

## **Before you apply for housing**

If you:

- Do not have anywhere to live
- Face losing your home
- Are suffering or feel at risk of violence at home
- Can no longer afford your home
- Are living in overcrowded housing

Please contact the Housing Options service for assistance.

If not:

- There is high demand for social housing in East Staffordshire so it is worth thinking about all the options open to you.
- For advice see [www.eaststaffsbc.gov.uk/housing](http://www.eaststaffsbc.gov.uk/housing) or contact the Housing Options service.

To contact the Housing Options service:

- Call or text (01283) 508120, or email [housingoptions@eaststaffsbc.gov.uk](mailto:housingoptions@eaststaffsbc.gov.uk). We will be pleased to call you back (during office hours)
- See us at Burton Customer Service Centre, Market Place, Burton, Mon – Fri 9am - 5pm (Wed 9.45am - 5pm)
- Speak to us by phone from Uttoxeter Customer Service Centre, Uttoxeter Library, High Street, Uttoxeter, Mon – Fri 9am - 5pm (Wed 10.30am - 5pm)

East Staffordshire Borough Council is pleased to work in partnership with



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# East Staffordshire Housing Register

## Application Form



**In Partnership with:**



Please send your completed application along with your proof of identity, supporting letters and proof of residence for any children to:

**Trent & Dove Housing  
Trinity Square  
Horninglow Street  
Burton Upon Trent  
Staffordshire  
DE14 1BL**



| <b>Office Use Only</b> |  |
|------------------------|--|
| Date Received          | <input type="checkbox"/>                 |
| ID Check               | <input type="checkbox"/>                 |
| Orchard Rents Check    | <input type="checkbox"/> Arrears £ _____ |
| Referral Made          | <input type="checkbox"/>                 |
| Date Inputted          | DD / MM / YYYY                           |
| Form Return Reason:    |  |

## Notes and Guidance

**If you would like this document in another language or format, or if you require the service of an interpreter, please contact us.**

اگر این اطلاعات را به زبانی دیگر و یا در فرمتی دیگر میخواهید لطفاً از ما درخواست کنید

**Farsi**

यदि आपको सूचना किसी अन्य भाषा या अन्य रूप में चाहिये तो कृपया हमसे कहे

**Hindi**

ئەگەر زانیاریت بە زمانیکی که یا بە فۆرمیکی که دەوی تکایه داوامان لی بکه

**Kurdish**

اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو برائے مہربانی ہم سے پوچھئے۔

**Urdu**

Jeżeli chciałoby Państwo uzyskać informacje w innym języku lub w innym formacie, prosimy dać nam znać.

**Polish**

Obratite nam se ako želite ove informacije na nekom drugom jeziku ili u drugačijem formatu.

**Croatian**

如欲索取以另一語文印製或另一格式製作的資料，請與我們聯絡。

**Cantonese**

如欲索取以另一語文印制或另一格式制作的资料，请与我们联系。

**Mandarin**

# Notes and Guidance

## **What is East Staffordshire Homefinder?**

A scheme managed by Trent & Dove Housing and East Staffordshire Borough Council along with 6 Registered Social Landlords in East Staffordshire. This means you have just one place to look for all the available properties to rent and low-cost home ownership properties in East Staffordshire.

## **Why do I need to fill in this form?**

You need to fill in this form if you want a home with Trent & Dove or any other East Staffordshire Housing Partner. You can also complete this form if you are interested in low-cost home ownership property to buy.

## **Our Promise**

We will endeavour to process all fully completed housing application forms with full supporting information within 10 working days.

If, after a 28 day period, you have not given us the information we have asked for, we have the right to cancel your housing application.

You must say on your housing application form if you and/or other members of your household have current or past rent arrears or rechargeable repairs from any current or previous tenancy. If you do not tell us this information, and it is later discovered, we may cancel your application.

## **Important Information**

We will not be able to register your housing application if you do not answer all the questions on this form. You will also need to provide us with proof to support your application.

We will use the information you give us to award a 'band' – this shows the housing need that best reflects your circumstances. You can get more information about Housing in East Staffordshire in the Finding a Home booklet. This is available by visiting our website [www.trentanddove.org.uk](http://www.trentanddove.org.uk), by contacting our Customer Services Team on 01283 528528 or by visiting the Trent & Dove Offices.

## **Trent & Dove: Charitable Status**

Trent & Dove Housing is registered as a charitable organisation and therefore has to ensure that tenancies are granted to qualifying applicants. This would include people who are of pensionable age, registered disabled, those with chronic or long-term physical or mental health problems and those who have a net household income of less than £30,500 (as at April 2009)

You are not however, prevented from joining the housing register if your current circumstances would suggest that you are not eligible. Every applicant will be assessed at the point of being offered a property due to potential changes in applicants' circumstance.

# Your Checklist

All of the following must be completed in order for your application to be activated.

- Filled in and signed the East Staffordshire Housing Register Application form for yourself, a joint applicant and other members of your household if applicable.
- Provided 2 copies of identification for each adult applicant; one photographic (preferably passport or driving licence) and one showing your current address (such as a utility bill or bank statement)
- If you have access to a child on a regular and agreed basis please provide supporting information of this, by copy of legal documentation or a letter signed by the child's guardian
- Provided accompanying supporting information i.e. doctors letter, details from the police – with crime reference number if applicable, letter from schools, probation officer, social or support workers and so on (please note decisions from these details will be made within 28 days of receipt)
- If you are pregnant you must provide proof of pregnancy stating your estimated due date in order for your bedroom entitlement to be considered.
- Provided evidence of receipt for child benefit or child tax credit for each child included on the application

## IF YOU HAVE COME TO THE UK FROM AN A8 OR A2 EU COUNTRY

- If you have come to the UK from **Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia, Slovenia, Bulgaria and Romania** we will need a copy of your Workers Registration Scheme Document or a letter from your employer showing proof of employment.
- Provided proof for any additional information that you feel may help your application and identifies your housing need, such as; Incapacity Benefit/Disability Living Allowance/Carers Allowance

Are you subject to any immigration controls?

|                |                              |                             |                 |                              |                             |
|----------------|------------------------------|-----------------------------|-----------------|------------------------------|-----------------------------|
| Main Applicant | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Joint Applicant | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|----------------|------------------------------|-----------------------------|-----------------|------------------------------|-----------------------------|

If yes, please give details

# Applicant Overview

|                 | Title | Full Name |
|-----------------|-------|-----------|
| Main Applicant  |       |           |
| Joint Applicant |       |           |

## Previous Names

Please state if you have been known by another name, including maiden name, former marriage name, change by Deed Poll, or any other name

|                 |  |
|-----------------|--|
| Main Applicant  |  |
| Joint Applicant |  |

## Are you male or female?

|                |                               |                                 |                 |                               |                                 |
|----------------|-------------------------------|---------------------------------|-----------------|-------------------------------|---------------------------------|
| Main Applicant | Male <input type="checkbox"/> | Female <input type="checkbox"/> | Joint Applicant | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
|----------------|-------------------------------|---------------------------------|-----------------|-------------------------------|---------------------------------|

## Date of Birth

|                 |                |
|-----------------|----------------|
| Main Applicant  | DD / MM / YYYY |
| Joint Applicant | DD / MM / YYYY |

## Relationship to Main Applicant

|                 |  |
|-----------------|--|
| Joint Applicant |  |
|-----------------|--|

## National Insurance Number

You will find this on your National Insurance Card, your pay slips or from tax papers

|                 | Letters | Numbers | Letter |
|-----------------|---------|---------|--------|
| Main Applicant  | __      | __      | __     |
| Joint Applicant | __      | __      | __     |

## Do you require correspondence to be in a larger print type?

|                                   |                                |                                     |
|-----------------------------------|--------------------------------|-------------------------------------|
| Standard <input type="checkbox"/> | Large <input type="checkbox"/> | No Letters <input type="checkbox"/> |
|-----------------------------------|--------------------------------|-------------------------------------|

**Current Address**

If you are of no fixed address, you need to give us the address you stay at most often. If you are street homeless, do not put an address here.

|                 |          |
|-----------------|----------|
| Main Applicant  | Postcode |
| Joint Applicant | Postcode |

**From Date:****To Date:**

|                 |                |                |
|-----------------|----------------|----------------|
| Main Applicant  | DD / MM / YYYY | DD / MM / YYYY |
| Joint Applicant | DD / MM / YYYY | DD / MM / YYYY |

**Contact Address**

If you would like your post to go to a different place other than your home address, please tell us here. If you are street homeless or are of no fixed address, you need to give us a contact address here.

|                 |          |
|-----------------|----------|
| Main Applicant  | Postcode |
| Joint Applicant | Postcode |

**Telephone Numbers**

|                 | Home | Mobile | Work |
|-----------------|------|--------|------|
| Main Applicant  |      |        |      |
| Joint Applicant |      |        |      |

**Email Address**

|                 |  |
|-----------------|--|
| Main Applicant  |  |
| Joint Applicant |  |

# Current Circumstances

## What type of dwelling do you live in?

|                 |   |
|-----------------|---|
| Main Applicant  | House <input type="checkbox"/> Maisonette <input type="checkbox"/> Bedsit <input type="checkbox"/> Flat <input type="checkbox"/><br>Bungalow <input type="checkbox"/> Flat <input type="checkbox"/> B&B <input type="checkbox"/> Hostel <input type="checkbox"/><br>Caravan <input type="checkbox"/> Prison <input type="checkbox"/> Other <input type="checkbox"/> _____ |
| Joint Applicant | House <input type="checkbox"/> Maisonette <input type="checkbox"/> Bedsit <input type="checkbox"/> Flat <input type="checkbox"/><br>Bungalow <input type="checkbox"/> Flat <input type="checkbox"/> B&B <input type="checkbox"/> Hostel <input type="checkbox"/><br>Caravan <input type="checkbox"/> Prison <input type="checkbox"/> Other <input type="checkbox"/> _____ |

## If you live in a flat, maisonette or bedsit, is it on the ground floor?

|                 |  |
|-----------------|--|
| Main Applicant  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Joint Applicant | Yes <input type="checkbox"/> No <input type="checkbox"/> |

## How many bedrooms are in your current property?

|                 |  |
|-----------------|--|
| Main Applicant  |  |
| Joint Applicant |  |

## Do you own another property that you do not currently live in?

|                 |  |
|-----------------|--|
| Main Applicant  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Joint Applicant | Yes <input type="checkbox"/> No <input type="checkbox"/> |

## Please fill in your landlord's name and address

|                 |  |
|-----------------|--|
| Main Applicant  |  |
| Joint Applicant |  |

## Landlords Telephone Number

|                 |  |
|-----------------|--|
| Main Applicant  |  |
| Joint Applicant |  |

# Your households Needs

Please tell us your first language?

|                |  |                 |  |
|----------------|--|-----------------|--|
| Main Applicant |  | Joint Applicant |  |
|----------------|--|-----------------|--|

Do you need an interpreter?

|                |                              |                             |                 |                              |                             |
|----------------|------------------------------|-----------------------------|-----------------|------------------------------|-----------------------------|
| Main Applicant | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Joint Applicant | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|----------------|------------------------------|-----------------------------|-----------------|------------------------------|-----------------------------|

Do you consider yourself to have a disability?

|                |                              |                             |                 |                              |                             |
|----------------|------------------------------|-----------------------------|-----------------|------------------------------|-----------------------------|
| Main Applicant | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Joint Applicant | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|----------------|------------------------------|-----------------------------|-----------------|------------------------------|-----------------------------|

Is your current home adapted? This could include a stairlift, a ramp to your door, grab rails in your bathroom and so on

|                              |                             |
|------------------------------|-----------------------------|
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|------------------------------|-----------------------------|

If you answer yes to any of the below questions please state who is affected.

Is anyone being re-housed with you:

A wheelchair user?

|  |                              |                             |                    |
|--|------------------------------|-----------------------------|--------------------|
|  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If Yes, who? _____ |
|--|------------------------------|-----------------------------|--------------------|

A frail person who requires support?

|  |                              |                             |                    |
|--|------------------------------|-----------------------------|--------------------|
|  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If Yes, who? _____ |
|--|------------------------------|-----------------------------|--------------------|

A person with a learning difficulty?

|  |                              |                             |                    |
|--|------------------------------|-----------------------------|--------------------|
|  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If Yes, who? _____ |
|--|------------------------------|-----------------------------|--------------------|

A person with a visual impairment?

|  |                              |                             |                    |
|--|------------------------------|-----------------------------|--------------------|
|  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If Yes, who? _____ |
|--|------------------------------|-----------------------------|--------------------|

A deaf person?

|  |                              |                             |                    |
|--|------------------------------|-----------------------------|--------------------|
|  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If Yes, who? _____ |
|--|------------------------------|-----------------------------|--------------------|

A person with mental health problems?

|  |                              |                             |                    |
|--|------------------------------|-----------------------------|--------------------|
|  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If Yes, who? _____ |
|--|------------------------------|-----------------------------|--------------------|

A substance abuser, such as drugs or alcohol?

|  |                              |                             |                    |
|--|------------------------------|-----------------------------|--------------------|
|  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If Yes, who? _____ |
|--|------------------------------|-----------------------------|--------------------|

A person who needs housing with a support worker?

|  |                              |                             |                    |
|--|------------------------------|-----------------------------|--------------------|
|  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If Yes, who? _____ |
|--|------------------------------|-----------------------------|--------------------|

If you answered yes to any of the above, please tell us how we can help:

# Your Household

| First Name | Last Name | Date of Birth | Gender<br>M / F | Relationship to main applicant | Living in Current Household | Looking to be rehoused with you |
|------------|-----------|---------------|-----------------|--------------------------------|-----------------------------|---------------------------------|
|            |           |               |                 |                                |                             |                                 |
|            |           |               |                 |                                |                             |                                 |
|            |           |               |                 |                                |                             |                                 |
|            |           |               |                 |                                |                             |                                 |
|            |           |               |                 |                                |                             |                                 |
|            |           |               |                 |                                |                             |                                 |
|            |           |               |                 |                                |                             |                                 |
|            |           |               |                 |                                |                             |                                 |

**Is anyone in your household pregnant?** If yes, we will need to see proof of pregnancy.

|  |   |
|--|---|
|  | Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, who? _____ |
|--|---|

**Pregnancy Due Date**

|  |                |
|--|----------------|
|  | DD / MM / YYYY |
|--|----------------|

**Do you have overnight access to children that do not live with you permanently?**

|                 |  |
|-----------------|--|
| Main Applicant  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Joint Applicant | Yes <input type="checkbox"/> No <input type="checkbox"/> |

**If you have overnight access to children, please give details**

|                 |  |
|-----------------|--|
| Main Applicant  |  |
| Joint Applicant |  |

**Do you have any pets?** If yes, please tell us how many pets you have of each type.

|                 |  |
|-----------------|--|
| Main Applicant  | Yes <input type="checkbox"/> _____ No <input type="checkbox"/> |
| Joint Applicant | Yes <input type="checkbox"/> _____ No <input type="checkbox"/> |

# Your work

## Are you working at the moment?

|                |                              |                             |                 |                              |                             |
|----------------|------------------------------|-----------------------------|-----------------|------------------------------|-----------------------------|
| Main Applicant | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Joint Applicant | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|----------------|------------------------------|-----------------------------|-----------------|------------------------------|-----------------------------|

## Job Title

|                |  |                 |  |
|----------------|--|-----------------|--|
| Main Applicant |  | Joint Applicant |  |
|----------------|--|-----------------|--|

## Name of Employer

|                 |  |
|-----------------|--|
| Main Applicant  |  |
| Joint Applicant |  |

## Address of Employer

|                 |  |          |
|-----------------|--|----------|
| Main Applicant  |  | Postcode |
| Joint Applicant |  | Postcode |

## Take home pay – this is shown as net pay on a payslip

|                 |                  |
|-----------------|------------------|
| Main Applicant  | _____ each _____ |
| Joint Applicant | _____ each _____ |

# Your Benefits

## Are you currently claiming Disability Living Allowance?

|                |                              |                             |                 |                              |                             |
|----------------|------------------------------|-----------------------------|-----------------|------------------------------|-----------------------------|
| Main Applicant | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Joint Applicant | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|----------------|------------------------------|-----------------------------|-----------------|------------------------------|-----------------------------|

## What rate of Disability Living Allowance are you claiming?

|                 |                |            |
|-----------------|----------------|------------|
| Main Applicant  | Mobility _____ | Care _____ |
| Joint Applicant | Mobility _____ | Care _____ |

## What other benefits are you claiming?

|                 |  |   |   |
|-----------------|--|---|---|
| Main Applicant  | Incapacity Benefit <input type="checkbox"/>    | Income Support <input type="checkbox"/>                 | Attendance Allowance <input type="checkbox"/> |
|                 | Job Seekers Allowance <input type="checkbox"/> | Employment & Support Allowance <input type="checkbox"/> |   |
|                 | Working Tax Credit <input type="checkbox"/>    | Child Benefit <input type="checkbox"/>                  | Child Tax Credit <input type="checkbox"/>     |
|                 | Council Tax Benefit <input type="checkbox"/>   | Housing Benefit <input type="checkbox"/>                |   |
|                 | <b>Other</b> _____                             |   |   |
| Joint Applicant | Incapacity Benefit <input type="checkbox"/>    | Income Support <input type="checkbox"/>                 | Attendance Allowance <input type="checkbox"/> |
|                 | Job Seekers Allowance <input type="checkbox"/> | Employment & Support Allowance <input type="checkbox"/> |   |
|                 | Working Tax Credit <input type="checkbox"/>    | Child Benefit <input type="checkbox"/>                  | Child Tax Credit <input type="checkbox"/>     |
|                 | Council Tax Benefit <input type="checkbox"/>   | Housing Benefit <input type="checkbox"/>                |   |
|                 | <b>Other</b> _____                             |   |   |

# Trent & Dove Charitable Status

Trent & Dove Housing is registered as a charitable organisation and therefore has to ensure that tenancies are granted to qualifying applicants. This would include people who are of pensionable age, registered disabled, those with chronic or long-term physical or mental health problems and those who have a net household income of less than £30,500 (as at April 2009)

You are not however, prevented from joining the housing register if your current circumstances would suggest that you are not eligible. Every applicant will be assessed at the point of being offered a property due to potential changes in applicants' circumstance.

**Please answer the following questions and supply proof where requested.**

## Is anyone in your household

|   |                              |                             |                 |
|---|------------------------------|-----------------------------|-----------------|
| 60 years old or over  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                 |
| Registered Disabled   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Reg No<br>_____ |
| In receipt of long-term sickness/care/mobility allowance(s)   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Which<br>_____  |
| £ _____ Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> |                              |                             |                 |
| In receipt of other welfare benefits/tax credits (excluding child benefit)                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Which<br>_____  |
| £ _____ Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> |                              |                             |                 |

**If you have answered "No" to all the above, please state your net income below**

|   |
|---|
| £ _____ Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> |
|---|

|  |  |
|--|--|
| Please state the amount of savings you have<br>£ _____ | If you own any properties, please state approximate value<br>£ _____ |
|--|--|

**I understand that this information forms part of my application for housing and is covered by the declaration within the main application form**

# Housing History

Please provide your previous addresses for the last 5 years

|                 |          |
|-----------------|----------|
| Main Applicant  | Postcode |
| Joint Applicant | Postcode |

|                   |                |                 |                |
|-------------------|----------------|-----------------|----------------|
| <b>From Date:</b> |                | <b>To Date:</b> |                |
| Main Applicant    | DD / MM / YYYY | Main Applicant  | DD / MM / YYYY |
| Joint Applicant   | DD / MM / YYYY | Joint Applicant | DD / MM / YYYY |

## Housing situation at this property

|                 |  |  |
|-----------------|--|--|
| Main Applicant  | Council Tenant <input type="checkbox"/> Housing Assoc. Tenant <input type="checkbox"/> Lodger <input type="checkbox"/><br>Relatives or Friends <input type="checkbox"/> Owner-Occupier <input type="checkbox"/> Other <input type="checkbox"/> |  |
|                 | Name and Address of Landlord   |  |
| Joint Applicant | Council Tenant <input type="checkbox"/> Housing Assoc. Tenant <input type="checkbox"/> Lodger <input type="checkbox"/><br>Relatives or Friends <input type="checkbox"/> Owner-Occupier <input type="checkbox"/> Other <input type="checkbox"/> |  |
|                 | Name and Address of Landlord   |  |

|                 |          |
|-----------------|----------|
| Main Applicant  | Postcode |
| Joint Applicant | Postcode |

|                   |                |                 |                |
|-------------------|----------------|-----------------|----------------|
| <b>From Date:</b> |                | <b>To Date:</b> |                |
| Main Applicant    | DD / MM / YYYY | Main Applicant  | DD / MM / YYYY |
| Joint Applicant   | DD / MM / YYYY | Joint Applicant | DD / MM / YYYY |

## Housing situation at this property

|                 |  |  |
|-----------------|--|--|
| Main Applicant  | Council Tenant <input type="checkbox"/> Housing Assoc. Tenant <input type="checkbox"/> Lodger <input type="checkbox"/><br>Relatives or Friends <input type="checkbox"/> Owner-Occupier <input type="checkbox"/> Other <input type="checkbox"/> |  |
|                 | Name and Address of Landlord   |  |
| Joint Applicant | Council Tenant <input type="checkbox"/> Housing Assoc. Tenant <input type="checkbox"/> Lodger <input type="checkbox"/><br>Relatives or Friends <input type="checkbox"/> Owner-Occupier <input type="checkbox"/> Other <input type="checkbox"/> |  |
|                 | Name and Address of Landlord   |  |

# Housing History

Continued

|                 |          |
|-----------------|----------|
| Main Applicant  | Postcode |
| Joint Applicant | Postcode |

|                   |                |                 |                |
|-------------------|----------------|-----------------|----------------|
| <b>From Date:</b> |                | <b>To Date:</b> |                |
| Main Applicant    | DD / MM / YYYY | Main Applicant  | DD / MM / YYYY |
| Joint Applicant   | DD / MM / YYYY | Joint Applicant | DD / MM / YYYY |

**Housing situation at this property**

|                 |  |  |
|-----------------|--|--|
| Main Applicant  | Council Tenant <input type="checkbox"/> Housing Assoc. Tenant <input type="checkbox"/> Lodger <input type="checkbox"/><br>Relatives or Friends <input type="checkbox"/> Owner-Occupier <input type="checkbox"/> Other <input type="checkbox"/> |  |
|                 | Name and Address of Landlord   |  |
| Joint Applicant | Council Tenant <input type="checkbox"/> Housing Assoc. Tenant <input type="checkbox"/> Lodger <input type="checkbox"/><br>Relatives or Friends <input type="checkbox"/> Owner-Occupier <input type="checkbox"/> Other <input type="checkbox"/> |  |
|                 | Name and Address of Landlord   |  |

|                 |          |
|-----------------|----------|
| Main Applicant  | Postcode |
| Joint Applicant | Postcode |

|                   |                |                 |                |
|-------------------|----------------|-----------------|----------------|
| <b>From Date:</b> |                | <b>To Date:</b> |                |
| Main Applicant    | DD / MM / YYYY | Main Applicant  | DD / MM / YYYY |
| Joint Applicant   | DD / MM / YYYY | Joint Applicant | DD / MM / YYYY |

**Housing situation at this property**

|                 |  |  |
|-----------------|--|--|
| Main Applicant  | Council Tenant <input type="checkbox"/> Housing Assoc. Tenant <input type="checkbox"/> Lodger <input type="checkbox"/><br>Relatives or Friends <input type="checkbox"/> Owner-Occupier <input type="checkbox"/> Other <input type="checkbox"/> |  |
|                 | Name and Address of Landlord   |  |
| Joint Applicant | Council Tenant <input type="checkbox"/> Housing Assoc. Tenant <input type="checkbox"/> Lodger <input type="checkbox"/><br>Relatives or Friends <input type="checkbox"/> Owner-Occupier <input type="checkbox"/> Other <input type="checkbox"/> |  |
|                 | Name and Address of Landlord   |  |

**Are there any arrears or rechargeable repairs outstanding on any of your previous addresses?**

|                |                              |                             |                 |                              |                             |
|----------------|------------------------------|-----------------------------|-----------------|------------------------------|-----------------------------|
| Main Applicant | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Joint Applicant | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|----------------|------------------------------|-----------------------------|-----------------|------------------------------|-----------------------------|

**Have you ever been evicted from a Housing Association or Local Authority tenancy before?**

|                |                              |                             |                 |                              |                             |
|----------------|------------------------------|-----------------------------|-----------------|------------------------------|-----------------------------|
| Main Applicant | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Joint Applicant | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|----------------|------------------------------|-----------------------------|-----------------|------------------------------|-----------------------------|

**Has any landlord ever taken legal action against you?**

|                |                              |                             |                 |                              |                             |
|----------------|------------------------------|-----------------------------|-----------------|------------------------------|-----------------------------|
| Main Applicant | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Joint Applicant | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|----------------|------------------------------|-----------------------------|-----------------|------------------------------|-----------------------------|

**Have you ever had a property repossessed because you were not able to meet the mortgage repayments?**

|                |                              |                             |                 |                              |                             |
|----------------|------------------------------|-----------------------------|-----------------|------------------------------|-----------------------------|
| Main Applicant | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Joint Applicant | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|----------------|------------------------------|-----------------------------|-----------------|------------------------------|-----------------------------|

**Have you or anyone else who wants to be rehoused with you received an Anti-Social Behaviour Order, (ASBO)?**

|  |                              |                             |
|--|------------------------------|-----------------------------|
|  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Please tell us who has the ASBO and why they receive it? |                              |                             |

**Have you or anyone else who wants to be rehoused with you ever been convicted of a criminal offence? If yes, please tell us which household member, the nature of the offence and the date of conviction.**

|  |                              |                             |
|--|------------------------------|-----------------------------|
|  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Please tell us who has the criminal conviction, the nature of the offence and the dates of the conviction? |                              |                             |

**If you answered yes to any of the above questions please give further details in the space provided below.**

We will look at each case on its own merits so please give as much information as possible

|                 |  |
|-----------------|--|
| Main Applicant  |  |
| Joint Applicant |  |

# Why do you want to move home?

Please put a ✓ in all boxes that apply to your housing circumstance

|  |                          |   |                          |
|--|--------------------------|---|--------------------------|
| I am street homeless   | <input type="checkbox"/> | I have had a relationship breakdown and I am living in the same property as my ex-partner                         | <input type="checkbox"/> |
| I am threatened with homelessness on<br>DD / MM / YYYY   | <input type="checkbox"/> | I need to move to give or receive care and support  | <input type="checkbox"/> |
| I am sleeping at various addresses   | <input type="checkbox"/> | I need to move closer to specialised medical treatments   | <input type="checkbox"/> |
| I am living in a Trent & Dove property that is too big for my needs  | <input type="checkbox"/> | I am not able to afford the costs of living in our current home   | <input type="checkbox"/> |
| I am living in a hostel or supported housing and ready for independent living  | <input type="checkbox"/> | I am suffering from anti-social behaviour or harassment   | <input type="checkbox"/> |
| I am in serious risk of harm at my current home because of domestic violence   | <input type="checkbox"/> | My current property is in a poor state of repair  | <input type="checkbox"/> |
| I am in serious risk of harm at my current home for another reason   | <input type="checkbox"/> | I need to move closer to amenities such as a school, a place of worship, shops and local amenities                | <input type="checkbox"/> |
| I am awaiting discharge from hospital or a member of my family and I may be admitted to residential care or hospital if re-housing is not made | <input type="checkbox"/> | I need to move to take up a 'key worker' job  | <input type="checkbox"/> |
| I need to move because our current home is having a detrimental impact on our health, mobility or ability to live independently                | <input type="checkbox"/> | It is likely that a child of mine would be cared for by local authority if re-housing is not made                 | <input type="checkbox"/> |
| I need to move to either give or receive essential care or support   | <input type="checkbox"/> | I am a tenant of an East Staffordshire Homefinder Landlord and no longer need the adaptations made to my property | <input type="checkbox"/> |
| It is overcrowded at our current home  | <input type="checkbox"/> | Other:  | <input type="checkbox"/> |
| I am sharing facilities with people who are not moving with me   | <input type="checkbox"/> |   |                          |

**Have you spoken to the Housing Options service before submitting this application?**

|  |                              |                             |  |
|--|------------------------------|-----------------------------|--|
|  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |
|--|------------------------------|-----------------------------|--|

## Income and Expenditure

Please complete the below form if you require assistance with managing your finances to maintain a tenancy. **Please be aware we may ask you to supply evidence at a later date.**

|                                  |                |                   |
|----------------------------------|----------------|-------------------|
| <b>Step 1</b>                    |                | <b>Income</b>     |
|                                  |                | Weekly or monthly |
| Wages or salary                  |                | _____             |
| Wages or salary (partner)        |                | _____             |
| Jobseeker's Allowance            |                | _____             |
| Income Support or Pension Credit |                | _____             |
| Tax Credit                       |                | _____             |
| Retirement or works pension      |                | _____             |
| Child Benefit                    |                | _____             |
| Incapacity Benefit               |                | _____             |
| Maintenance                      |                | _____             |
| Non-dependants' contributions    |                | _____             |
| Other                            |                | _____             |
| <b>Total income</b>              | <b>Box A £</b> | _____             |
| <b>Step 2</b>                    |                | <b>Outgoings</b>  |
|                                  |                | Weekly or monthly |
| Mortgage                         |                | _____             |
| Mortgage endowment policy        |                | _____             |
| Second mortgage                  |                | _____             |
| Rent                             |                | _____             |
| Council Tax                      |                | _____             |
| Water rates                      |                | _____             |
| Ground rent or service charge    |                | _____             |
| Buildings and contents insurance |                | _____             |
| Life insurance and pension       |                | _____             |
| Gas                              |                | _____             |
| Electricity                      |                | _____             |
| Other fuel                       |                | _____             |
| Housekeeping                     |                | _____             |
| TV rental and licence            |                | _____             |
| Magistrates' court fines         |                | _____             |
| Maintenance payments             |                | _____             |
| Hire-purchase vehicle            |                | _____             |
| Travelling expenses              |                | _____             |
| School meals and meals at work   |                | _____             |
| Clothing                         |                | _____             |
| Laundry                          |                | _____             |
| Phone and mobile phone           |                | _____             |
| Prescriptions and health costs   |                | _____             |
| Childminding                     |                | _____             |
| Other 1                          |                | _____             |
| 2                                |                | _____             |
| 3                                |                | _____             |
| <b>Total outgoings</b>           | <b>Box B £</b> | _____             |
| <b>Step 3</b>                    |                |                   |
| <b>Total income</b>              | <b>Box A</b>   | _____             |
|                                  | take away      |                   |
| <b>Total outgoings</b>           | <b>Box B</b>   | _____             |
| <b>Disposable income</b>         |                | _____             |

|   |                |                       |                                      |
|---|----------------|-----------------------|--------------------------------------|
| <b>Step 4</b>                                       |                | <b>Priority debts</b> |                                      |
|   |                | Balance owed          | Weekly or monthly offer of repayment |
| Mortgage arrears                                    |                | _____                 | _____                                |
| Arrears on a second mortgage                        |                | _____                 | _____                                |
| Rent arrears  |                | _____                 | _____                                |
| Council Tax or community charge arrears             |                | _____                 | _____                                |
| Fuel debts: Gas                                     |                | _____                 | _____                                |
| Electricity   |                | _____                 | _____                                |
| Other   |                | _____                 | _____                                |
| Magistrates' court fine arrears                     |                | _____                 | _____                                |
| Hire-purchase arrears                               |                | _____                 | _____                                |
| Other 1   |                | _____                 | _____                                |
| 2   |                | _____                 | _____                                |
| <b>Total priority debts repayment</b>               | <b>Box D £</b> | _____                 |                                      |
| <b>Step 5</b>                                       |                |                       |                                      |
| <b>Money for creditors</b>                          |                |                       |                                      |
|   |                | <b>Box C £</b>        | _____                                |
|   |                | take away             |                                      |
| <b>Total priority debts repayment</b>               |                | <b>Box D £</b>        | _____                                |
| <b>Money for credit debts</b>                       |                | <b>Box E £</b>        | _____                                |
| <b>Step 6</b>                                       |                | <b>Credit debts</b>   |                                      |
|   | Creditor       | Balance owed          | Monthly offer of repayment           |
| 1   | _____          | _____                 | _____                                |
| 2   | _____          | _____                 | _____                                |
| 3   | _____          | _____                 | _____                                |
| 4   | _____          | _____                 | _____                                |
| 5   | _____          | _____                 | _____                                |
| 6   | _____          | _____                 | _____                                |
| 7   | _____          | _____                 | _____                                |
| 8   | _____          | _____                 | _____                                |
| 9   | _____          | _____                 | _____                                |
| <b>Total owed Box F</b>                             |                | _____                 |                                      |
| <b>Total monthly repayment Box G £</b>              |                | _____                 |                                      |
| This is an accurate record of my financial position |                |                       |                                      |
| on (dd/mm/yyyy) _____ / _____ / _____               |                |                       |                                      |
| Signed _____  |                |                       |                                      |

# Additional Information

**Please use the space below to tell us anything else about your housing situation. If you need more space please use a separate piece of paper and attach to your application form.**

# Help us to plan for the future

In this section we ask for information to help us to plan for future housing developments. The information you give does not mean that we can offer you a property in that area it is purely for statistical purposes.

Please put a ✓ in **ONE** area only – the **one** area (parish) that would best meet your needs

|                       |             |                           |
|-----------------------|-------------|---------------------------|
| Burton – any part     | Ellastone   | Rolleston on Dove         |
| Any rural area        | Eton Park   | Shobnall                  |
| Abbots Bromley        | Hanbury     | Stanton (near Mayfield)   |
| Anglesey              | Hoar Cross  | Stapenhill                |
| Anslow                | Horninglow  | Stretton                  |
| Barton Under Needwood | Kingstone   | Tatenhill                 |
| Blithfield            | Leigh       | Tutbury                   |
| Branston              | Marchington | Uttoxeter Rural Parish    |
| Brizlincote           | Mayfield    | Uttoxeter – any part      |
| Burton (Parish/Ward)  | Newborough  | Winshill                  |
| Croxden               | Okeover     | Wootton                   |
| Denstone              | Outwoods    | Wychnor                   |
| Draycott in the Clay  | Ramshorn    | Yoxall                    |
| Dunstall              | Rocester    | <b>TICK ONLY ONE AREA</b> |

## Housing Options

| Are you interested in any other housing options apart from Housing Association rented accommodation? Please tick one or more Housing Options. |  |                          |
|---|--|--------------------------|
| Shared ownership  |  | <input type="checkbox"/> |
| Low cost home ownership   |  | <input type="checkbox"/> |
| Private rented accommodation  |  | <input type="checkbox"/> |
| Mutual Exchange   |  | <input type="checkbox"/> |
| Other, please give details  |  | <input type="checkbox"/> |
|   |  |                          |

## Conflict Of Interest

Are you or any of your close relatives employed by or a board member of any of the East Staffordshire Housing organisations or have been within the past 12 months.

|                |                              |                             |                 |                              |                             |
|----------------|------------------------------|-----------------------------|-----------------|------------------------------|-----------------------------|
| Main Applicant | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Joint Applicant | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|----------------|------------------------------|-----------------------------|-----------------|------------------------------|-----------------------------|

If you answered yes, please tell us the Name of the employee, their job title and which organisation they work for below



# Declaration

I declare that the details I have given are true, and I have not left out any information that may affect my application. I understand that giving false or misleading information may result in registration being refused, offers of accommodation being withdrawn, or action being taken to terminate any tenancy granted.

I will inform Trent & Dove Housing on behalf of East Staffordshire Housing Partners of any changes of circumstances.

I consent to the information I have provided on this form being held on computer and/or on paper, together with any relevant supporting information, and to the information being shared with, and processed by East Staffordshire Housing Partners, for the purpose of securing re-housing, for audit and statistical purposes, and for fraud prevention. I also authorise Trent & Dove Housing to seek and obtain other information which is relevant to my application and consent to East Staffordshire Housing Partners sharing such information.

I consent to credit checks being carried out to establish my financial status. I understand that I can request details of any credit reference agencies used so I can verify with them the information they provide. I understand that if I default on any future tenancy obligations this information may be released to authorised debt recovery agencies and may affect future applications I make for tenancies, credit and insurance.

I confirm that neither I nor anyone who will reside with me as a member of my family is subject to immigration control within the meaning of the Asylum and Immigration act 1996.

I understand that completing this form does not commit any East Staffordshire Housing Partner to offer a tenancy.

I understand that if I, or a member of my household, have any connection with any **East Staffordshire Housing Partner** employee or board member, or any company, organisation, or individual with whom any **East Staffordshire Housing Partners** do business, I should declare this.

**I have checked the information on this form and accept it is correct. I accept this information will only be used by East Staffordshire Housing Partners for the purposes specified above and within the rights of individuals under the Data Protection Act, 1998.**

|                 |           |      |
|-----------------|-----------|------|
| Main Applicant  | Signature | Date |
| Joint Applicant | Signature | Date |

**If you are completing this application on behalf of someone else please provide your details below**

|   |  |
|---|--|
| Name of person who filled in form                                   |  |
| Contact Number  |  |
| Relationship to Applicant   |  |
| Tell us why the applicant could not fill in the form themselves     |  |
| Does the main or joint applicant want you to be a nominated person? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Signature   |  |
| Date  |  |

# Equal Opportunities

East Staffordshire Housing Partners are committed to ensuring equality and diversity throughout our services. To help us with monitoring and for this purpose only, we would like you to complete this section of the form. The information is confidential and will be for statistical purposes. **If you decide not to complete this section it will not affect your registration.**

Please ✓ tick the appropriate box

## Marital Status

|               | Main                     | Joint                    |           | Main                     | Joint                    |
|---------------|--------------------------|--------------------------|-----------|--------------------------|--------------------------|
| Civil Partner | <input type="checkbox"/> | <input type="checkbox"/> | Single    | <input type="checkbox"/> | <input type="checkbox"/> |
| Co-Habittee   | <input type="checkbox"/> | <input type="checkbox"/> | Widowed   | <input type="checkbox"/> | <input type="checkbox"/> |
| Divorced      | <input type="checkbox"/> | <input type="checkbox"/> | Seperated | <input type="checkbox"/> | <input type="checkbox"/> |
| Married       | <input type="checkbox"/> | <input type="checkbox"/> |           |                          |                          |

## Language

|                    | Main | Joint |
|--------------------|------|-------|
| Main Language      |      |       |
| Preferred Language |      |       |

## Religion

|           | Main                     | Joint                    |                    | Main                     | Joint                    |
|-----------|--------------------------|--------------------------|--------------------|--------------------------|--------------------------|
| Buddhist  | <input type="checkbox"/> | <input type="checkbox"/> | Sikh               | <input type="checkbox"/> | <input type="checkbox"/> |
| Christian | <input type="checkbox"/> | <input type="checkbox"/> | Any Other Religion | <input type="checkbox"/> | <input type="checkbox"/> |
| Hindu     | <input type="checkbox"/> | <input type="checkbox"/> | No Religion        | <input type="checkbox"/> | <input type="checkbox"/> |
| Jewish    | <input type="checkbox"/> | <input type="checkbox"/> | Prefer not to say  | <input type="checkbox"/> | <input type="checkbox"/> |
| Muslim    | <input type="checkbox"/> | <input type="checkbox"/> |                    |                          |                          |

## Sexual Orientation

|           | Main                     | Joint                    |                   | Main                     | Joint                    |
|-----------|--------------------------|--------------------------|-------------------|--------------------------|--------------------------|
| Bisexual  | <input type="checkbox"/> | <input type="checkbox"/> | Heterosexual      | <input type="checkbox"/> | <input type="checkbox"/> |
| Gay Man   | <input type="checkbox"/> | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> | <input type="checkbox"/> |
| Gay Woman | <input type="checkbox"/> | <input type="checkbox"/> |                   |                          |                          |

### Transgender

|                |                              |                             |                 |                              |                             |
|----------------|------------------------------|-----------------------------|-----------------|------------------------------|-----------------------------|
| Main Applicant | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Joint Applicant | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|----------------|------------------------------|-----------------------------|-----------------|------------------------------|-----------------------------|

### Nationality

|                | Main                     | Joint                    |                    | Main                     | Joint                    |
|----------------|--------------------------|--------------------------|--------------------|--------------------------|--------------------------|
| UK National    | <input type="checkbox"/> | <input type="checkbox"/> | Non EEA National   | <input type="checkbox"/> | <input type="checkbox"/> |
| Czech Republic | <input type="checkbox"/> | <input type="checkbox"/> | Other EEA National | <input type="checkbox"/> | <input type="checkbox"/> |
| Estonia        | <input type="checkbox"/> | <input type="checkbox"/> | Polish             | <input type="checkbox"/> | <input type="checkbox"/> |
| Hungary        | <input type="checkbox"/> | <input type="checkbox"/> | Slovakia           | <input type="checkbox"/> | <input type="checkbox"/> |
| Latvia         | <input type="checkbox"/> | <input type="checkbox"/> | Slovenia           | <input type="checkbox"/> | <input type="checkbox"/> |
| Lithuania      | <input type="checkbox"/> | <input type="checkbox"/> |                    |                          |                          |

### My Ethnic Origin Is

| <b>White</b>                  | Main                     | Joint                    | <b>Asian or Asian British</b> | Main                     | Joint                    |
|-------------------------------|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|
| British                       | <input type="checkbox"/> | <input type="checkbox"/> | Bangladeshi                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Irish                         | <input type="checkbox"/> | <input type="checkbox"/> | Indian                        | <input type="checkbox"/> | <input type="checkbox"/> |
| Gypsy Traveller               | <input type="checkbox"/> | <input type="checkbox"/> | Pakistani                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Of any other white background | <input type="checkbox"/> | <input type="checkbox"/> | Any other Asian background    | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Black or Black British</b> | Main                     | Joint                    | <b>Mixed/Dual Heritage</b>    | Main                     | Joint                    |
| African                       | <input type="checkbox"/> | <input type="checkbox"/> | White and Asian               | <input type="checkbox"/> | <input type="checkbox"/> |
| Caribbean                     | <input type="checkbox"/> | <input type="checkbox"/> | White and Black African       | <input type="checkbox"/> | <input type="checkbox"/> |
| Of any other black background | <input type="checkbox"/> | <input type="checkbox"/> | White and Black Caribbean     | <input type="checkbox"/> | <input type="checkbox"/> |
| Chinese                       | <input type="checkbox"/> | <input type="checkbox"/> | Of any other mixed background | <input type="checkbox"/> | <input type="checkbox"/> |
| Arab                          | <input type="checkbox"/> | <input type="checkbox"/> | Other Ethnic Group            | <input type="checkbox"/> | <input type="checkbox"/> |

Send or take your completed registration form to **Trent & Dove Housing** who maintain the East Staffordshire Housing Register on behalf of partners:



Trinity Square  
Horninglow Street  
Burton upon Trent  
Staffordshire  
DE14 1BL



Old Mill Building  
Church Street  
Uttoxeter  
Staffordshire  
ST14 8AG

Tel: 01283 528528

Tel: 01889 561870

For any enquiries regarding your Housing Application please contact us

**Alternatively email us: [enquiries@trentanddove.org](mailto:enquiries@trentanddove.org)**

We are committed to delivering Diversity and Equality in our services. We are working to improving access to housing for all members of the community.

If a customer needs any help or advice in accessing housing, or finding out about available properties, they can approach any one of us for help. If their first language is not English, we can arrange for an appointment to be made with an interpreter or access to an appropriate language service.

We can also provide information in other suitable formats for customers who may have specialised requirements. Customers will advise us if they need this.

Our intention is to develop a scheme that complies with relevant legislation (both U.K. and European) and will strive to deliver best practise in Diversity and Equality.

### **What happens next?**

Your Registration Form will be evaluated and verified. We may contact you to discuss your registration form. You will be notified in writing whether we can accept your registration, what banding you are eligible for and your date of registration.