



**FOR
OFFICE USE
ONLY**



Housing Application Form

This form gives the Council the information needed to assess your application for housing.
Please complete every section as fully as you can. If you need more space than is
provided to answer a question, please continue on a separate sheet.
If you need help to complete this form, please ask.



You can get a copy of this document in different formats such as large print, Braille, audio, or in a different language by calling 0845 057 0080 or check our website www.southlakeshousing.co.uk

আপনি 0845 057 0080 -এই নম্বর ফোন করে, বিভিন্ন ফরম্যাট যেমন বড় প্রিন্ট, ব্রেইল, অডিও বা একটি ভিন্ন ভাষাতে এই নথিটির একটি কপি পেতে পারেন।

Pode obter uma cópia deste documento em vários formatos, como por exemplo em Braille, áudio, ou numa outra língua. Para tal ligue para o 0845 057 0080.

如果您想获取该文件的不同版本，如：大字体印刷、盲文、音频或不同语言版本，请致电：0845 057 0080。

Paskambinę telefonu 0845 057 0080, galite užsisakyti šio dokumento kopiją įvairiais formatais, pavyzdžiui, atspausdintą dideliu šriftu, Brailio raštu, užsisakyti garso įrašą arba gauti dokumentą, išverstą į norimą kalbą.

Aby otrzymać kopię tego dokumentu w innych formatach, takich jak duży druk, druk Braille'm, audio, lub w innym języku proszę dzwonić pod numer 0845 057 0080.

0845 057 0080'u arayarak, bu dokümanın bir kopyasını büyük puntolu, körler için kabartmalı, ses dosyası gibi değişik formatlarda veya farklı bir dilde edinebilirsiniz.

1

ABOUT YOU AND YOUR PARTNER (IF APPLICABLE)

The information you give us in this section will help us meet our policy of delivering an equal service to all. The information provided will be kept confidential

YOUR DETAILS

1.1

Mr Mrs Miss Ms

Surname

First Names

1.2

Date of Birth

1.3

N.I. No

1.4

Address

Post code

Home Tel No

Mobile

E-mail

1.5

Date moved in

1.6

Please give your addresses over the last 5 years, starting with the most recent.

Address
Date from/to
Reason for leaving

Address
Date from/to
Reason for leaving

Address
Date from/to
Reason for leaving

YOUR PARTNER'S DETAILS

Mr Mrs Miss Ms

Surname

First Names

Date of Birth

N.I. No

Address

Post code

Home Tel No

Mobile

E-mail

Date moved in

Please give your addresses over the last 5 years, starting with the most recent.

Address
Date from/to
Reason for leaving

Address
Date from/to
Reason for leaving

Address
Date from/to
Reason for leaving

1.7 If you live outside South Lakeland now, please give details of any previous residence in South Lakeland.

Address
Date from/to

Address
Date from/to

Address
Date from/to

Address
Date from/to

1.8 Who is your employer?
(Prospective employer if you are taking up a new job. If this is the case, please supply proof, this should state if the job is permanent, temporary or seasonal).

Who is your employer?
(Prospective employer if you are taking up a new job. If this is the case, please supply proof, this should state if the job is permanent, temporary or seasonal).

Name
Address

Name
Address

1.9 Which of the following are you interested in?

	Yes	No		Yes	No
Council Housing for Rent	<input type="checkbox"/>	<input type="checkbox"/>	Shared Accommodation*	<input type="checkbox"/>	<input type="checkbox"/>
Housing Association Housing for Rent*	<input type="checkbox"/>	<input type="checkbox"/>	Low Cost Home Ownership*	<input type="checkbox"/>	<input type="checkbox"/>
Privately Rented Housing*	<input type="checkbox"/>	<input type="checkbox"/>	Shared Ownership*	<input type="checkbox"/>	<input type="checkbox"/>

* If you have expressed interest in these options we will need to supply your details in confidence to potential landlords or sellers.

1.10 Do you want to be considered for accommodation as soon as possible or in the future?
 As soon as possible In the future*

*** Note: If you tick this box, you will be registered but you will NOT be actively considered for accommodation until you ask us.**

1.11	Are you disabled? <i>Please tick any that apply to you:-</i>	Are you disabled? <i>Please tick any that apply to you:-</i>
	You have a specific learning difficulty (for example, dyslexia) <input type="checkbox"/>	You have a specific learning difficulty (for example, dyslexia) <input type="checkbox"/>
	You are blind or partially sighted <input type="checkbox"/>	You are blind or partially sighted <input type="checkbox"/>
	You are deaf or hard of hearing <input type="checkbox"/>	You are deaf or hard of hearing <input type="checkbox"/>
	You use a wheelchair or have mobility difficulties <input type="checkbox"/>	You use a wheelchair or have mobility difficulties <input type="checkbox"/>
	You have Spectrum Disorder or Asperger Syndrome <input type="checkbox"/>	You have Spectrum Disorder or Asperger Syndrome <input type="checkbox"/>
	You have mental health difficulties <input type="checkbox"/>	You have mental health difficulties <input type="checkbox"/>
	You have a disability that cannot be seen, for example diabetes, epilepsy or a heart condition <input type="checkbox"/>	You have a disability that cannot be seen, for example diabetes, epilepsy or a heart condition <input type="checkbox"/>
You have a disability, special need or medical condition that is not listed above please tell us what it is	You have a disability, special need or medical condition that is not listed above please tell us what it is	
.....	
.....	

1.12	What is your ethnic group?: <i>Please tick the relevant box</i>	What is your ethnic group?: <i>Please tick the relevant box</i>
	White British <input type="checkbox"/>	White British <input type="checkbox"/>
	White Irish <input type="checkbox"/>	White Irish <input type="checkbox"/>
	White Other <input type="checkbox"/>	White Other <input type="checkbox"/>
	White and Black Caribbean <input type="checkbox"/>	White and Black Caribbean <input type="checkbox"/>
	White and Black African <input type="checkbox"/>	White and Black African <input type="checkbox"/>
	White and Asian <input type="checkbox"/>	White and Asian <input type="checkbox"/>
	Mixed Other <input type="checkbox"/>	Mixed Other <input type="checkbox"/>
	Asian/British – Indian <input type="checkbox"/>	Asian/British – Indian <input type="checkbox"/>
	Asian/British – Pakistani <input type="checkbox"/>	Asian/British – Pakistani <input type="checkbox"/>
	Asian/British – Bangladeshi <input type="checkbox"/>	Asian/British – Bangladeshi <input type="checkbox"/>
	Asian or Asian British Other <input type="checkbox"/>	Asian or Asian British Other <input type="checkbox"/>
	Black/British – Caribbean <input type="checkbox"/>	Black/British – Caribbean <input type="checkbox"/>
	Black/British – Other <input type="checkbox"/>	Black/British – Other <input type="checkbox"/>
	Chinese <input type="checkbox"/>	Chinese <input type="checkbox"/>
	Gypsy <input type="checkbox"/>	Gypsy <input type="checkbox"/>
	Traveller <input type="checkbox"/>	Traveller <input type="checkbox"/>
	Romany <input type="checkbox"/>	Romany <input type="checkbox"/>
	Other <input type="checkbox"/>	Other <input type="checkbox"/>
	Prefer not to say <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>

1.13 Which sex are you?

- Female
- Male
- Transgender
- Prefer not to say

Which sex are you?

- Female
- Male
- Transgender
- Prefer not to say

1.14 What is your sexual orientation?

- Straight
- Gay
- Lesbian
- Bisexual
- Prefer not to say

What is your sexual orientation?

- Straight
- Gay
- Lesbian
- Bisexual
- Prefer not to say

1.15 What is your religion or belief?

- Buddhist
- Christian *(please specify denomination)*

What is your religion or belief?

- Buddhist
- Christian *(please specify denomination)*

-
- Hindu
 - Jewish
 - Muslim
 - Sikh
 - No Religion
 - Other *(please specify)*

-
- Hindu
 - Jewish
 - Muslim
 - Sikh
 - No Religion
 - Other *(please specify)*

-
- Undeclared

-
- Undeclared

1.16 Do you owe rent to any Council or Housing Association?

Yes No

If yes, please give details

Do you owe rent to any Council or Housing Association?

Yes No

If yes, please give details

1.17 YOUR IMMIGRATION STATUS

We must ask this question by law. The law says we are not allowed to offer a property to certain people from abroad who are subject to immigration control. To establish your status you may be asked to provide your passport and other supporting documentation.

Is everyone who is part of your application a British Citizen/Commonwealth Citizen/Citizen of the European Economic Area*?

YES NO

If no, please give further details

Has everybody who is part of your application lived in the UK, Republic of Ireland, The Channel Islands and/or the Isle of Man for the past 5 years?

YES NO

If no, please give further details

Has anyone who is part of your application been subject to immigration control under the Asylum and Immigration Act 1996?

YES NO

If yes, please give further details

Has anyone who is part of your application ever been prevented from claiming benefits?

YES NO

If yes, please give further details

* The following countries are in the European Economic Area: Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Republic of Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxemburg, Malta, The Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden.

Also Switzerland (while Switzerland is not in the EEA, Swiss nationals have the same rights as EEA nationals).

1.18

ISSUES RELATING TO CRIME, ANTI-SOCIAL BEHAVIOUR AND BREACHES OF TENANCY CONDITIONS

Do you or any members of your household have Criminal convictions other than those spent under the 1974 Rehabilitation of Offenders Act?

YES NO

If yes, please give further details

Have you or anyone in your household had legal action started, or taken against you (for example Possession proceedings, Notice of Possession, ASBO, Injunctions, Parenting Order, etc) as a result of causing or allowing anti-social behaviour?

YES NO

If yes, please give further details

Do you or any members of your household have any Convictions or cautions for offences under Sex Offenders Act 1997 or Child and Young Persons Act 1933 (A schedule 1 Offender)?

YES NO

If yes, please give further details

Have any possession proceedings been taken against you for breaking any tenancy conditions?

YES NO

If yes, please give further details

2

ABOUT YOUR HOUSEHOLD

2.1

Please tell us who you want rehousing with. If this includes children whom you have part-time access, please state how frequent this access is.

Full Name	Date of Birth	Relationship to you	Address

2.2

Are you or any of the people listed above expecting a baby? Yes No
You must send a copy of the birth certificate when the baby is born.

Name of pregnant woman	Date baby is due

2.3

Do you or anyone you wish to be rehoused with suffer from a medical condition which is made worse by where you live?

Yes No

2.4

Do you wish to move either to give support to a relative who is ill or to receive support from a relative because you or someone you wish to be rehoused with is ill? *(please note we shall need to contact the relative concerned in order to confirm this)*

Yes No

2.5

If yes, give details of person needing support/giving support (please delete)

Name	Address	Tel. No.	Relationship to You

Note:

If you have answered YES to either questions 2.3 or 2.4 you will be sent a form for medical assessment, if you have not already completed one.

2.6

Please detail support needed/to be given.

2.7

Do you have a support worker or anyone else we can contact with your permission about your application e.g. Social Worker, Probation Officer, Case Worker or Support Worker?

Yes No

Name/Job Title

Address

Telephone No.

Authorisation (Signature of applicant)

3

ABOUT WHERE YOU LIVE

3.1

Which of the following best describe your housing situation?

Owner occupier Living with friends/relatives Council Tenant
 Homeless/no fixed address Lodger Housing Association (RSL) Tenant
 Private tenant

If Tenant, date tenancy ends or is due for renewal (if any)

Accommodation provided with job Date job finishes (if known)

Other (please specify)

3.2

What type of property do you live in?

House Flat Bungalow Bedsit
 Hostel Caravan Hospital Room in shared house

Other (please specify)

If it is a FLAT, which floor is it on? and, is there a lift? Yes No

3.3

How many bedrooms are there in total?

3.4

How many bedrooms do you (and the people to be re-housed with you) have use of?

3.5

Do you and the people you wish to be rehoused with presently share your accommodation with anyone else?

Yes No If yes please tick:

Sharing bath/shower
 Sharing wc
 Sharing kitchen
 Other (please specify)

If yes, who do you share with

Name	Date of Birth	Relationship to you

3.6

Does your home suffer from serious disrepair (eg dampness, structural problems, poor kitchen facilities)?

Yes No

If YES, would you AGREE to a visit from an Environmental Health Officer to assess your situation? Please note that you will not be awarded points for disrepair if an Environmental Health Officer is unable to visit.

Yes No

3.7 If you are a tenant, please give the name and address of your landlord

Name	Address

3.8 If you pay rent, please tell us how much the rent is £ per month/week (*delete as appropriate)

3.9 If you get housing benefit, please tell us how much £ per month/week (*delete as appropriate)

3.10 If you have been asked to leave your current home, please tell us the date you have been asked to leave

If you have a written notice, please supply a copy of this.

4 YOUR FINANCIAL CIRCUMSTANCES

4.1 Please tell us what your total household weekly income is before deductions £

4.2 Do you receive any of the following benefits (please tick)

Disability Living Allowance	<input type="checkbox"/>
Family Credit	<input type="checkbox"/>
Income Support	<input type="checkbox"/>
Job Seekers Allowance	<input type="checkbox"/>
Attendance Allowance	<input type="checkbox"/>

4.3 If you, or your partner, have any savings please tell us how much £

4.4 If you, or your partner, have any other capital (eg shares) please tell us how much they are worth £

4.5 Do you, or your partner own your own home or any other property? Yes No

If yes, please give details

Address of property

Value of property	£ <input type="text"/>
Mortgage outstanding	£ <input type="text"/>
Monthly repayments	£ <input type="text"/>
Arrears (if any)	£ <input type="text"/>

4.6 If you are not living in the property you own, please tell us why not

WHERE WOULD YOU LIKE ACCOMMODATION

5.1

Please tick all the areas where you would like accommodation. Only tick a box where you are certain that you want to be offered accommodation in this area.

LAKES AREA

Ambleside	<input type="checkbox"/>	Crosthwaite	<input type="checkbox"/>	Ings	<input type="checkbox"/>	Staveley	<input type="checkbox"/>
Coniston	<input type="checkbox"/>	Grasmere	<input type="checkbox"/>	Langdale	<input type="checkbox"/>	Troutbeck Bridge	<input type="checkbox"/>
Crook	<input type="checkbox"/>	Hawkshead	<input type="checkbox"/>	Satterthwaite	<input type="checkbox"/>	Windermere	<input type="checkbox"/>

SHELTERED HOUSING

Birthwaite, Windermere	<input type="checkbox"/>	Drummermire, Ambleside	<input type="checkbox"/>
Gatesfield, Windermere	<input type="checkbox"/>	Rowan Court, Ambleside	<input type="checkbox"/>
School Knott Close, Windermere	<input type="checkbox"/>	West Ing, Ambleside	<input type="checkbox"/>

KENDAL TOWN

Any Kendal	<input type="checkbox"/>	Hallgarth	<input type="checkbox"/>	Rinkfield	<input type="checkbox"/>	Waterside/ SE Highgate	<input type="checkbox"/>
Castle	<input type="checkbox"/>	Kirkbarrow	<input type="checkbox"/>	Romney Gardens	<input type="checkbox"/>	Underley	<input type="checkbox"/>
Fellside	<input type="checkbox"/>	Pembroke Court	<input type="checkbox"/>	Sandylands	<input type="checkbox"/>	Other Kendal	<input type="checkbox"/>

SHELTERED HOUSING

Castle Walk	<input type="checkbox"/>	Cross Lane	<input type="checkbox"/>	Edgecombe Court	<input type="checkbox"/>	Gallowbarrow	<input type="checkbox"/>
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TOWNS/VILLAGES SURROUNDING KENDAL

Arnside	<input type="checkbox"/>	Crosscrake	<input type="checkbox"/>	Kirkby Lonsdale	<input type="checkbox"/>	Old Hutton	<input type="checkbox"/>
Barbon	<input type="checkbox"/>	Dent	<input type="checkbox"/>	Levens	<input type="checkbox"/>	Oxenholme	<input type="checkbox"/>
Beetham	<input type="checkbox"/>	Endmoor	<input type="checkbox"/>	Lupton	<input type="checkbox"/>	Sedbergh	<input type="checkbox"/>
Burneside	<input type="checkbox"/>	Farleton	<input type="checkbox"/>	Mealbank	<input type="checkbox"/>	Sedgwick	<input type="checkbox"/>
Burton	<input type="checkbox"/>	Grayrigg	<input type="checkbox"/>	Milnthorpe	<input type="checkbox"/>	Stainton	<input type="checkbox"/>
Casterton	<input type="checkbox"/>	Hincaster	<input type="checkbox"/>	Natland	<input type="checkbox"/>	Storth	<input type="checkbox"/>
Crooklands	<input type="checkbox"/>	Holme	<input type="checkbox"/>	New Hutton	<input type="checkbox"/>		

SHELTERED HOUSING

Binfold Croft, Kirkby Lonsdale	<input type="checkbox"/>	Gladstone House, Sedbergh	<input type="checkbox"/>
Millom Court, Arnside	<input type="checkbox"/>	Gowan Lea, Burneside	<input type="checkbox"/>

ULVERSTON

Any Ulverston	<input type="checkbox"/>	Croftlands	<input type="checkbox"/>	Town Centre	<input type="checkbox"/>	Park Estate/ Watery Lane	<input type="checkbox"/>
Beckside Road	<input type="checkbox"/>	Honeypot	<input type="checkbox"/>				

SHELTERED HOUSING

Fell Close/Ellerside	<input type="checkbox"/>	Mill Dam/Southergate	<input type="checkbox"/>	Tyson Square/Neville Street	<input type="checkbox"/>
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TOWNS/VILLAGES SURROUNDING ULVERSTON

Allithwaite	<input type="checkbox"/>	Cartmel	<input type="checkbox"/>	Greenodd	<input type="checkbox"/>	Meathop	<input type="checkbox"/>
Backbarrow	<input type="checkbox"/>	Finsthwaite	<input type="checkbox"/>	Haverthwaite	<input type="checkbox"/>	Newbiggin	<input type="checkbox"/>
Bouth	<input type="checkbox"/>	Flookburgh	<input type="checkbox"/>	Kirkby-in-Furness	<input type="checkbox"/>	Penny Bridge	<input type="checkbox"/>
Broughton Beck	<input type="checkbox"/>	Gleaston	<input type="checkbox"/>	Leece	<input type="checkbox"/>	Spark Bridge	<input type="checkbox"/>
Broughton-in-Furness	<input type="checkbox"/>	Grange-over-Sands	<input type="checkbox"/>	Lindale	<input type="checkbox"/>	Swarthmoor	<input type="checkbox"/>
Cark	<input type="checkbox"/>	Great Urswick	<input type="checkbox"/>	Little Urswick	<input type="checkbox"/>	Witherslack	<input type="checkbox"/>

SHELTERED HOUSING

Yewbarrow Lodge, Grange-over-Sands

Please note that some of these areas have very few properties, and that not all areas have all types of property (for example, there are no bungalows in Burneside and no flats in Arnside.) The Council's Housing Allocation Policy booklet gives more details. Please bear this in mind when choosing your preferred areas.

5.2 From the above lists please tell us your main preferred town/village(s) of choice.

Priority One (main preference)

Priority Two (second preference)

Priority Three (third preference)

6 ABOUT THE ACCOMMODATION YOU WOULD LIKE

6.1 Please tick any property type or size you would like. Please refer to booklet 'The Council's Housing Allocations Policy' for details of the type of property you would normally be offered.

Bungalow Ground Floor Flat House Sheltered Flat
Maisonette Upper Floor Flat Sheltered Bungalow

6.2 How many bedrooms? Bedsit 1 2 3 4

6.3 Do you have any pets? Yes No

If yes, please tell us what pets you have

For further details on our policy on pets please contact us on 0845 057 0080.

6.4 If you require special accommodation, for example accommodation suitable for wheelchair users or supported housing, for example because of a mental health or learning disability, please give details. You may be eligible for additional priority through the Special Needs Referral System, in which case we will contact you for further details.

7 WHY ARE YOU APPLYING TO REGISTER?

7.1 Please use this space to tell us why you want to move and any other information not given elsewhere on the form.

8 FAIR ACCESS TO SERVICE

8.1 Are you or a member of your family, an employee of South Lakeland District Council or South Lakes Housing; a relative of anyone who works for either South Lakeland District Council or South Lakes Housing; a councillor of South Lakeland District Council; a board member of South Lakes Housing; or a relative of a councillor of South Lakeland District Council; a board member of South Lakes Housing?

Saying YES to this question will NOT affect your chances of getting a home.

No Yes

Yes – please give details – say if you are an employee, councillor or board member, or if you are a relative, give the name of the person you are related to.

9 DECLARATION

This declaration must be signed before we can consider your housing application.

I/we certify that the information given on this form is true and accurate to the best of my/our knowledge.

I/we understand that it is an offence to knowingly or recklessly make a false statement or to knowingly withhold information required by the Council in the exercise of its operation of the housing register (Housing Act 1996 s171).

I/we will notify South Lakes Housing of any material change in circumstances. I/we authorise South Lakes Housing to make any necessary enquiries to verify the information on this form.

I/we authorise South Lakes Housing to cross check or share the information given on this form with appropriate sections of South Lakeland District Council or local housing associations or in order to provide statistical information to the government.

The information you give us on this form will be placed on the computerised Housing Register. You may ask to see all the details held on the computer about your application (Data Protection Act 1984) and receive a copy (Housing Act 1996) and have access to any other files containing information on your application (Access to Personal Files [Housing] Regulations 1989).

I/We agree to receive telephone calls and visits at home.

Applicant Date

Partner Date

OFFICE USE SECTION

1 Date of application

Anite Ref No

2 **Waiting Lits**

HRS
 HRC
 HRF
 HRR
 HRU
 HRD
 HRI
 HRM

If deferred, date deferral ends

Reason for deferral

XO
 XP
 XS
 XW

TX
 TM
 TO
 TU
 TS
 TA
 TT

3 **Points**

Temporary or insecure

Two months
 Homeless priority need - children
 Homeless priority need - no children
 Less than 2 years
 Tied
 Six month homeless temp accom
 Supported housing (short - term)
Total temporary accommodation

Overcrowding

Medical

Sharing:

Kitchen or bathroom related
 Bathroom unrelated
 Kitchen unrelated
 Kitchen and bathroom unrelated
 Shared corridors
Total sharing

Unfit/disrepair

Special circumstances

Reasons:

Total special circumstances

TOTAL NEED POINTS

Local connection

Entitled
 Born and living in the area
 Born in area
 Living in the area
 Qualifying date
Total Local connection

Time on list

Entitled

TOTAL POINTS

AMENDMENTS		
DATE	POINTS	INITIALS

Signed:

Date:/...../.....

**PLEASE RETURN THIS FORM
TO ANY OF THE FOLLOWING OFFICES:**

South Lakes Housing
Little Aynam House
Little Aynam
Kendal
Cumbria
LA9 7AH

Tel: 0845 057 0080

South Lakes Housing
Town Hall
Queen Street
Ulverston
Cumbria
LA12 7AR

Tel: 0845 057 0080

Date stamp

