

8. FAMILY LIVING APART *If any of the people you have listed in question 7 do not live with you at the moment, but will do so if you are given Council accommodation, please give their details below.*

SURNAME	FIRST NAMES	SEX (M/F)	DATE OF BIRTH	NATIONAL INSURANCE N ^o .	RELATIONSHIP TO YOU	PRESENT ADDRESS

9. WHAT TYPE OF ACCOMMODATION DO YOU LIVE IN? *(please tick the relevant box)*

House Bungalow Ground Floor Flat Upstairs Flat Maisonette

Sheltered accommodation ¹ Room in a shared house Supported Accommodation ²

Other

If you live in an upstairs flat or maisonette, which floor is it on?

Is there a lift to this floor? Yes No

1. With an onsite or site warden / scheme manager 2. Specialised accommodation for particular needs

D D M M Y Y

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10. WHAT DATE DID YOU MOVE INTO YOUR PRESENT HOME?

11. PLEASE STATE THE TOTAL NUMBER OF BEDROOMS IN YOUR PRESENT ACCOMMODATION *(If a bedsit please put "0")*

- 12. DO YOU WISH TO BE REHOUSED BY:** (Please tick all options you would consider)
- | | Yes | No |
|---|--------------------------|--------------------------|
| East Riding of Yorkshire Council for rented housing | <input type="checkbox"/> | <input type="checkbox"/> |
| A housing association for rented housing | <input type="checkbox"/> | <input type="checkbox"/> |
| A housing association for low-cost home ownership housing | <input type="checkbox"/> | <input type="checkbox"/> |
| A private landlord for rented housing | <input type="checkbox"/> | <input type="checkbox"/> |
| A private developer for low-cost home ownership housing | <input type="checkbox"/> | <input type="checkbox"/> |

13. WHAT TYPE OF ACCOMMODATION DO YOU REQUIRE?

You will only be offered accommodation that the Council considers is suitable for your housing needs and the size of your household. You should contact your local housing office for more information.

- | | | | | | |
|-------------------|--------------------------|----------------------------|--------------------------|--------------------|--------------------------|
| House | <input type="checkbox"/> | First floor flat | <input type="checkbox"/> | Maisonette | <input type="checkbox"/> |
| Bungalow | <input type="checkbox"/> | Second floor flat or above | <input type="checkbox"/> | Bedsit/Studio flat | <input type="checkbox"/> |
| Ground floor flat | <input type="checkbox"/> | Sheltered/Extra care | <input type="checkbox"/> | Supported Housing | <input type="checkbox"/> |

14. DO YOU OR ANYONE IN YOUR HOUSEHOLD REQUIRE ANY OF THE FOLLOWING DUE TO DISABILITY?

- | | | | | | |
|-----------------|--------------------------|-------------------|--------------------------|---------------------|--------------------------|
| Ramped access | <input type="checkbox"/> | Stair lift | <input type="checkbox"/> | Level access shower | <input type="checkbox"/> |
| Overbath shower | <input type="checkbox"/> | Remote door entry | <input type="checkbox"/> | Through floor lift | <input type="checkbox"/> |

15. DO YOU CURRENTLY RECEIVE SUPPORT BECAUSE OF: (Please tick all that apply)

- | | | | | | |
|-------------------------------|--------------------------|-----------------------------|--------------------------|-------------------------|--------------------------|
| Enduring mental health issues | <input type="checkbox"/> | Care leaver (18-25) | <input type="checkbox"/> | Recent ex-offender | <input type="checkbox"/> |
| Sensory difficulties | <input type="checkbox"/> | Young parent (18-21) | <input type="checkbox"/> | Learning disabilities | <input type="checkbox"/> |
| Physical difficulties | <input type="checkbox"/> | Children in need (16-17) | <input type="checkbox"/> | Homeless/rough sleeping | <input type="checkbox"/> |
| At risk of domestic violence | <input type="checkbox"/> | Substance misuse/dependency | <input type="checkbox"/> | | |

16. DO YOU OR ANYONE ON THE APPLICATION RECEIVE SUPPORT FROM THE FOLLOWING ORGANISATIONS:

- | | | | |
|-------------------------------|--------------------------|---|--------------------------|
| Adult Social Services | <input type="checkbox"/> | DVAP | <input type="checkbox"/> |
| No current Agency involvement | <input type="checkbox"/> | Childrens Social Services (including Pathway leaving Care Team) | <input type="checkbox"/> |
| Probation Trust | <input type="checkbox"/> | Housing related support (long term or short term) | <input type="checkbox"/> |
| Other Support Agency | <input type="checkbox"/> | | |

Please specify details:

17. GIVING SUPPORT

Do you or anyone on the application need to give support to someone else?

Yes No

If yes, please provide the name and address and relationship to the person who receives your support and the reason you need to support them *(please provide supporting documentation/Information)*.

18. DO YOU HAVE ANY PROBLEMS IN YOUR PRESENT HOME WITH DISREPAIR, FIRE SAFETY, ACCESS ARRANGEMENTS OR INTERNAL LAYOUT?

Yes No

If yes, please tick one or more boxes and put more details in the box below.

- | | | | | | |
|---------------------|--------------------------|----------------------------------|--------------------------|---------------------------|--------------------------|
| Leaking roof | <input type="checkbox"/> | Damp | <input type="checkbox"/> | Rotting woodwork | <input type="checkbox"/> |
| Structural problems | <input type="checkbox"/> | Dangerous floor | <input type="checkbox"/> | Faulty wiring | <input type="checkbox"/> |
| Pest infestation | <input type="checkbox"/> | Communal areas in poor condition | <input type="checkbox"/> | Other, please state below | <input type="checkbox"/> |

IF YOU ARE RENTING

Does the landlord know about these problems?

Yes No

Have you informed the Council's Private Sector Housing Environmental Health Officers about the problem?

Yes No

If no, do you want the Environmental Health Officer to be told? (within the East Riding of Yorkshire only)

Yes No

If you ticked no to this last question, we will not be able to assess your priority in this category.

If you ticked yes, we will contact the Council's Private Sector Housing Environmental Health Team and they may visit you to assess the degree of disrepair. You should be aware that the Environmental Health Officers will contact your landlord about the disrepair in severe cases.

19. ARE YOU AN OWNER OCCUPIER?

Yes No

IF YOU HAVE A MORTGAGE/LOAN, PLEASE STATE:

(a) Name and address of Building Society or other lender (if mortgage property is more than one lender please list all)

NAME

ADDRESS

.....

NAME

ADDRESS

.....

NAME

ADDRESS

.....

(b) ESTIMATED VALUE OF HOME ³ £

(c) VALUE OF OUTSTANDING MORTGAGE OR SECURED LOAN? ⁴ £

(d) TOTAL EQUITY IN YOUR HOME (b) – (c) ABOVE £

(e) HOW MUCH ARE YOUR TOTAL MONTHLY PAYMENTS ON THE ABOVE? £

19a. DO YOU HAVE SAVINGS?

Yes No

(h) IF SO, HOW MUCH? (exclude any compensation awarded if you were in HM Forces and wounded or disabled in action)

£

20. DO YOU LACK, OR SHARE WITH PEOPLE YOU DO NOT WISH TO BE REHOUSED WITH, ANY OF THE FOLLOWING AMENITIES IN YOUR HOME?

If Yes, please tick the relevant boxes

Yes No

	LACK	SHARE		LACK	SHARE
Inside toilet	<input type="checkbox"/>	<input type="checkbox"/>	Hot water	<input type="checkbox"/>	<input type="checkbox"/>
Bath	<input type="checkbox"/>	<input type="checkbox"/>	Cold water	<input type="checkbox"/>	<input type="checkbox"/>
Shower	<input type="checkbox"/>	<input type="checkbox"/>	Central heating	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	Gas	<input type="checkbox"/>	<input type="checkbox"/>
Living Room	<input type="checkbox"/>	<input type="checkbox"/>	Electricity	<input type="checkbox"/>	<input type="checkbox"/>
Private outdoor space	<input type="checkbox"/>	<input type="checkbox"/>			

3. You may need to speak to an estate agent

4. This may be on your most recent mortgage statement

21. PLEASE GIVE DETAILS OF YOUR REASONS FOR APPLYING FOR ACCOMMODATION

(Please tick all that apply)

- | | | | |
|--|--------------------------|--|--------------------------|
| Need a larger property | <input type="checkbox"/> | Leaving the Armed Forces | <input type="checkbox"/> |
| Leaving parents' or family home | <input type="checkbox"/> | Leaving local authority care | <input type="checkbox"/> |
| Being asked to leave | <input type="checkbox"/> | Need a smaller property | <input type="checkbox"/> |
| To be near friends and relatives | <input type="checkbox"/> | Racial harassment | <input type="checkbox"/> |
| Cannot afford present housing | <input type="checkbox"/> | Other type of harassment | <input type="checkbox"/> |
| Relationship breakdown | <input type="checkbox"/> | Leaving prison | <input type="checkbox"/> |
| Domestic violence | <input type="checkbox"/> | In poor quality accommodation | <input type="checkbox"/> |
| Living in temporary accommodation | <input type="checkbox"/> | Violence or threat of violence | <input type="checkbox"/> |
| Ready to leave supported accommodation | <input type="checkbox"/> | Medical/Health circumstances
(If you tick this box see also Section 35) | <input type="checkbox"/> |
| Tied/service accommodation | <input type="checkbox"/> | Need sheltered/extra care Housing | <input type="checkbox"/> |
| Need supported accommodation | <input type="checkbox"/> | | |

22. CURRENT INCOME OF HOUSEHOLD REQUESTING REHOUSING

State Benefits

(do not enter council tax benefit and housing benefit but include state pension)

£ per week

Child and Working Tax Credit

(this is not child benefit)

£ per week

Occupational/Stakeholder Pension

(including SERPS) (before tax)

£ per week

Earning from employment/self employment
and other income *(before tax and national insurance)*

£ per week

Do you have a gross annual income as a household
of over £40,000 *(gross income is before tax)*

Yes No

23. EMPLOYMENT *Please give details of you and your partner's current employment.*

	APPLICANT	PARTNER (IF APPLICABLE)
1. Full time work (30 hours or more a week)	<input type="checkbox"/>	<input type="checkbox"/>
2. Part time work (less than 30 hours per week)	<input type="checkbox"/>	<input type="checkbox"/>
3. Government training/Work programme	<input type="checkbox"/>	<input type="checkbox"/>
4. Job seeker	<input type="checkbox"/>	<input type="checkbox"/>
5. Retired	<input type="checkbox"/>	<input type="checkbox"/>
6. Not seeking work	<input type="checkbox"/>	<input type="checkbox"/>
7. Full time student	<input type="checkbox"/>	<input type="checkbox"/>
8. Unable to work because of long term sickness or disability	<input type="checkbox"/>	<input type="checkbox"/>
9. Other	<input type="checkbox"/>	<input type="checkbox"/>

24. EMPLOYMENT *Please give details of you and your partner's current employment.*

	OCCUPATION	HOURS WORKED	DATE STARTED	EMPLOYER'S NAME AND ADDRESS
APPLICANT				
PARTNER (if applicable)				

27. FORCES OR EX FORCES APPLICANTS

(including bereaved spouses or civil partners)

ARE YOU A SERVING OR FORMER MEMBER OF THE ARMED OR RESERVE FORCES? *(within the last 5 years)*

Yes No

IF THE ANSWER IS "YES" WHAT IS / WAS YOUR DATE OF DISCHARGE?

D D M M Y Y

PLEASE GIVE A BRIEF DESCRIPTION FOR THE REASONS FOR YOU LEAVING THE FORCES?

ARE YOU THE BEREAVED SPOUSE OR CIVIL PARTNER OF A FORMER MEMBER OF HM FORCES AND ARE REQUIRED TO LEAVE SERVICE FAMILY ACCOMMODATION?

Yes No

IF YES PLEASE PROVIDE BRIEF DETAILS BELOW *(Include any date you have to leave).*

ARE YOU A SERVING OR FORMER MEMBER OF THE ARMED/RESERVE FORCES WHO NEEDS TO MOVE DUE TO INJURY SUSTAINED WHILST IN SERVICE?

Yes No

ACCOMMODATION DETAILS

28. WHICH OF THE FOLLOWING DESCRIBES YOUR PRESENT CIRCUMSTANCES? *(Please tick one box only)*

- | | | | | | |
|----------------------------|--------------------------|---|--------------------------|------------------------|--------------------------|
| Owner - occupier | <input type="checkbox"/> | Private tenant | <input type="checkbox"/> | Lodging with relatives | <input type="checkbox"/> |
| Council tenant | <input type="checkbox"/> | HM Forces tenant | <input type="checkbox"/> | Staying with friends | <input type="checkbox"/> |
| Housing Association tenant | <input type="checkbox"/> | Lodging with parents | <input type="checkbox"/> | HM Prison* | <input type="checkbox"/> |
| Tied/service tenant | <input type="checkbox"/> | In Local Authority care | <input type="checkbox"/> | Hospital* | <input type="checkbox"/> |
| Hostel or B&B | <input type="checkbox"/> | Of no fixed abode | <input type="checkbox"/> | Sleeping rough | <input type="checkbox"/> |
| Caravan/mobile home | <input type="checkbox"/> | *Expected discharge date from hospital/prison | | | <input type="text"/> |
| Other | <input type="checkbox"/> | | | | |

Please give details below

29. IF YOU ARE A TENANT, PLEASE STATE:

YOUR LANDLORD'S NAME

YOUR LANDLORD'S ADDRESS

YOUR RENT PER WEEK

30. DO YOU OR YOUR PARTNER OWN OR HOLD THE TENANCY OF, OR HAVE LEGAL INTEREST IN, ANY DWELLING OTHER THAN YOUR PRESENT ADDRESS?

Yes No

If yes, please give details including address of dwelling.

31. HAVE YOU BEEN ASKED TO LEAVE YOUR PRESENT ACCOMMODATION?

Yes No

If yes, please give details below and attach copies of any relevant correspondence including a Notice or Court Order.

32. HAVE YOU OR YOUR PARTNER EVER BEEN EVICTED FROM OR HAD A POSSESSION ORDER GRANTED AGAINST YOU IN RESPECT OF LOCAL AUTHORITY OR HOUSING ASSOCIATION PROPERTY?

Yes No

If yes, what was the reason for your Eviction or Possession Order and please give the name of the Council or housing association and the date of the court hearing.

CRIMINAL CONVICTIONS AND CAUTIONS

CONVICTIONS

If you, or anyone to be re-housed with you, has an unspent conviction for a criminal offence you need to tell us about it.

We do not need this information if your offence is spent under the Rehabilitation of Offenders Act 1974. A conviction is spent once the rehabilitation period has ended.

Some sentences are excluded from rehabilitation and are therefore never classed as spent.

DO YOU OR ANYONE TO BE RE-HOUSED WITH YOU HAVE AN UN-SPENT CONVICTION FOR A CRIMINAL OFFENCE? *(please tick the appropriate box).*

Main applicant

Joint applicant

Other household member

If you/they have a probation officer please provide probation officer's details below:

Name

Telephone number

Contact address

DO YOU GIVE US PERMISSION TO CONTACT THEM ABOUT YOUR HOUSING APPLICATION?

Yes

No

CAUTIONS

Have you, or anyone to be re-housed with you, received a Police caution in the last five years relating to nuisance or anti-social behaviour or violent behaviour? *(please tick the appropriate box).*

Main applicant

Joint applicant

Other household member

34. OTHER RESIDENTS AT YOUR ADDRESS *To find out if you are overcrowded, we need to know who else lives at your current address besides those listed in question 7 **who are not to be re-housed with you.***

SURNAME	FIRST NAMES	SEX (M/F)	AGE	RELATIONSHIP TO YOU

35. MEDICAL CONDITIONS

*If you or any member of your family suffers from a serious long term illness (including mental illness) or chronic physical disability **which affects your ability to manage in your present home**, please give the full details below. If applicable you will be sent a separate form to apply for an assessment of your health problems which may place your application in a higher group.*

	THEIR HEALTH PROBLEMS
NAME OF PERSON	
NAME OF PERSON	

36. ANY ADDITIONAL INFORMATION YOU FEEL MAY HELP US TO UNDERSTAND YOUR NEED FOR SOCIAL HOUSING OR A PARTICULAR TYPE OF ACCOMMODATION.

DECLARATION

If you are granted a tenancy by the Council and it is subsequently found that you had given false or misleading information, the Council may serve you with notice and take action through the County Court to end that tenancy. We may also take legal action to prevent and detect fraud. This may include prosecution.

By signing this form you are giving East Riding of Yorkshire Council permission to obtain any information required in connection with this application from any third party organisation or individual. All Information will be held by the Council for the purpose of housing management and the allocation of tenancies. The Council is registered under the Data Protection Act 1998 and all personal information is held in confidence. Information may be disclosed to other housing authorities or housing associations and may be used in connection with research to assess future housing needs and policy.

I/WE HEREBY DECLARE THAT ALL THE INFORMATION GIVEN ON THIS FORM IS TRUE AND ACCURATE.

SIGNED APPLICANT

PARTNER / JOINT APPLICANT

DATE

FOR ADMINISTRATIVE USE

Date Stamps

Band at application

Input by

Input date

Scanned and indexed date

Sent for assessment date

Comments

East Riding of Yorkshire Council will, on request, provide this document in Braille, audio or large print format. If English is not your first language and you would like a translation of this document into any other language, please telephone (01482) 393939.

PROVIDING A FAIR HOUSING SERVICE

We aim to treat all applicants fairly, regardless of race, colour, or ethnic origin. To help us make sure that this policy is fully carried out and help us to monitor the service we provide, please complete the details below. We need this information to make sure that everyone receives fair and sensitive treatment according to his or her needs. We will keep this information confidential.

ETHNIC ORIGIN *(please tick)*

- | | | | | | | | |
|---------------------------|--------------------------|--------------------------|--------------------------|-------------------|--------------------------|------------------------|--------------------------|
| White – British | <input type="checkbox"/> | Irish | <input type="checkbox"/> | European | <input type="checkbox"/> | Other White | <input type="checkbox"/> |
| Black – African | <input type="checkbox"/> | Caribbean | <input type="checkbox"/> | Black British | <input type="checkbox"/> | Other Black | <input type="checkbox"/> |
| Asian – Indian | <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> | Other Asian | <input type="checkbox"/> |
| Mixed – White and African | <input type="checkbox"/> | White and Caribbean | <input type="checkbox"/> | White and Asian | <input type="checkbox"/> | Other Mixed Background | <input type="checkbox"/> |
| Chinese | <input type="checkbox"/> | Gypsy or Irish Traveller | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> | | |

Any other ethnic background - please state

NATIONALITY

- | | | | | | |
|----------------------------|--------------------------|---|--------------------------|----------------|--------------------------|
| UK National Resident in UK | <input type="checkbox"/> | UK National Returning from residence overseas | <input type="checkbox"/> | Czech Republic | <input type="checkbox"/> |
| Estonia | <input type="checkbox"/> | Hungary | <input type="checkbox"/> | Latvia | <input type="checkbox"/> |
| Lithuania | <input type="checkbox"/> | Poland | <input type="checkbox"/> | Slovakia | <input type="checkbox"/> |
| Slovenia | <input type="checkbox"/> | Bulgaria | <input type="checkbox"/> | Romania | <input type="checkbox"/> |

Other EU Economic Area (EEA*) Country

Any other country - please state

Refused: Yes

No

*Other EEA countries are: Austria, Belgium, Cyprus, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Malta, Netherlands, Portugal, Spain, Sweden, Iceland, Liechtenstein, Norway and Switzerland.



EAST RIDING
OF YORKSHIRE COUNCIL