



MITRE HOUSING ASSOCIATION LTD

AGENTS:
 Eden Housing Association
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FOR OFFICE USE ONLY

Application No:

Date:

Total number of points:

Home visited: Date:

Homeless Application: Y N

New Application:

Transfer:

Mutual Exchange: HOMES

Tenancy Reference:

HOUSING APPLICATION FORM

If you require any assistance with completing this form, please contact the Association's housing team on telephone number 0800 1833948. Please complete every question, we need the answers in order to assess your application. Failure to do so may result in your application not being given the priority it deserves. If we need to contact you for further information, it will cause a delay in your application being registered.

SECTION A: DETAILS OF YOU AND YOUR HOUSEHOLD

1. Applicants	About You	Joint Applicant
Surname		
First Name(s)		
Mr, Mrs, Miss, Ms		
Any former name(s)		
Date of birth		
National Insurance Number		
Telephone: Home/Mobile		
Telephone: work		
Address (if you do not have an address you must tell us how we can contact you)		
Post code		
e-mail address		
Town and country of birth		
If born abroad, length of residence in the UK		
Are you a refugee or seeking asylum?		

2. Your family

Please give details of the people who will live with you and the joint applicant (if applicable) when you are rehoused.

Surname	First Name(s)	Date of Birth	Male or Female	Relationship to you

If you have joint care arrangements for children, how often do they stay with you? Please supply any documents you may have supporting these arrangements.

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3. Are you or anyone in your family pregnant? If yes, please give name and expected date of birth.

Name :	Expected date of birth:
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4. If any of your family are living elsewhere, please give name and address.

Name:	
Address:	
Please state reason for separation e.g. lack of space	



5. Are you or anyone in your family registered disabled? If yes, please give name and details of the disability.

Name:	
Details:	

6. Do you need to move to give or receive support? If yes, please give details.

7. Do you or anyone in your family have medical problems which are affected by the property you currently live in? If yes, please give name and details of the medical problem (you will need to provide evidence such as a doctors letter)

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Name:	
Details:	
Name:	
Details:	

8. Do you or any member of your family use a wheelchair? Yes No
 Does any member of your family require a level access shower? Yes No
 Does any member of your family have difficulty climbing stairs? Yes No
 If so, please give name _____

9. Do you or any of your family have difficulty traveling to work or school? If yes, please give details including location of school/work.

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SECTION B: CURRENT CIRCUMSTANCES

1. Which of the following best describes your situation?

2. Which of the following best describes your home?

TENURE TYPE

PROPERTY TYPE

TENURE TYPE	✓	PROPERTY TYPE	✓
Local Authority/Housing Association tenant		House	
Private landlord tenant		Bungalow	
Owner Occupier		Maisonette	
Lodger		Bedsit	
Living with friends or relatives		Ground floor flat	
HM Forces		Flat above ground floor, which floor?	
Tied tenant/provided with job		Do you have a lift facility?	
Licensee		Bed and Breakfast	
Living in care/hospital		Hostel	
Prison		Sheltered accommodation	
Hostel/refuge		Caravan	
Other (give details):		Other (give details):	

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3. Use of rooms – please state below the sleeping arrangements

How many bedrooms within the property?	
Room	Name(s) and Age(s)
Bedroom 1	
Bedroom 2	
Bedroom 3	
Bedroom 4	
Living/Dining room	
Additional rooms	

4. Facilities – please tell us which of the following facilities you have and whether you share them with people who will not be rehoused with you.

Facility present	Yes	No	Sharing	Yes	No
Kitchen with hot and cold water			Is this facility shared?		
Bathroom with hot and cold water			Is this facility shared?		
Inside WC			Is this facility shared?		
Living room			Is this facility shared?		
Adequate lighting					
Adequate heating					
Adequate ventilation					
Garden					

5. Disrepair – does your home have any serious disrepair such as severe damp, structural instability, roof failure or defective windows? If yes, please give details.

Has an environmental health officer declared your home unfit?	Yes		No	

6. Do you have to leave your home? If so when and why?

Date to leave by:
Reason:

7. Suitability – is the layout of your home unsuitable for your needs? If so, why? For example, is your home too large?

SECTION C: CURRENT AND PREVIOUS LANDLORDS

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1. If you rent your home or are lodging/staying with friends/family. Please give the name and address of your landlord.

Name			
Address			
Postcode			
Telephone no.			
How much rent do you pay?		Per week/month	
How long have you lived at this address?			

2. Please give details of your housing history over the last 5 years starting with the most recent (please use a separate page if necessary).

Address	Landlord	Date from	Date to	Reason for leaving

3. Has a possession order ever been made against you or a member of your household on the basis of behaviour or for rent arrears? Yes No

If so, please provide a copy.

4. Do you or any member of your household have any outstanding rent arrears or charges for repairs on any tenancy? Yes No

If so, please give details including amounts and any agreements to re-pay.

5. If you own or have a mortgage on a property please give the following details.

How much are your mortgage repayments?	£	per month
How much do you still owe?	£	
Do you have any mortgage arrears? If so, how much?	£	
How much is your home worth?	£	
Is this the home you live in or another property?		

SECTION D: FINANCIAL INFORMATION

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1. Employment – Are you and/or the joint applicant employed? If so, please give your job title, salary and name and address of employer.

Applicant	Job Title:
	Employer name and address:
	Net weekly earnings £:
Joint applicant	Job Title:
	Employer name and address:
	Net weekly earnings £:

2. Please give details of any other income you receive and any savings you have. If you are in receipt of any benefits, please state what type e.g. income support.

	Private pensions £ per week	Weekly State Pensions and Benefits		Savings & shares
		Benefits Type	Amount £	
Applicant				
Joint applicant				
Other members of household				

SECTION E: WHY ARE YOU APPLYING FOR HOUSING?

1. Please tell us in detail the reasons why you need to be rehoused.

2. Are you suffering from any kind of violence or harassment? If so, please give details.



3. If you have any special needs, please give details.

SECTION F: CRIMINAL CONVICTIONS

Please provide details of any convictions, injunctions or anti-social behaviour orders you or any member of your family has (apart from spent convictions), to include the type of offence, the date of the offence, the sentence and where it was committed.

SECTION G: THE ACCOMMODATION YOU REQUIRE

1. Please tick the type(s) of property you would like to be considered for.

House Ground floor flat Above ground floor flat Bedsit
 Bungalow

2. What is the minimum number of bedrooms you require?

3. Please look at the list of areas below. Please only tick the areas where you want to live. Please refer to the attached list for property types.

Area	✓	Area	✓
Appleby		Belah, Carlisle	
Bolton		Braithwaite	
Chapel Stile		Cliburn	
Greystoke		Lorton	
Low Hesket		St Bees	
Windermere		Melmerby	
Troutbeck		Church Brough	
Workington – Cusack Crescent		Workington – Harrington Road	
Workington – Iredale Crescent		Workington – James Street	
Workington – King Street		Workington – Nook Street	
Workington – Rosemary Lane		Workington – Hyde Street	
Workington – Senhouse Street		Workington – Moss Bay Road	
Workington – Casson Road		Workington – Chapel Street	

4. Do you have a local connection to the area(s) you have chosen? Please tick all that are appropriate.

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Area of choice (please state e.g. Workington):	1.	2.	3.	4.
I already live in the area : ✓				
I was born in the area: ✓				
I have relatives in the area (please state the relation to you e.g. son): ✓				
I already work in the area: ✓				
I need to move to work in the area: ✓				
My children go to school in the area: ✓				

5. Do you have any other connections with any of the areas that you have chosen or do you make a significant contribution to town/village life? For example are you a member of any Committee's or Community or Social Groups?

Area of Choice (please state)	Other Connections
1.	
2.	
3.	
4.	

6. Please help us by telling us if you are looking for accommodation not listed above. This will help us when we are planning future new developments. Please indicate the location and size of property you are looking for.

6. Are you interested in low cost home ownership or shared ownership?
 If you tick this box, you will be sent a shared ownership application form.

Shared Ownership is an alternative to renting and full ownership. You buy part of a property and rent part, which means that you share the ownership of the property with us. It is a way of buying part of a home and getting a foot on the property ladder, which has the benefits and security of ownership but costs less than owning all of the home. Shared Ownership is an attractive option for people who have a regular household income, but are unable to afford to buy a home on the open market.

SECTION H: DECLARATION

1. Do you, or anyone on your application work for Mitre Housing Association or Eden Housing Association or are you, or anyone on your application related to any Board Member or employee of either Association?

Yes		No		If yes, please give details	
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2. Please sign and return the form to the address on the front. Please remember to enclose any medical or other evidence as necessary.

I confirm that the details I have given on this application are true. I understand that if I have knowingly given false information my application may be refused, points may be deducted, any offers withdrawn, or I may lose any tenancy I am granted. I acknowledge that the Association is entitled to make any enquiries about an applicant's background. I authorise any landlord, former landlord, local authority or police authority to disclose any relevant information. This may include information about previous tenancies or criminal convictions.

Signature		Date	
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3. Data Protection Act 1988

Information in respect of your Housing Application will be processed manually and electronically by Eden Housing Association for the proper conduct of the Association's housing function. Data will also be used for statistical purposes, although individuals will not be identified. You may ask to see information which is being held about you on your records, with the exception of any confidential medical information and in certain circumstances, information from or concerning third parties. You should ask a member of staff from the Housing Section if you wish to exercise this right. An administrative charge may be levied for this service. From time to time we will pass data to third parties for the proper conduct of the Association's housing function. For a full list of these recipients and their purpose in data processing please contact the Association.

SECTION I: EQUAL OPPORTUNITIES

This information will only be used to check that the Association’s Equality and Diversity policy is working and help us ensure that everyone is treated fairly. It will not be used for any other purpose. Please tick one box only in each part.

PART 1:

I would describe my ethnic origin as (please tick appropriate box):

- Caribbean African
- South East Asian Asian
- British/European Irish
- Other Combination of above groups
- Question refused

PART 2:

- Black White
- Other Mixed

We will do what is reasonable to provide information in alternative formats on request, including tape, Braille, large print and translations. If we encounter difficulties meeting your request, we will discuss the best solution for you.

Please can you tell us how you heard about Mitre Housing Association