



Cumbria Choice

Choice Based Lettings HOUSEHOLD APPLICATION FORM

Applying to Cumbria Choice

The Cumbria Choice scheme covers the allocation of properties located in the following District Authorities; Allerdale, Barrow, Carlisle, Copeland, Eden and South Lakeland.

The scheme will cover the allocation of properties owned and managed by the following partners of Cumbria Choice; Accent Foundation, Derwent and Solway, Eden Housing, Home Group, Impact Housing, Riverside, Two Castles. South Lakes Housing is included; this is the arms length management organisation for South Lakeland Council.

You only need to complete one form to apply for housing in any of the areas with any of the housing providers listed.

PLEASE READ AND SIGN THE BOX TO AGREE TO THESE STATEMENTS.

I/We have made an application for housing to the Cumbria Choice scheme under the terms of the 1996 Housing Act (Part 6).

I/We give permission for Cumbria Choice to share information contained in this application and contact any other Local Authority, housing provider, agency or individual to carry out investigations into my/our circumstances e.g. private landlord, Doctor, Probation Officer, Police, Social Services.

I/We authorise Cumbria Choice to cross check or share information given on this form with appropriate sections of the 6 District Councils or local Housing Associations, or, in order to provide statistical information to the Government.

All information is treated in the strictest confidence and is protected under the Data Protection Act 1998.

APPLICANT 1 = YOU

Signed: _____

Print name: _____

Date: _____

APPLICANT 2 = HUSBAND, WIFE, PARTNER

Signed: _____

Print name: _____

Date: _____

Administration

Which housing organisation do you want to manage your application form? *(the organisation you choose will hold your application, will be responsible for sending out any letters to you and will make decisions about your application such as the housing priority you will be given):*

- | | | |
|--|---|--|
| <input type="checkbox"/> Accent Foundation | <input type="checkbox"/> Barrow Borough Council | <input type="checkbox"/> Derwent & Solway |
| <input type="checkbox"/> Eden Housing | <input type="checkbox"/> Home Group | <input type="checkbox"/> Impact Housing |
| <input type="checkbox"/> Riverside | <input type="checkbox"/> Two Castles | <input type="checkbox"/> South Lakes Housing |

In which Local Authority area do you live?

If you do not live in Cumbria tick the Local Authority area you want to move to:

- | | | |
|--|---|--|
| <input type="checkbox"/> Allerdale Borough Council | <input type="checkbox"/> Barrow Borough Council | <input type="checkbox"/> Carlisle City Council |
| <input type="checkbox"/> Copeland Borough Council | <input type="checkbox"/> Eden District Council | <input type="checkbox"/> South Lakeland District Council |

Personal Details

	APPLICANT 1	APPLICANT 2
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms
	Other: <input type="text"/>	Other: <input type="text"/>
First name(s):	<input type="text"/>	<input type="text"/>
Last name:	<input type="text"/>	<input type="text"/>
Previous name(s): (e.g. maiden name)	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/>	<input type="text"/>

Gender

Male	<input type="checkbox"/>	<input type="checkbox"/>
Female	<input type="checkbox"/>	<input type="checkbox"/>
Transgender	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

Is anyone in your household pregnant? Yes No

If 'Yes', please give her name:

Please give the date the baby is due and enclose a copy of the maternity certificate:

Current Address Details

	APPLICANT 1	APPLICANT 2
Address:	<input type="text"/>	<input type="text"/>
Postcode:	<input type="text"/>	<input type="text"/>
Date you moved to this address:	<input type="text" value="DD/MM/YY"/>	<input type="text" value="DD/MM/YY"/>
Home tel no:	<input type="text"/>	<input type="text"/>
Mobile tel no:	<input type="text"/>	<input type="text"/>
Email address:	<input type="text"/>	<input type="text"/>
Work tel no:	<input type="text"/>	<input type="text"/>
Correspondence address (if you want letters to go to another address or to a carer, support worker or family member give their name and address here)	<input type="text"/>	<input type="text"/>
Postcode:	<input type="text"/>	<input type="text"/>
Email address:	<input type="text"/>	<input type="text"/>

Contact Requirements

How would you prefer us to contact you?

Do you require information in another format?

	APPLICANT 1	APPLICANT 2		APPLICANT 1	APPLICANT 2
Letter	<input type="checkbox"/>	<input type="checkbox"/>	Braille	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>	Audio/CD	<input type="checkbox"/>	<input type="checkbox"/>
Telephone	<input type="checkbox"/>	<input type="checkbox"/>	Large print	<input type="checkbox"/>	<input type="checkbox"/>
Text Message	<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="text"/>	

Do you require help to use this scheme eg. applying for advertised properties? Yes No

Do you need help with reading letters? Yes No

Equality and Diversity

ETHNIC ORIGIN

	APPLICANT 1	APPLICANT 2		APPLICANT 1	APPLICANT 2
White:					
British	<input type="checkbox"/>	<input type="checkbox"/>	Scottish	<input type="checkbox"/>	<input type="checkbox"/>
Irish	<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="text"/>	
Asian:					
Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	<input type="checkbox"/>
Indian	<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>	
Black:					
African	<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>	
Mixed:					
White and Asian	<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>	
White and Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>	
Gypsy	<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>
Traveller	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>	
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>	

Equality and Diversity (continued)

SEXUAL ORIENTATION

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

RELIGION/BELIEF

Christian	<input type="checkbox"/>	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	<input type="checkbox"/>	Sikh	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		

Disability

The Equality Act 2010 says a disability is a physical or mental impairment which has a substantial and long term adverse effect on normal day-to-day activities.

Do you consider that you or any member of your household have a disability according to this definition? Yes No

Nationality

What is your country of origin?

	APPLICANT 1	APPLICANT 2		APPLICANT 1	APPLICANT 2
UK national, resident in UK	<input type="checkbox"/>	<input type="checkbox"/>	Estonia	<input type="checkbox"/>	<input type="checkbox"/>
Lithuania	<input type="checkbox"/>	<input type="checkbox"/>	Slovenia	<input type="checkbox"/>	<input type="checkbox"/>
Other European Economic Area Country (EEA)	<input type="checkbox"/>	<input type="checkbox"/>	UK national returning from residence overseas	<input type="checkbox"/>	<input type="checkbox"/>
Hungary	<input type="checkbox"/>	<input type="checkbox"/>	Poland	<input type="checkbox"/>	<input type="checkbox"/>
Bulgaria	<input type="checkbox"/>	<input type="checkbox"/>	Czech republic	<input type="checkbox"/>	<input type="checkbox"/>
Latvia	<input type="checkbox"/>	<input type="checkbox"/>	Slovakia	<input type="checkbox"/>	<input type="checkbox"/>
Romania	<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		

Language

Which language do you prefer to use?

Do you require an interpreter?

Yes No

Community Contribution

Do you undertake any unpaid voluntary work?

Yes No

How long have you done this?

How many hours a week do you volunteer?

Are you an active member of a tenants group with any of the housing organisations in the Cumbria Choice scheme?

Yes No

Have you attended a pre-tenancy qualification course?

Yes No

Employment Details

Please tell us your employment status.

	APPLICANT 1	APPLICANT 2		APPLICANT 1	APPLICANT 2
Full-time employment	<input type="checkbox"/>	<input type="checkbox"/>	Full-time education at school, college or university	<input type="checkbox"/>	<input type="checkbox"/>
Part-time employment	<input type="checkbox"/>	<input type="checkbox"/>	Carer, looking after family	<input type="checkbox"/>	<input type="checkbox"/>
Self employed	<input type="checkbox"/>	<input type="checkbox"/>	Long term illness and unable to work	<input type="checkbox"/>	<input type="checkbox"/>
On government supported training	<input type="checkbox"/>	<input type="checkbox"/>	Child under 16 years, not seeking any employment	<input type="checkbox"/>	<input type="checkbox"/>
Unemployed and seeking work	<input type="checkbox"/>	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>
Retired from work	<input type="checkbox"/>	<input type="checkbox"/>			

Are you employed within the Cumbria area?

Yes No

	APPLICANT 1	APPLICANT 2
Job title:	<input type="text"/>	<input type="text"/>
Employer name:	<input type="text"/>	<input type="text"/>
Employer address:	<input type="text"/>	<input type="text"/>
Weekly wage or annual salary:	£ <input type="text"/>	£ <input type="text"/>
Length of time in current job:	<input type="text"/> yrs <input type="text"/> mths	<input type="text"/> yrs <input type="text"/> mths
Have you any savings, capital or investments eg. shares, ISAs and TESSAs etc	£ <input type="text"/>	£ <input type="text"/>

Other Details

Does anyone moving with you own a pet?

Yes No

If 'Yes', please give details:

Personal Interest

Are you or any member of your household employed by or related to any employee, board member, councillor or committee member of a partner organisation in the Cumbria Choice Scheme?

Yes No

About Your Household

Please list all the people who are living at your current address and tick the box if they are to be re-housed with you:

First name	Last name	Male or female?		Date of birth	Relationship to you	Moving with you
1		<input type="checkbox"/> M	<input type="checkbox"/> F	DD/MM/YY		<input type="checkbox"/>
2		<input type="checkbox"/> M	<input type="checkbox"/> F	DD/MM/YY		<input type="checkbox"/>
3		<input type="checkbox"/> M	<input type="checkbox"/> F	DD/MM/YY		<input type="checkbox"/>
4		<input type="checkbox"/> M	<input type="checkbox"/> F	DD/MM/YY		<input type="checkbox"/>
5		<input type="checkbox"/> M	<input type="checkbox"/> F	DD/MM/YY		<input type="checkbox"/>
6		<input type="checkbox"/> M	<input type="checkbox"/> F	DD/MM/YY		<input type="checkbox"/>
7		<input type="checkbox"/> M	<input type="checkbox"/> F	DD/MM/YY		<input type="checkbox"/>

Please list all members of your household who are not living with you now but who will live with you when you are rehoused:

First name	Last name	Male or female?		Date of birth	Relationship to you
1		<input type="checkbox"/> M	<input type="checkbox"/> F	DD/MM/YY	
2		<input type="checkbox"/> M	<input type="checkbox"/> F	DD/MM/YY	
3		<input type="checkbox"/> M	<input type="checkbox"/> F	DD/MM/YY	
4		<input type="checkbox"/> M	<input type="checkbox"/> F	DD/MM/YY	
5		<input type="checkbox"/> M	<input type="checkbox"/> F	DD/MM/YY	
6		<input type="checkbox"/> M	<input type="checkbox"/> F	DD/MM/YY	
7		<input type="checkbox"/> M	<input type="checkbox"/> F	DD/MM/YY	

Immigration Status

The law requires us to ask the following question. If you do not answer then we cannot consider your application. You must provide confirmation of your right to live in the United Kingdom permanently and the right of anyone included in your application, to live in the United Kingdom permanently.

Have you or any of the persons applying with you moved to the UK during the last five years? Yes No

Are you or any of the persons applying with you subject to any immigration controls? Yes No

Have you or your partner lived outside the UK in the past two years? Yes No

Current Accommodation Details

What type of property do you live in? (tick one box only)

Flat	<input type="checkbox"/>	Sleeping rough / no fixed abode	<input type="checkbox"/>
Maisonette	<input type="checkbox"/>	Caravan, mobile home or houseboat	<input type="checkbox"/>
House	<input type="checkbox"/>	HM forces accommodation	<input type="checkbox"/>
Bedsit or room in shared house	<input type="checkbox"/>	Hospital	<input type="checkbox"/>
Bed and breakfast / Hotel	<input type="checkbox"/>	Other (Please specify)	<input type="checkbox"/>
Bungalow	<input type="checkbox"/>	<input type="text"/>	
Hostel/Refuge/Supported accommodation	<input type="checkbox"/>		

Bedrooms

Number of bedrooms in the property

What is your current housing situation? (tick one box only)

Homeless/no fixed abode	<input type="checkbox"/>	In residential care	<input type="checkbox"/>
In temporary accommodation provided by a Local Authority	<input type="checkbox"/>	Private tenant	<input type="checkbox"/>
Likely to be homeless	<input type="checkbox"/>	Tenant of a housing association	<input type="checkbox"/>
In a womens refuge/safe house	<input type="checkbox"/>	Tenant of a council	<input type="checkbox"/>
Living in with family or friends	<input type="checkbox"/>	In a children's home or in foster care	<input type="checkbox"/>
A lodger	<input type="checkbox"/>	In tied accommodation	<input type="checkbox"/>
In bed and breakfast accommodation	<input type="checkbox"/>	In HM forces accommodation	<input type="checkbox"/>
In hospital	<input type="checkbox"/>	In prison	<input type="checkbox"/>
In hostel accommodation	<input type="checkbox"/>	Home owner	<input type="checkbox"/>
In temporary supported accommodation	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>
		<input type="text"/>	

If you are renting your home from a Council or Housing Association that is part of the Cumbria Choice scheme who is your landlord?

<input type="checkbox"/> Accent Foundation	<input type="checkbox"/> Barrow Borough Council	<input type="checkbox"/> Derwent & Solway
<input type="checkbox"/> Eden Housing	<input type="checkbox"/> Home Group	<input type="checkbox"/> Impact Housing
<input type="checkbox"/> Riverside	<input type="checkbox"/> Two Castles	<input type="checkbox"/> South Lakes Housing

Are you currently in sheltered accommodation? Yes No

Do you have an Introductory or Starter tenancy? Yes No

If you are renting from a housing organisation which is not part of this scheme please give details of your current landlord eg. name, address, contact telephone number

What is your current rent? £

Housing History Rent arrears and rechargeable repairs.

Do you or anyone who is applying for housing with you have rent arrears or owe money for rechargeable repairs at your current or previous addresses?
(You must answer this question 'Yes' or 'No')

Yes No

Amount of rent arrears owed?

£

Amount of rechargeable repairs owed?

£

Address from where rent or rechargeable repairs debt owed:

Details of any repayment plan:

Previous Addresses

Please list where you have lived in the past 5 years starting with the most recent. If you have lived in your current home for 5 years or more you do not need to complete this section.

1.

APPLICANT 1

APPLICANT 2

Previous address

Name and address of landlord

Tenancy dates

From To

From To

Reason for leaving

2.

APPLICANT 1

APPLICANT 2

Previous address

Name and address of landlord

Tenancy dates

From To

From To

Reason for leaving

3.
Previous address

APPLICANT 1

APPLICANT 2

Name and address
of landlord

Tenancy dates

From To

From To

Reason for leaving

4.
Previous address

APPLICANT 1

APPLICANT 2

Name and address
of landlord

Tenancy dates

From To

From To

Reason for leaving

5.
Previous address

APPLICANT 1

APPLICANT 2

Name and address
of landlord

Tenancy dates

From To

From To

Reason for leaving

Criminal Activity and Anti-Social Behaviour

This section applies to you and all the people in your household who will be moving with you. You must complete this section even if you or your family members have no convictions.

This information may not affect your application for housing but not disclosing any information about convictions will.

Do you, or anyone moving with you, have any convictions? Yes No

Please provide details of any unspent convictions.

Name of person with conviction:

Date of most recent conviction:

Type of offence(s):

Have you or anyone moving with you been charged with any offences yet to be dealt with by the Courts? Yes No

Name of person with pending Court appearance:

Nature of charges:

Have you, or anyone moving with you been convicted of sexual abuse against children or are on the Sex Offender Register? Yes No

Name of person:

Date of conviction:

Have you or anyone moving with you had any enforcement action taken against you for anti-social behaviour? Yes No

Name of person:

Date action served:

Type of action taken eg. injunction, acceptable behaviour contract, anti-social behaviour order, demotion of tenancy, possession action (please specify):

Have you or anyone moving with you ever been evicted? Yes No

If 'Yes', for what reason eg. rent arrears, noise nuisance, violence or threat of violence to neighbours, using the property for illegal or immoral purposes, other anti-social behaviour, violence or threat of violence to the landlord and/or their representatives, damage to property, subletting of property, not living at the property (please specify):

Address from where you were evicted:

Landlord details:

Date of eviction:

Current and Previous Home Ownership

Only complete this section if you are a current owner-occupier or been an owner-occupier in the last 10 years.

What is/was the address of the property?

What is / was the approximate value of your home?

If you have a mortgage/secured loan, how much do you owe on the property?

If you have sold a property in the last 10 years and are not currently an owner occupier what was the date of sale:

Property sale price:

Amount of capital after mortgage paid:

Under Occupying

If you are currently living in a property owned by a landlord within the Cumbria Choice scheme do you want to move to a smaller property?

Yes

No

If 'Yes', what size of accommodation do you want to move to? eg. 1 bedroom, 2 bedrooms, 3 bedrooms (please specify):

Please note: You will not get priority for a move to a smaller property if you live in sheltered accommodation or if you under-occupied the property from the start of the tenancy.

Homeless

Only complete this section if you have made a recent application to a Local Authority as a homeless person/household

What is the name of the person who made the application?

Date application made:

Local Authority applied to:

Allerdale

Barrow

Eden

Carlisle

Copeland

South Lakeland

Other (please specify)

Security of tenure

Only complete this section if you have been asked to leave your current accommodation.

Have you been served with a Notice requiring you to leave the property?

Yes

No

Date requested to leave property:

Supported Housing

Are you currently living in supported housing?

Yes No

Name of support provider:

Name of support worker:

Contact details for support worker:

Date you moved into the supported accommodation:

Are you ready to move on from supported accommodation?

Yes No

Property Condition

Please complete this section if you consider your current accommodation is in serious disrepair. We may ask an Environmental Health Officer to visit to carry out an inspection and only in exceptional circumstances will housing priority be given for disrepair.

Is your home in serious disrepair?

Yes No

Have you contacted your Council's Environmental Health Department?

Yes No

Is the property subject to a category 1 Hazard Awareness Notice?

Yes No

Does your home lack any of the following facilities? eg. no bathroom, no kitchen, no inside toilet, no hot or cold water supply, no gas or electric or adequate heating (please specify):

Do you share a kitchen, bathroom or toilet with another household?
(eg. people who are not members of your family).

Yes No

Currently in Prison

Only complete this section if you are currently in prison.

Expected date of release:

DD/MM/YY

Did you have a tenancy immediately before going to Prison?

Yes No

If 'Yes', please give the address of the property:

Name, address, contact telephone number of the landlord:

Did you agree to end the tenancy?

Yes No

Date tenancy ended:

Support and Welfare

Are you or anyone in your household suffering any form of abuse, harassment and/or hate crime?

Yes No

Details of abuse: domestic violence, harassment, hate crime, other (please specify)

Person affected:

Your relationship to the perpetrator:

Have you any current support?

Yes No

Which agency supplies this support?

Is this your reason for requesting a move?

Yes No

Move to give/receive support

Do you need to move to provide or receive support?

Yes No

Where does this person live?

What is your relationship to them?

Please note: You will need to provide evidence of their address and the support to be received/given.

Move for employment purposes

Do you need to move because of your employment?

Yes No

What is the address of your workplace?

Please note: You will need to provide evidence of your employment.

Sheltered Accommodation

Do you require a move to sheltered accommodation?

Yes No

Medical Needs

Is your housing affecting your health or that of a member of your household?

Yes No

Please indicate what type of health problem you have; learning disability, mental health problem, physical disability, medical condition, other (please specify):

Do you currently receive support from a statutory or voluntary agency because of your health needs?

Yes No

Name of agency:

Name of support worker:

Would you like us to send information about your application to a third party who will handle your application on your behalf, eg. family member or support worker?

Yes No

Name, address and phone number of person to contact:

Local Connection

A local connection means that you either live (minimum of 6 months), work, have a close family relative (mother, father, brother, sister, son, daughter resident for 5 years), or have a special connection (such as through being in the armed forces) to a town or village in the Cumbria Choice area.

Please specify the Local Authority or Local Authorities where you have a local connection:

Please specify below towns and villages where you have a local connection:

Please provide details of the local connection whether through living, working or having family in the area. If family please provide name and address.

Future Housing Development

Please complete this section to help us plan new housing in areas where it is needed. This is for information only and will not affect your current application.

What would be your first area of choice for a property?

What would be the minimum number of bedrooms you would need?

What type of property would you like? eg. house, flat, bungalow, other (please specify):

What tenure type would you choose? eg. rented, home ownership, other (please specify):

Do you require ground floor, a property with adaptations, wheelchair accessible (please specify)?

Declaration

The information I have given on this form is accurate to the best of my knowledge and belief and I agree to inform Cumbria Choice of any changes to my circumstances.

Housing Act 1996 Part 6 (Allocation of Housing Accommodation)

- Please note that when making an application for housing under the above Act, it is a criminal offence if knowingly or recklessly you give false information in respect of any matter relating to your application.
- To withhold information or to fail to notify us of any changes in your circumstances may affect your eligibility for housing.
- I understand that if a property is allocated to me as a result of any false or misleading information given in this application this may result in eviction proceedings being taken against me and that I may be prosecuted.

APPLICANT 1	APPLICANT 2
Signed: _____	Signed: _____
Print name: _____	Print name: _____
Date: _____	Date: _____

Has this form been filled in by someone on your behalf?

Yes No

Name of person:

Relationship to applicant:

