalow <input type="checkbox"/>	If you live in a block of flats or a maisonette, which floor are you on (ground floor, first floor and so on)?
Caravan or mobile home <input type="checkbox"/>	
Room in a shared house <input type="checkbox"/>	
Supported accommodation <input type="checkbox"/>	
Armed-forces accommodation <input type="checkbox"/>	

For each bedroom in the property where you live now, please say who has use of the room.

	Names of occupiers
Bedroom 1	
Bedroom 2	
Bedroom 3	
Bedroom 4	
Bedroom 5	

<p>Facilities in your home.</p> <p>Is the bathroom, toilet or kitchen shared with anyone other than your household?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'Yes', please tell us what facilities you share and details of the other household involved.</p>
<p>Are you living in insanitary or unsatisfactory housing conditions?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Does your home lack any facilities such as a bathroom, inside toilet hot or cold- water supply adequate heating or a kitchen?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Please tell us how long your landlord thinks it will take to put right these issues?</p>	
<p>Who has this been reported?</p>	<p>Landlord <input type="checkbox"/> Council <input type="checkbox"/> Environmental Health <input type="checkbox"/> Private Housing Standards <input type="checkbox"/></p>

9. Health

Are you (or a member of your household) unable to manage in your current home because of ill health or disability, and do you have a special housing need because of this?

	You (the applicant)	Joint applicant	Other household member
If 'Yes', we will write to you for further information.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you (or a member of your household) have any involvement with any of the following?

	You	J/A	Other		You	J/A	Other
Health Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Probation Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Occupational Therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community mental-health worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leaving Care Personal Advisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	You (the applicant)	Joint applicant	Other
If you have ticked one or more of these boxes, please give details. We need the name, address, phone number and email address for each person.			

10. Economic status and household income

Does your household have assets, including savings or investments or equity in a property, of more than £16,000?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your household's income excluding, Disability Living Allowance, Personal Independence Payment, Attendance Allowance and War Pensions more than £50,000 per year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you (the main applicant) a former member of the Armed Forces?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you or any other member of your household own any property or land? Please tell us the address	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the current value of the property or land?	£
If there is a mortgage on the property, please tell us how much is left to pay?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the property up for sale? Please tell us the name of the Agent handling the sale. What date did the property go on the market?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Why are you selling this property?	

Homeowners will usually be excluded from joining HomeChoice unless there are exceptional circumstances. If you are allowed to register on HomeChoice and if you were to place a successful bid for a social housing property some landlords may decline to allocate you a tenancy.

11. Why are you applying for housing?

Please tick one or more boxes.

Moving on from supported housing accommodation in the district <input type="checkbox"/>	Racial or other harassment <input type="checkbox"/>
Homeless <input type="checkbox"/> If you pick this option, please tick if you have done the following.	Problems with overcrowding <input type="checkbox"/>
	To be near work <input type="checkbox"/>
	To set up home independently <input type="checkbox"/>
	To join two households (where two tenants of social landlords want to move in together) <input type="checkbox"/>
	Need to move on medical or welfare grounds including those relating to disability. We will write to you separately about this <input type="checkbox"/>
Approached the local authority where you live for help. <input type="checkbox"/>	Need to move to the district to avoid hardship to you or to other members of your household <input type="checkbox"/>
Attached copies of the local authority's decision letter. <input type="checkbox"/>	Shared Ownership <input type="checkbox"/>
To receive care and support. <input type="checkbox"/>	
Other: (Please give details) <input type="checkbox"/>	

12. Housing-related debts

Do you have any housing-related debts?

You (the applicant)		Joint applicant	
Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please give the amounts below.		Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please give the amounts below.	
Amount		Amount	
Rent arrears	£	Rent arrears	£
Former tenant arrears	£	Former tenant arrears	£
Housing Benefit overpayment	£	Housing Benefit overpayment	£
Council tax	£	Council tax	£
Court costs	£	Court costs	£
Repair charges	£	Repair charges	£
Any housing-related supporting people charge debt	£	Any housing-related supporting people charge debt	£
Other housing debt for example to a mortgage lender	£	Other housing debt for example to a mortgage lender	£

If you have said that you have housing-related debts, what arrangements have you made to clear the debt?

You (the applicant)	Joint applicant

13. Where would you like to live?

Please tick any areas where you would like to live.

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

If you have told us you want to live in a rural area please tell us what connection you have to that area. Please tell us about any areas within the district where you believe you cannot live due to a risk of violence, harassment or domestic abuse. Please provide evidence of this risk.

14. Pets

Please tell us here about any pets that you want to be housed with. If you have an assistance dog please provide a letter of verification from the Agency supporting you.

Declaration

I/We confirm that the details in the attached HomeChoice form are true. I/We will tell you about any changes in my/our circumstances. I/We understand that any false or misleading statement or withholding any relevant information, now or in the future, may result in my application being cancelled or any tenancy granted to me ending, or may lead to a prosecution for criminal offences. I/We understand that it is an offence under Section 171 of Part 6 of The Housing Act 1996 to give false statements, withhold information or fail to disclose a change of circumstances in relation to any application processed by Warwick District Council. A person guilty of an offence under this section is liable on conviction to a fine of up to £5,000.

Why do we collect this information?

We need the personal information you supply so that we can check if you are eligible to be housed. HomeChoice is a partnership between Warwick District Council and Registered Providers (Housing Associations) who work together for the purpose of prioritising the allocation of social housing. The legal basis for processing your information is under the Councils public duties as set out in part 6 and part 7 of the Housing Act 1996, as amended.

What information is collected?

- Name
- Address
- Household details
- Financial circumstances
- Employment details
- Housing circumstances
- Health details

Who has access to the information?

The information you provide will be accessible by Local Authority staff working in the Housing Advice and Allocations Teams. It is shared with other social housing landlords so they can allocate their properties appropriately. The information may also be shared with other organisations for example; other Local Authority departments, medical practitioners and advisers, Government Departments and Agencies.

How long is the information kept?

The information will be kept electronically for six years after the date of our last contact with you. Further details on your statutory rights, and other privacy information can be found on our website at: - <https://www.warwickdc.gov.uk/privacy>

I authorise Warwick District Council Housing Advice and Allocations Team to make enquiries regarding my housing issues in order to process my application. I give consent for Warwick District Council to share any information or data relating to this HomeChoice application to the third parties mentioned above and authorise those third parties to provide information (including sensitive information) to authorisation (consent) is being given by myself on behalf of all relevant members of my household.

Your signature

Joint applicant signature

Date

/

Date

/

Please note - This form must be signed with a signature or e-signature and not a typed name.

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

Relationship to the person applying

Emergency contact/Next of kin

Relationship to you

Please return this form by:

Email: housing.advice@warwickdc.gov.uk

Post: Warwick District Council, Housing Services, Town Hall, Parade, Leamington Spa, CV32 4AT

By hand: Royal Pump Rooms, Royal Leamington Spa, CV32 4AA

Equal opportunities

We serve a wide-ranging community and are committed to meeting the needs of everyone in providing housing. Together with our partners, we want to make sure that everyone has a fair chance of housing through HomeChoice, no matter what their ethnic origin, sex, age or disability.

To make sure that no person receives less favourable treatment, and for no other reason, please fill in the following information. This information will be strictly confidential.

What would you consider your ethnic group to be?

(Choose one section from A to F, and tick where appropriate. You can find sections E and F on the back of this form.)

You (the applicant)

White

A	<input type="checkbox"/>	British
	<input type="checkbox"/>	Irish
	<input type="checkbox"/>	Gypsy or Traveller
	<input type="checkbox"/>	Any other white background, please write in <input type="text"/>

Mixed

B	<input type="checkbox"/>	White and black Caribbean
	<input type="checkbox"/>	White and black African
	<input type="checkbox"/>	White and Asian
	<input type="checkbox"/>	Any other mixed background, please write in <input type="text"/>

Asian or Asian British

C	<input type="checkbox"/>	Indian
	<input type="checkbox"/>	Pakistani
	<input type="checkbox"/>	Bangladeshi
	<input type="checkbox"/>	Any other Asian background, please write in <input type="text"/>

Black or black British

D	<input type="checkbox"/>	Caribbean
	<input type="checkbox"/>	African
	<input type="checkbox"/>	Any other black background, please write in <input type="text"/>

Joint applicant

White

A	<input type="checkbox"/>	British
	<input type="checkbox"/>	Irish
	<input type="checkbox"/>	Gypsy or Traveller
	<input type="checkbox"/>	Any other white background, please write in <input type="text"/>

Mixed

B	<input type="checkbox"/>	White and black Caribbean
	<input type="checkbox"/>	White and black African
	<input type="checkbox"/>	White and Asian
	<input type="checkbox"/>	Any other mixed background, please write in <input type="text"/>

Asian or Asian British

C	<input type="checkbox"/>	Indian
	<input type="checkbox"/>	Pakistani
	<input type="checkbox"/>	Bangladeshi
	<input type="checkbox"/>	Any other Asian background, please write in <input type="text"/>

Black or black British

D	<input type="checkbox"/>	Caribbean
	<input type="checkbox"/>	African
	<input type="checkbox"/>	Any other black background, please write in <input type="text"/>

E

 Chinese

Any other ethnic background,
please write in

--

F	
---	--

E

 Chinese

Any other ethnic background,
please write in

--

F	
---	--

	You (the applicant)	Joint applicant
Do you consider yourself to have a disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have ticked 'Yes' to the above question, please give more details.		



WARWICK
DISTRICT
COUNCIL

