

Office Use Only:

Date Sent: _____ Date Ret'd: _____

Warwickshire Rural Housing Association Ltd



Whitwick Business Centre
Stenson Road
Coalville
Leicestershire
LE67 4JP
Tel: - 01530 276545
Fax: - 01530 276547

HOUSING APPLICATION

All information will be treated confidentially. If you require assistance in completing this form please do not hesitate to contact the office.

(1) In which village are you applying for housing: _____

(2) Accommodation Required: (Tick Preference)

Do you wish to: Buy Rent
Do you need a: House Flat Bungalow

(3) Number of Bedrooms Required: (Tick Preference)

1 2 3

(4) Personal Details: (Applications should be submitted in joint names where applicable)

	Applicant 1	Applicant 2
Surname:		
First Name (inc Title):		
	Applicant 1	Applicant 2
Tel No (Home):		
Tel No (Mobile):		
Date of Birth:		
National Insurance No:		
Relationship (where joint):		

(5) Family Details: - (give details of each person other than applicant 1 and 2 who will be living with you)

Surname:	First Name:	Relationship to applicant(s):	Date of Birth:

Expectant mothers should use anticipated date of birth

	Applicant 1	Applicant 2
Address:		

(6) Your Present Housing: -

	Applicant 1	Applicant 2
How Long have you lived in your present home:		
What is your current Tenure:		
Name & Address of Landlord: (if applicable)		
What is your current Rent:	£	£

	Applicant 1	Applicant 2
Do you have any arrears:	£	£
Do you live in: (tick box)	<input type="checkbox"/> House <input type="checkbox"/> Bungalow <input type="checkbox"/> Flat <input type="checkbox"/> Caravan <input type="checkbox"/> Bed-sit <input type="checkbox"/> Room <input type="checkbox"/> Other	<input type="checkbox"/> House <input type="checkbox"/> Bungalow <input type="checkbox"/> Flat <input type="checkbox"/> Caravan <input type="checkbox"/> Bed-sit <input type="checkbox"/> Room <input type="checkbox"/> Other
How many bed-rooms are there: (Total No)		
Do you have your own bedroom:	<input type="checkbox"/> Yes <input type="checkbox"/> No (Tick Box)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Tick Box)
How many adults (inc. Sex) live in your current home:		
How many children (inc. Sex) live in your current home:		
Are you under any obligation to leave or threat of eviction:		

Last 6 years housing history: - (list previous addresses inc. tenures)

Give main reasons of why you are applying for housing:-

(7) Local Connection: - It is a requirement that you have a local connection to the Village you are applying for.

	Applicant 1	Applicant 2
Do you currently live in the parish:	<input type="checkbox"/> Yes <input type="checkbox"/> No (Tick Box)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Tick Box)
Number of years:		
If you used to live in the parish but now live elsewhere, give the address & dates when you last lived in the Village:		
Do you work in the Village:	<input type="checkbox"/> Yes <input type="checkbox"/> No (Tick Box)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Tick Box)
How long have you worked in the Village:		
Give the address of your employer if you work in the Village or Parish:		
Do you have <u>close</u> relatives living in the Village/Parish:	<input type="checkbox"/> Yes <input type="checkbox"/> No (Tick Box)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Tick Box)

If yes:

Name of Relative	Address	Relationship

Do you consider yourself to have a disability? YES/NO

If yes, please specify _____

Are there any medical reasons why you need to move: - (e.g. unable to manage stairs). Please include any doctor's letters confirming this.

(8) Employment & Financial Information: -

	Applicant 1	Applicant 2
Occupation:		
Name & Address of Employer:		
Employment start date:		
Weekly / Monthly wages: (take home pay)	£	£
Additional Income / Benefits (income support, benefits, child allowance, pensions, regular overtime)	£	£
What savings do you have:	£	£
Do you own a property:	<input type="checkbox"/> Yes <input type="checkbox"/> No (Tick Box)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Tick Box)
What is the properties value:	£	£
What is the outstanding mortgage:	£	£

If you have approached a Bank/Building Society for a mortgage, give details of the maximum they indicated they would be prepared to advance: (please note charitable income limits)

	Applicant 1	Applicant 2
Amount:	£	£

	Applicant 1	Applicant 2
Do you have any Loans / Credit arrangements: (please specify inc. amount)	£	£

(9) Other applications for housing: - (Please note: Warwickshire Rural Housing Association is a small organisation and do not have a large turnover of properties. We do request nominations from Local Authorities, therefore we recommend all applicants applying to the Local Authority to be added to their housing waiting list).

	Applicant 1	Applicant 2
Are you on the local councils housing waiting list:	<input type="checkbox"/> Yes <input type="checkbox"/> No (Tick Box)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Tick Box)
If yes, state which council and how long you have been on the waiting list:		
Are you on the housing waiting list for any other housing association:	<input type="checkbox"/> Yes <input type="checkbox"/> No (Tick Box)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Tick Box)
If yes, state which association and how long you have been on the waiting list:		
Have you been offered housing by anyone:	<input type="checkbox"/> Yes <input type="checkbox"/> No (Tick Box)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Tick Box)
If yes, give details, indicating why you turned the offer down:		

(10) Ethnic Monitoring:

Main Language:	(1)	(2)	Ethnic Group:	(1)	(2)
English			White British		
Unknown			White Irish		
Hindi			White Other		
Punjabi			Mixed W & B Caribbean		
Somali			Mixed W & B African		
Arabic			Mixed Other		
Urdu			Asian/Brit Indian		
Chinese			Asian/Brit Pakistani		
Gujarati			Asian/Brit Bangladeshi		
Polish			Asian/Brit Other		
Other			Black/Brit Caribbean		
			Black/Brit African		
			Black/Brit Other		
			Chin/Other Chinese		
			Chin/Other Other		
			Refused		
			Unknown		

(11) Additional Information (please continue on separate sheet): -**(12) Declaration: -**

Associations are not allow by law to grant benefit to their Employees and Committee Members or their close relatives. In order to assist the Association in complying with this law, please answer the following: -

	Applicant 1	Applicant 2
Are you related to an Employee or a member of the Association:	<input type="checkbox"/> Yes <input type="checkbox"/> No (Tick Box)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Tick Box)

If yes give details

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(13) Signature: - where there are joint applicants, both must sign this form otherwise the application cannot be considered.

I / We declare that the information I / We have given is, to the best of My / Our knowledge, true and accurate and I / We authorise the Housing Association to make any enquiries necessary to verify the information given. I / We will notify the association of any change in circumstances.

	Applicant 1	Applicant 2
Signature:		
Date:		

It is your right to check any information you have given on this form or in any other way. If you wish to do so, please contact the address shown below. Neither the issue nor the acceptance of this form implies that a property will be made available for you to purchase or rent at any time.

Please return this form to: -

Warwickshire Rural Housing Association
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