

# East Staffordshire Housing Register

## Application Form



In Partnership with:



**Please be aware that your application form may be refused or returned to you if further documentation is required for Trent & Dove Housing to assess your needs.**



**Please refer to the 'Checklist' on Page 4 provided to ensure that you have provided all relevant information**



<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	
Form Return Reason:	
APPLICATION REF NO:	

## 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.

- Fully completed and signed Landlord Reference for your current and/or previous tenancies over the last 2 year period by your landlord(s)
- 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 of personal identity such as passport, driving licence or birth certificate 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 or other means to fund your housing.
- 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
- Proof of 'leave to remain' or recourse to public funds (Non-EEA Applicants)

## IF YOU ARE LODGING OR RENTING A ROOM ONLY

- Proof of not being on a tenancy or mortgage
- Proof of only renting one room

### 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"/>
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### If yes, please give details

# Income and Expenditure

Please be aware we may ask you to supply evidence at a later date

Name: \_\_\_\_\_  
Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_

Step 1		Income
		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>	_____
Step 2		Outgoings
		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>Total income</b>	<b>Box A</b>	_____
	take away	_____
<b>Total outgoings</b>	<b>Box B</b>	_____
<b>Disposable income</b>		_____

Step 4		Priority debts
		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>	_____
Step 6		Credit debts
Creditor	Balance owed	Monthly offer of repayment
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
<b>Total owed</b>	<b>Box F</b>	_____
<b>Total monthly repayment</b>	<b>Box G £</b>	_____
This is an accurate record of my financial position		
on (dd/mm/yyyy) _____ / _____ / _____		
Signed _____		

Please state the amount of savings you have £ \_\_\_\_\_  
If you own any properties, state approximate value £ \_\_\_\_\_

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

Please tick if you wish to have an appointment with a free, confidential and impartial Budgeting Advisor from the Citizens Advice Bureau?

Signature \_\_\_\_\_ Date: \_\_\_\_\_

# 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"/>
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## Date of Birth

Main Applicant	
Joint Applicant	

## Relationship to Main Applicant

Joint Applicant	
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## 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"/>
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**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		
Joint Applicant		

**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"/> Hostel <input type="checkbox"/> Bungalow <input type="checkbox"/> Flat <input type="checkbox"/> B&B <input type="checkbox"/> 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"/> Hostel <input type="checkbox"/> Bungalow <input type="checkbox"/> Flat <input type="checkbox"/> B&B <input type="checkbox"/> 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	Postcode
Joint Applicant	Postcode

Landlords Telephone Number

Main Applicant	
Joint Applicant	

Current Tenure

Main Applicant	
Joint Applicant	



# Your households Needs

Please tell us your first language?

Main Applicant		Joint Applicant	
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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"/>
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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"/>
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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"/>	Details _____
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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? _____
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A frail person who requires support?

	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, who? _____
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A person with a learning difficulty?

	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, who? _____
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A person with a visual impairment?

	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, who? _____
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A deaf person?

	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, who? _____
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A person with mental health problems?

	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, who? _____
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A substance abuser, such as drugs or alcohol?

	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, who? _____
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A person who needs housing with a support worker?

	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, who? _____
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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 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? _____
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**Pregnancy Due Date**

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**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 their Name and Date of Birth**

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"/>
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### Start Date of Employment

Main Applicant		Joint Applicant	
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### Job Title

Main Applicant		Joint Applicant	
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### Name of Employer

Main Applicant		Joint Applicant	
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### 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"/>
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### 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 (if known) _____
In receipt of long-term sickness/care/mobility allowance(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Which _____
£ _____ 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 _____
£ _____ 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"/>
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Please state the amount of savings you have £ _____	If you own any properties, please state approximate value £ _____
--	--

**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			
Joint Applicant			

## Housing situation at this property

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

Main Applicant	Postcode
Joint Applicant	Postcode

<b>From Date:</b>		<b>To Date:</b>	
Main Applicant			
Joint Applicant			

## Housing situation at this property

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

Main Applicant	Postcode
Joint Applicant	Postcode

<b>From Date:</b>	<b>To Date:</b>
Main Applicant	
Joint Applicant	

**Housing situation at this property**

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

Main Applicant	Postcode
Joint Applicant	Postcode

<b>From Date:</b>	<b>To Date:</b>
Main Applicant	
Joint Applicant	

**Housing situation at this property**

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

**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"/>
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**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"/>
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**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"/>
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**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"/>
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**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	

## Tell us in your own words...

**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.**

**I have continued on a separated sheet and attached to my form**



# Why do you need to move?

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 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"/>		

If you need to move to receive / provide care & support please give details of the person's name, contact number & address as we may need to contact them:

<b>Name:</b>	<b>Contact Number:</b>
<b>Address:</b>	
<b>Support Received/Provided:</b>	

## Garages

Trent & Dove Housing owns various garage sites across East Staffordshire. Anyone can apply to rent a garage, provided its sole purpose is to house a motor vehicle.

**Are you interested in receiving further information about renting a garage?**

Yes  No

## 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 you would like to live in

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			

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

<p><b>Name of Employee:</b></p> <p><b>Their Job Title:</b></p> <p><b>Employer:</b></p> <p><b>Your Relation to them:</b></p>	<p>18   Page</p>
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# 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 consent to other persons relevant to my housing application being contacted to verify statements made on my housing application such as, support workers, family/friends that provide/receive support or care as provided in

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 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"/>	Separated	<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"/>
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## 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 African</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"/>
<b>Chinese</b>	<input type="checkbox"/>	<input type="checkbox"/>	Of any other mixed background	<input type="checkbox"/>	<input type="checkbox"/>
<b>Arab</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Any other ethnic Group</b>	<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

Tel: 01283 528528



Old Mill Building  
Church Street  
Uttoxeter  
Staffordshire  
ST14 8AG

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 practice 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.



# LANDLORDS REFERENCE

To be completed by the landlord only

<b>Landlord Name:</b>	
<b>Landlord Contact Address:</b>	
<b>Landlord Contact No:</b>	

<b>Whose name is the tenancy in?</b>	
<b>Tenancy Address:</b>	
<b>Tenancy Start Date:</b>	
<b>Tenancy End Date:</b>	
<b>Please state the Tenancy Type:</b>	
<b>What is the property type?</b>	
<b>How many bedrooms are there?</b>	

<b>How many adults were in the household?</b>	<input type="text"/>	<b>Male</b>	<input type="text"/>	<b>Female</b>
<b>How many children were in the household?</b>	<input type="text"/>	<b>Male</b>	<input type="text"/>	<b>Female</b>
<b>Are there any reports of any medical issues among the family? If yes, please give details.</b>				
<b>Have any of the household members had legal proceedings commenced against them for anti-social behaviour in the last 5 years? If yes please give details.</b>				
<b>Do you consider any of the household members to require support in order to sustain a tenancy? If yes, please give details</b>				

<b>Weekly Rent Amount:</b>	£
<b>Has the rent account ever fallen into arrears?</b>	
<b>If yes, what action was taken?</b>	
<b>Are there any current arrears?</b>	
<b>If yes, how much?</b>	
<b>Is there a re-payment plan in place? If so, what is the agreement?</b>	
<b>Was the tenancy conducted according to your policies and procedures? If no, please give details.</b>	
<b>Are there any outstanding Notices, Court Orders, or similar? If yes, please give details</b>	
<b>Does the applicant owe any repair recharges to your organisation?</b>	
<b>If yes, please state amount and whether a re-payment agreement is in place?</b>	

<b>Any additional Comments:</b>	
<b>Signed:</b>	
<b>Date:</b>	