

APPLICATION FORM FOR HOUSING

- Please fill in the form fully and clearly, with a pen
- Please tick correct boxes, complete all sections and sign and date the form on the back page.
- If you need help to fill in the form please ask us.

我們可以協助您填寫表格。

اگر آپ کو فارم پُر کرنے میں امداد کی ضرورت ہو تو ہم سے کہیے

কর্মটি পরিপূর্ণ করতে যদি আপনার সাহায্যের প্রয়োজন হয় তবে অনুগ্রহ করে আমাদের দিকটো জিজ্ঞাসা করুন।

ਜੇ ਤੁਹਾਨੂੰ ਇਸ ਫਾਰਮ ਦੇ ਭਰਨ ਵਿਚ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੁੰਦੇ ਤਾਂ ਸਾਡੇ ਨਾਲ ਗੱਲ ਕਰੋ।

Když potřebujete pomoc s tímto formulářem požádejte nás o pomoc.

Jeżeli potrzebujesz pomocy w wypełnianiu tego formularza, poproś nas.

Please reply to :

St. Vincent's Housing Association Limited
1st Floor
Metropolitan House
20 Brindley Road
Old Trafford
Manchester
M16 9HQ

telephone 0161 772 2162

fax 0161 772 2121

minicom (18002) 0161 772 2156

www.svha.co.uk

Application type: Direct Choice Based Letting Transfer Mutual Exchange Nomination

1. Personal details

Please tick or fill in the relevant boxes

	Applicant	Joint Applicant
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs
Gender (sex)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Surname / Last Name		
First Name(s)		
Unmarried / Previous Name(s)		
Date of Birth		
Age		
National Insurance Number		
Present Address (or c/o if applicable)		
Post Code(s)		
Contact telephone number(s)	Home	Home
including area code(s)	Work	Work
	Mobile	Mobile
Nationality*		
Occupation		
Name of Bank		
Account Number		

What relation is the joint applicant to yourself?

partner husband wife friend other (please specify)

* Please also attach copies of all relevant documents confirming your status in the United Kingdom. This may include a copy of your passport, any relevant Home Office documentation or Work Permit.

2. About your household

List the names of everyone who will be moving in with you and tick the relevant boxes
DO NOT INCLUDE DETAILS OF YOURSELF OR JOINT APPLICANT

First name(s)	Surname	Male or Female	Date of Birth	Relationship to you (son, sister etc)	Is this person living with you now?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you or any of these people expecting a baby? Yes No

If yes, who?

Date the baby is due (please enclose proof of pregnancy)

Do you have access or custody of children? (please enclose proof) Yes No

3. Your present housing

Details of your present accommodation

- | | |
|---|---|
| <input type="checkbox"/> Local Authority Tenant | <input type="checkbox"/> Owning or buying |
| <input type="checkbox"/> Housing Association Tenant | <input type="checkbox"/> Living with family or friends |
| <input type="checkbox"/> Private Tenant | <input type="checkbox"/> Temporary accommodation, e.g bed & breakfast |
| <input type="checkbox"/> Tied home or rent with job | <input type="checkbox"/> Other, e.g prison, long-term hospitalisation |

If you are tenant, please give your current Landlord's name, address and telephone number

Name

Address

Telephone No.

Do you or any member of your household require any adaptations such as wheelchair access/stairlift etc. If 'Yes', please give details of adaptations required Yes No

Do you live in a:

- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> House | <input type="checkbox"/> Hostel | <input type="checkbox"/> Bedsit |
| <input type="checkbox"/> Flat | <input type="checkbox"/> Hospital | <input type="checkbox"/> Bed & Breakfast |
| <input type="checkbox"/> Maisonette | <input type="checkbox"/> Caravan / mobile home | <input type="checkbox"/> Institution (e.g Children's home, prison) |

How many bedrooms are in the property?

Do you own a pet? Yes No **If 'Yes', what is it?**

Please give details of addresses over the last five years where you (and the joint applicant if applicable) have lived, indicating whether Council or Housing Association Tenants. Start with your present address.

If you are a private, council or housing association tenant or lodging please give name and address of your landlord.

Applicant Address

Date from Date to

Applicant Address	Date from	Date to

Joint Applicant Address	Date from	Date to	If you are a private, council or housing association tenant or lodging please give name and address of your landlord.

4. Have you or a member of your household in your current or previous tenancy...

Been served with a Notice to Seek Possession, a Possession Order or been evicted?

Yes No

Left a tenancy without giving notice or caused damage to the property?

Yes No

Left a tenancy owing more than £200 in rent arrears?

Yes No

Committed Anti-Social Behaviour/Neighbour Nuisance or been the subject of an injunction or Anti-Social Behaviour Order?

Yes No

Convicted a criminal offence? (if 'Yes', this information may be checked with other agencies)

Yes No

Ever used violence or threatening behaviour against a landlord, their employees, agents or contractors?

Yes No

If you have said 'Yes' to any of the above, please give details

5. Reason for needing housing

Please tick the relevant boxes and give us written evidence where asked.

- Are you homeless (Please provide details of proof)
- Threatened with homelessness (Please provide details and proof, e.g legal notice, letter from solicitor)
- Problems with health and disability (Please provide details and complete medical form)
- Nuisance (e.g Racial harassment, neighbour nuisance) (Please provide proof and details (e.g police evidence, local authority report, letter from supporting agency etc.))
- Overcrowding (Please provide details)
- Disrepair / Home in poor condition (Please provide details)
- Other (please specify)

6. Support

Do you require support to manage your current tenancy?

Yes No

If yes please specify what this support is, for example this maybe to manage your health needs or problems due to anti social behaviour etc.

Do you require support to manage your tenancy if you are offered a tenancy with St Vincent's Housing Association?

Yes No

If yes please specify what support you are looking for. For example you may need support as this is your first tenancy, cultural needs, community psychiatric nurse, learning difficulties etc.

You may already have support which will be with you once in your tenancy with St Vincent's Housing Association. If this is the case please specify the support provided and the support provider's details (name, address, and phone numbers)

7. Location of schemes you want

Please state by name which of the schemes from the enclosed list you would move to if an offer of accommodation was made:

1st Choice

2nd Choice

3rd Choice

4th Choice

8. Relationship to Staff or Board

Employees, Board Members or their close relatives have to seek special permission from our Board of Management if they want to apply for St. Vincent's Housing, so if you or any member of your household is an employee, board member or one of their relatives, please give details.

9. Next of kin

Please give Name, Address and Telephone number of next of kin.

Name

Address

Telephone

10. Equal Opportunity in Housing

St Vincent's Housing Association Ltd wants to ensure that all its customers are treated fairly and that no-one is discriminated against. We ask all our customers to complete this form so we can monitor the service we provide you, make sure we investigate any inequalities and remove any disadvantage to you accessing any service. The information you provide us will help us;

- Know who is using our service and if people are satisfied.
- Ensure we remove any barriers identified for a particular group
- Ensure our Equality and Diversity policy is working
- Make sure you receive service relevant to you for example if you ask for information in audio we can send you information in this format in the future.

This information is kept strictly confidential. You do not have to complete the form, but it will help us improve our services if you do.

Disability Do you consider yourself disabled?

	Housebound	Hearing Impairment	Learning difficulties	Restricted mobility with no wheelchair	sight impairment	confined to wheelchair	Restricted mobility with wheelchair
Tenant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joint Tenant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ethnicity Do you consider your ethnic origin to be:

a. White	<input type="checkbox"/> British	<input type="checkbox"/> Irish	<input type="checkbox"/> Other
b. Mixed	<input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Asian	<input type="checkbox"/> White and Black African <input type="checkbox"/> Other	
c. Asian or Asian British	<input type="checkbox"/> Indian <input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Pakistani <input type="checkbox"/> Other	
d. Black or Black British	<input type="checkbox"/> Caribbean	<input type="checkbox"/> African	<input type="checkbox"/> Other
e. Chinese or ethnic group	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other	
f. Any other Ethnic Group not listed, please specify			
g. Question refused	<input type="checkbox"/>		

Please confirm your Nationality as it appears on your passport

Please also attach copies of all relevant documents confirming your status in the United Kingdom. This may include a copy of your passport, any relevant Home Office documentation or work permit.

Religion / Belief What is your religion or belief?

<input type="checkbox"/> No religion	<input type="checkbox"/> Christian	<input type="checkbox"/> Muslim	<input type="checkbox"/> Buddhist
<input type="checkbox"/> Hindu	<input type="checkbox"/> Jewish	<input type="checkbox"/> Sikh	<input type="checkbox"/> Prefer not to say

Other religion, please specify

Sexual orientation What is your sexual orientation?

<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Gay	<input type="checkbox"/> Lesbian	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Prefer not to say
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Format

If English is not your main language, please state which language would you prefer us speak to you in. If you would prefer any documents in another format or language please specify for example in Braille, large print, audio or another language such as Urdu, Polish etc.

11. Statement

Please read and sign this statement

Information provided on this application form will be held and used in accordance with the Data Protection Act 1998. By signing this form you give permission for the exchange of information between St Vincent's Housing Association and other parties to verify the information you have provided.

Your details will be shared with other landlords if you have applied for any Choice Based Lettings scheme in which St Vincent's Housing Association participates in.

I understand the St Vincent's Housing Association will carry out a check to ensure the accuracy of any information I provide on this application form and give permission for them to do so. The Association is committed to creating stable and secure communities for people to live in without the fear of suffering harassment or nuisance or nuisance from their neighbours. In order to support these aims we will be carrying out checks on current and previous tenancies and asking for references to include (but not an exhaustive list) anti social behaviour and/or criminal behaviour, rent arrears and property damage that you maybe responsible for. This may include a check with the police or you maybe asked to provide a police reference.

The information given on this form is, to the best of my knowledge, true and correct. I will inform the Association if my circumstances changes in any way. I understand that the Association has the right to refuse to allocate a property, withdraw an offer and take action to repossess any property that has been obtained, where applicants.

Signed
(applicant)

Date

Signed
(joint applicant)

Date

In future, if you wish to check the information you have given on this form, please contact our office. You have the right to see the information. **If your circumstances change, let us know.**

12. Checklist

Before returning the form please ensure you have:

- Completed all parts
- Signed and dated the statement
- Enclosed all relevant information

If parts are missing it may delay your application being processed (including 2 references). Incomplete forms will be returned



Awarded for excellence



POSITIVE ABOUT
DISABLED PEOPLE



INVESTOR IN PEOPLE

اگر آپ کو اس معلومات کا ترجمہ چاہیے ہو تو براہ کرم اپنے مقامی آفس سے رابطہ کریں