



**LONDON BOROUGH OF HAVERING
HOMES & HOUSING
APPLICATION FOR EXTRA CARE ACCOMMODATION**

HOUSING APPLICATION FORM

Please write clearly and answer all the questions that apply to you as fully as possible. If you have any difficulty in completing this form, please Contact the Housing Needs Team on 01708 434130.

Please return the completed form to: Housing Needs & Service Development Team, Homes & Housing, 5th floor Mercury House, Mercury Gardens, Romford RM1 3SL .

You may need to provide documents to support your application. We will contact you if these are required.

PLEASE COMPLETE IN BLOCK CAPITALS and in black ink

PLEASE COMPLETE THIS FORM ONLY IF YOU AND / OR YOUR PARTNER

ARE AGED 55 OR OVER AND INTERESTED IN AN RENTING AN EXTRA CARE PROPERTY
(these are enhanced sheltered schemes)

- 1) Paines Brook Court, Harold Hill, Romford, Essex
- 2) St Ethelburga Court, Ethelburga Road, Harold Wood
- 3) Dreywood Court, Gidea Park

1. ABOUT YOURSELF	ABOUT YOUR PARTNER
Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>	Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>
Family Name / Surname	Family Name / Surname
First Name(s)	First Name(s)
Date of Birth	Date of Birth
National Insurance Number	National Insurance Number

2. CURRENT ADDRESS	
	Post Code
Date you started living at this address	

3. CONTACT DETAIL		
	You	Your Partner
Home Phone Number.		
Mobile Phone Number		
Work Phone Number		
Email		

	Yourself	Partner	Date
MARRIED			
DIVORCED			
SEPARATED			
NEVER MARRIED			
WIDOW			
WIDOWER			

5. DETAILS ABOUT WHERE YOU ARE LIVING NOW - Tick which applies to you			
London Borough of Havering Council Tenant	<input type="checkbox"/>	Emergency hostel or refuge	<input type="checkbox"/>
Housing Association Tenancy	<input type="checkbox"/>	Hospital rehabilitation unit	<input type="checkbox"/>
A tenancy with another Council	<input type="checkbox"/>	Own your own home	<input type="checkbox"/>
Private Landlord tenant	<input type="checkbox"/>	Hotel or bed & breakfast	<input type="checkbox"/>
Live in private rented property let to you by Havering Council	<input type="checkbox"/>	Tied Accommodation	<input type="checkbox"/>
No home at all	<input type="checkbox"/>	Living with family or friends	<input type="checkbox"/>
Local Authority Licence	<input type="checkbox"/>	Other – please state	<input type="checkbox"/>

6. CONDITION OF PROPERTY			
Do you consider your current home to be in a bad state of repair?			
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes, please give details:			
6a. HAS YOUR PROPERTY EVER BEEN INSPECTED BY AN ENVIRONMENTAL HEALTH OFFICER?			
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

7. IF YOU ARE CURRENTLY RENTING YOUR HOME			
a)	What is the name and address of your Landlord		
b)	How much rent do you pay?	Each Week or £	Each Calendar Month £

8. ABOUT YOUR CURRENT ACCOMMODATION: DO YOU LIVE IN :			
House	<input type="checkbox"/>	Flat	<input type="checkbox"/>
Maisonette	<input type="checkbox"/>	Bed-sit	<input type="checkbox"/>
Mobile Home	<input type="checkbox"/>	Caravan	<input type="checkbox"/>
Bungalow	<input type="checkbox"/>	Other – please specify	

8a. HOW MANY ROOMS ARE IN THE PROPERTY? (Write in the number of each type of room)			
BEDSIT <input type="checkbox"/>	BEDROOM <input type="checkbox"/>	LIVING ROOM <input type="checkbox"/>	KITCHEN <input type="checkbox"/>
BEDSIT <input type="checkbox"/> Shared facilities	BATHROOM <input type="checkbox"/>	DINING ROOM <input type="checkbox"/>	LOFT CONVERSION <input type="checkbox"/>
SEPARATE TOILET <input type="checkbox"/>			

8b. HOW ARE THE ROOMS OCCUPIED? Please indicate all persons living in the property whether or not they are part of your housing application			
	Name	Date of Birth	Relationship
<u>Bedroom 1</u>			
<u>Bedroom 2</u>			
<u>Bedroom 3</u>			
<u>Bedroom 4</u>			
<u>Bedroom 5</u>			
<u>Living Room</u>			
<u>Dining Room</u>			
<u>Loft Conversion</u>			

9. PLEASE GIVE DETAILS OF YOUR PREVIOUS ADDRESSES IN THE LAST TEN YEARS, INCLUDING DATES				
Address	Tenancy Type	From	To	Reason for leaving

10. DETAILS OF PREVIOUS ADDRESSES WHERE YOUR HUSBAND/WIFE/PARTNER HAS LIVED IN THE LAST 10 YEARS				
Address	Tenancy Type	From	To	Reason for leaving

11. EQUAL OPPORTUNITIES IN HOUSING

The London Borough of Havering’s policy is to treat everyone equally, whatever their age, sex, race, colour, disability, mental status or sexual orientation. To help operate this policy, we would like you to tell us what you consider your ETHNIC GROUP to be. This information will be treated as **STRICTLY CONFIDENTIAL**. Your ethnicity will not be taken into account when making you an offer. We only need it to monitor that we are acting in a fair way. We would appreciate your help with this.

Ethnic Origin	Applicant	Partner	
1. White British	<input type="checkbox"/>	<input type="checkbox"/>	
2. White Irish	<input type="checkbox"/>	<input type="checkbox"/>	
3. White – Any other White Background	<input type="checkbox"/>	<input type="checkbox"/>	Please say
4. Mixed: White and Black African	<input type="checkbox"/>	<input type="checkbox"/>	
5. Mixed: White and Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	
6. Mixed: White and Asian	<input type="checkbox"/>	<input type="checkbox"/>	
7. Mixed: Any other mixed background	<input type="checkbox"/>	<input type="checkbox"/>	Please say
8. Asian or Asian British: Indian	<input type="checkbox"/>	<input type="checkbox"/>	
9. Asian or Asian British: Pakistani	<input type="checkbox"/>	<input type="checkbox"/>	
10. Asian or Asian British: Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>	
11. Any other Asian Background	<input type="checkbox"/>	<input type="checkbox"/>	Please say
12. Black or British-Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	
13. Black or British-African	<input type="checkbox"/>	<input type="checkbox"/>	
14. Black or British-Other	<input type="checkbox"/>	<input type="checkbox"/>	Please say
15. Chinese or British-Chinese	<input type="checkbox"/>	<input type="checkbox"/>	
16. Other or Other British	<input type="checkbox"/>	<input type="checkbox"/>	Please say
17. Not stated	<input type="checkbox"/>	<input type="checkbox"/>	Please say
11a. PLEASE GIVE THE FOLLOWING INFORMATION IF YOU THINK IT IS RELEVANT			
What is your first language?			
Do you need an interpreter?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>

12. YOUR INCOME AND SAVINGS AND PROPERTY INTERESTS			
Please give details of your household's total WEEKLY income			
Weekly Income	You £	Partner £	Others £
Take home salary / wages after tax and national insurance			
Jobseekers Allowance			
Family Working Tax Credit			
Income Support			
Child Benefit			
Housing Benefit			
State Pension			
Occupational Pension			
Incapacity Benefit			
Disability Living Allowance			
Attendance Allowance			
OTHER INCOME - PLEASE SPECIFY			
WEEKLY TOTAL	£	£	£

12a. IF YOU OR ANYONE INCLUDED IN YOUR APPLICATION HAS SAVINGS, PLEASE GIVE DETAILS		
Name of Person	Type of Saving For example bank account	Amount £

13. HAVE YOU, OR ANYONE INCLUDED IN YOUR APPLICATION, EVER OWNED OR HAD A LEGAL INTEREST IN ANY PROPERTY EITHER IN THE UNITED KINGDOM OR ANY OTHER COUNTRY (including your current home)?			
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes, please give details :			
	You	Partner	
Name			
Address of Property			

14. LOCAL CONNECTION. DO YOU OR ANYONE INCLUDED IN YOUR APPLICATION HAVE A FAMILY MEMBER LIVING IN HAVERING?			
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes, please give details			
Name			
Address			
Telephone Number			
To who on your application in this person related?			
How are they related to this person?			

15. IMMIGRATION			
Are you or anyone included in your application aged 16 or over a citizen of a country other than the United Kingdom?			
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes, please give details and provide documentation Please note we will be unable to process your application until you have provided documentation			
Name	Immigration status	Nationality	

16. MEDICAL NEEDS	
Is your health or that of anyone included in this application made worse by your current housing circumstances? Please give details:	
Name of person with ill health	Brief description
If you have filled in this part, we will need to fully assess these circumstances. Please contact the Housing Needs team and ask for a Medical Circumstances Form to be sent to you.	

17. ARE YOU OR ANYONE INCLUDED IN YOUR APPLICATION CURRENTLY INVOLVED IN, OR HAD RECENT INVOLVEMENT WITH, A SOCIAL WELFARE ORGANISATION? (Example: Social Services, Drug and Alcohol Advisory Service, Community Psychiatric Nurse)			
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes, please give details:			
Organisation			
Contact Worker			
Address			
Telephone No.			

18. EVICTIONS			
Have you or anyone included in your application been evicted from any previous address?			
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes, please give details			

19. HAVE YOU OR ANY PERSON INCLUDED IN THIS APPLICATION BEEN SERVED WITH AN ANTI-SOCIAL BEHAVIOUR ORDER OR SIGNED AN ACCEPTABLE BEHAVIOUR CONTRACT?			
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes, please give details:			

20. SEX OFFENDERS ACT: Have you or any person included in your application been convicted under the Sex Offenders Act 1956,1997or 2003 and / or been placed on the Sex Offenders Register?			
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes, please give details:			
Person 1		Person 2	
Name			
Date of Conviction			
Name and address of court			
Details of Probation Officer/ and / or Police Station reporting to:			
Name		Address	

DECLARATION

This Authority is under a duty to protect the public funds it administers and to this end may use the information you have provided on this form within this Authority for the prevention and detection of fraud. We may also share this information with Housing Benefits and Housing Associations to whom you have been nominated and other bodies administering public funds, solely for these purposes.

The information I/we have given is a true, correct and complete record of my/our current housing circumstances and I/we will tell the London Borough of Havering if any of my/our circumstances change.

I/we understand that the London Borough of Havering will check the information provided. Any misrepresentation or false statement made by me/us or any person(s) on my/our behalf, will lead to exclusion from the Waiting List and the Council may prosecute me/us. If, I/ we have been re-housed, the Council may take legal action to recover the property.

I/we agree that the London Borough of Havering may process and hold this personal information in accordance with the requirements of the Data Protection Act 1998.

I/ we agree to give the London Borough of Havering's Housing Services authority to contact any organisation it needs to for information that it reasonably requires in connection with this application and give my/our permission for it to be released.

Your Signature	Date:
Partner's Signature	Date: