

HomeTrack Woking



# APPLICATION FORM

Application for  
Housing Registration



A transcript of this document can be provided for visually impaired people, either in large print, braille or on tape. Please contact the number below if you require further information.

**01483 755855**

If you require a translation, please contact:

Se avete bisogno di una traduzione si prega contattare:

Si usted requiere una traducción de esta información por favor contacte a:

اگر آپ کو ترجمے کی ضرورت ہے تو برائے مہربانی رابطہ کریں:

যদি আপনার অনুবাদের দরকার হয় তাহলে অনুগ্রহ করে  
যোগাযোগ করুন:

如果您需要翻译，请向下列地点联络: wits

**01483 750548**



**LINK LINE**

The purpose of this application form is to register your need for housing.  
Registration does not guarantee that you will be made an offer of accommodation.

**PLEASE FULLY ANSWER ALL QUESTIONS. IF YOU DO NOT,  
YOUR APPLICATION WILL BE DELAYED.**

## 1 About you

Mr/Mrs/Miss/Ms	First name:	Surname/Family name:
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Date of birth: DD/MM/YYYY	Nationality:	<input type="checkbox"/> I prefer not to say
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National Insurance Number:

Home telephone:	Work telephone:
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Mobile telephone:	Email:
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Address:

Postcode:	When did you move to this address? DD/MM/YYYY
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Do you want your correspondence sent in large format?  Yes  No

**If you do not want your correspondence sent to the above address,  
where should it be sent?**

Address:

Postcode:

**If you want to make a joint application, what are your partners details?**  
*(Please see Note 1 on page 19)*

Mr/Mrs/Miss/Ms	First name:	Surname/Family name:
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Date of birth: DD/MM/YYYY	Nationality:	<input type="checkbox"/> I prefer not to say
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National Insurance Number:

Home telephone:	Work telephone:
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Mobile telephone:	Email:
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Address:

Postcode:

When did your partner move to this address? DD/MM/YYYY

Have you or your partner ever applied to Woking Borough Council for housing before?

Yes  No

If YES, please give your previous reference number (if known):

Were you housed?  Yes  No

Are you or your partner a: Member of staff at Woking Borough Council?  Yes  No  
Councillor?  Yes  No

Are you or your partner: Related to a member of staff at Woking Borough Council?  Yes  No  
Related to a Councillor?  Yes  No

What are your reasons for applying for alternative accommodation?  
(You may tick one or more boxes)

- |   |  |
|---|--|
| <input type="checkbox"/> Overcrowding                     | <input type="checkbox"/> Health factors  |
| <input type="checkbox"/> End of assured shorthold tenancy | <input type="checkbox"/> Eviction or repossession order<br>(please provide a copy) |
| <input type="checkbox"/> Loss of tied accommodation       | <input type="checkbox"/> Asked to leave by family/friends                          |
| <input type="checkbox"/> To move nearer family/friends    | <input type="checkbox"/> Financial/Mortgage difficulties                           |
| <input type="checkbox"/> To escape racial harassment      | <input type="checkbox"/> To escape other harassment                                |
| <input type="checkbox"/> Neighbour nuisance               | <input type="checkbox"/> Leaving hospital/prison/care/other institution            |
| <input type="checkbox"/> In need of home support services | <input type="checkbox"/> Condition/layout of present accommodation                 |
| <input type="checkbox"/> Would like a smaller property    | <input type="checkbox"/> To be nearer work   |
| <input type="checkbox"/> Relationship breakdown           | <input type="checkbox"/> Domestic violence   |
| <input type="checkbox"/> To be near amenities             | <input type="checkbox"/> Refugee/Asylum seeker                                     |
| <input type="checkbox"/> No fixed abode/rough sleeper     | <input type="checkbox"/> Move to independent accommodation                         |

Other (please give details):

If you are currently homeless or threatened with homelessness, you should speak to someone in our Housing Options Team. (Please see Note 2 on page 19)



## 2 About your household

Please give details of the people who you wish to be housed:

Surname/Family name	First name	Male/Female	Date of birth	Relationship

Do all of these people live with you now?  Yes  No

If NO, please give details below:

Name	Address	Reason for living apart

Are any of the people on this application pregnant?  Yes  No

If YES, please provide a copy of the MAT B1 or scan report and give details below:

Name:

Date baby due: DD/MM/YYYY

Are all the people on this application British citizens?  Yes  No

If NO, please provide documentary evidence of your right to reside in the United Kingdom. (Please see Note 3 on page 19)

Do you have main responsibility for all the children on this application?  Yes  No

If NO, please give details:



Does anyone on this application have any current, unspent or pending criminal convictions (except motoring offences) or are you subject to an anti-social behaviour order or civil injunction for anti-social behaviour?  Yes  No

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If YES, please give details:

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Does anyone on this application have a medical condition which is aggravated as a direct result of the property (not local environment or surrounding area) being occupied?  Yes  No If YES, you will be sent a Medical Information Form to complete.

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Does anyone on this application require sheltered or supported accommodation?  Yes  No If YES, you will be sent a separate form to complete.

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## 3 Employment and financial details

**Status of applicant** *(Please tick one)*

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- Full-time work
  - Part-time work
  - Job seeker
  - Retired
  - Housewife/Househusband
  - Full-time student
  - Unable to work due to long term sickness/disability
  - Government training/New Deal
  - Carer
- 

**Status of partner** *(Please tick one)*

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- Full-time work
- Part-time work
- Job seeker
- Retired
- Housewife/Househusband
- Full-time student
- Unable to work due to long term sickness/disability
- Government training/New Deal
- Carer



## Employment details of applicant

Employer's name:

Employer's address:

Employer's telephone number:

Total gross income: £                      per week/month *(please delete where appropriate)*

Please provide five weekly or three monthly payslips

When did your employment commence? DD/MM/YYYY

Are you a Keyworker?     Yes    No

If YES, please state profession: *(Please see Note 4 on page 19)*

## Employment details of partner

Employer's name:

Employer's address:

Employer's telephone number:

Total gross income: £                      per week/month *(please delete where appropriate)*

Please provide five weekly or three monthly payslips

When did your employment commence? DD/MM/YYYY

Are you a Keyworker?     Yes    No

If YES, please state profession: *(Please see Note 4 on page 19)*

Does anyone on this application receive any state benefits/allowances OTHER than Housing Benefit, for example Child Benefit or Income Support? (Please give details/amounts)

Benefit:                                      £                      per week/month *(please delete where appropriate)*

Benefit:                                      £                      per week/month *(please delete where appropriate)*

Benefit:                                      £                      per week/month *(please delete where appropriate)*

Does anyone on this application have any savings or investments?     Yes    No



If YES, please tell us how much: £

Does anyone on this application own any property?  Yes  No

If YES, please tell us the approximate market value: £

Has anyone on this application sold a property within the last three years?

Yes  No

If YES, please provide details and a copy of your Completion Statement.

Does anyone on this application have a mortgage?  Yes  No

If YES, how much do you have left to pay? £

What are the monthly repayments? £

## 4 Previous addresses

Please give details of where you and your partner have lived in the last five years:  
*(please continue on a separate sheet if necessary)*

Address	Date from	Date to	Reason for leaving
Applicant:			
Partner:			

Does anyone on this application currently hold a tenancy other than where you live now?  Yes  No



If YES, please provide details:

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Does anyone on this application have any outstanding debts with a previous or current landlord?

Yes  No

If YES, please tell us how much you owe: £

To whom is it owed? Landlord's name:

Landlord's address:

Postcode:

Has anyone on this application ever been evicted or refused accommodation?

Yes  No

If YES, please tell us why and when:

## 5 About where you live now

**Applicant:** What type of accommodation are you living in? *(Please tick one box)*

- Bedsit       Bungalow       Flat       Maisonette  
 House       Mobile home       Caravan       Shop flat  
 Hostel       Hotel/B&B       Prison       Hospital  
 Women's refuge       Nursing Home       Room in shared property

Other *(please specify)*:



**Partner:** What type of accommodation are you living in? *(Please tick one box)*

- Bedsit       Bungalow       Flat       Maisonette  
 House       Mobile home       Caravan       Shop flat  
 Hostel       Hotel/B&B       Prison       Hospital  
 Women's refuge       Nursing Home       Room in shared property

Other *(please specify)*:

**Applicant:** What floor is the property on?

- Ground    1st       2nd       3rd       N/A       Other *(please specify)*:

Is there a lift?    Yes    No    N/A

Do you have the use of a garden?    Yes    No

**Partner:** What floor is the property on?

- Ground    1st       2nd       3rd       N/A       Other *(please specify)*:

Is there a lift?    Yes    No    N/A

Do you have the use of a garden?    Yes    No

**Applicant:** What type of tenure do you have? *(Please tick one box)*

- Private landlord       Living with relatives       Living with friends  
 Tied       Local authority tenant (general needs)  
 Housing association tenant       Local authority (supported needs)  
 Shared ownership       Owner occupier       Resident landlord  
 Temporary accommodation       No fixed abode       Rough sleeper

Other *(please specify)*:

**Partner:** What type of tenure do you have? *(Please tick one box)*

- Private landlord       Living with relatives       Living with friends  
 Tied       Local authority tenant (general needs)  
 Housing association tenant       Local authority (supported needs)  
 Shared ownership       Owner occupier       Resident landlord  
 Temporary accommodation       No fixed abode       Rough sleeper

Other *(please specify)*:



If you have ticked 'No fixed abode', please provide further information:

\_\_\_\_\_

If you are renting, who is your landlord? Name: \_\_\_\_\_

Landlord's address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Landlord's telephone number: \_\_\_\_\_

How much rent do you pay: £ \_\_\_\_\_ per week/month  
(please delete where appropriate)

Do you have a Tenancy Agreement?  Yes  No

If YES, please provide a copy. \_\_\_\_\_

Is your current accommodation self contained?  Yes  No

How many rooms are there of each type in your current accommodation?  
(Please add the number of rooms in the table below)

Room type	In the whole property	For your household's sole use	Shared with others (not your household)
Living room			
Bedroom			
Dining room/ 2nd living room			
Kitchen			
Bathroom			
Toilet (inside)			
Other			



Do you live with people who will not be moving with you?  Yes  No

If YES, please complete the table:

Surname/ Family name	First names	Relationship to you	Male/ Female	Date of birth/Age

**We want to know whether there is any overcrowding in your current accommodation. Please add the names of all the people living in your current accommodation, including yourself, against the room in which they sleep.**

(Do not include the names of people who do not currently live with you, even if they are on this application.)

Bedroom 1	
Bedroom 2	
Bedroom 3	
Bedroom 4	
Bedroom 5	
Living room 1	
Living room 2	
Living room 3	
Other	

Do you have a sink and space for a cooker for your sole use?  Yes  No

Do you have access to a bathroom?  Yes  No



How is your home heated?

- Central heating       Storage heaters       Individual fire

Other (please specify):

## 6 Local connection

What is your connection to Woking?

- I do not have a connection to Woking
- I live in Woking
- I am employed in Woking (35 hours or more per week)
- I have family in Woking. If so, please complete the table:

Name	Address	How long have they lived there	Their relationship to you

## 7 Mutual exchange

The mutual exchange register is a published document giving individuals names and contact details, so that those interested in exchanging homes can get in touch independently before seeking landlord permission to exchange.

**This means names and addresses are available to the general public.**



If you are a current Woking Borough Council or housing association tenant, do you wish to be on the mutual exchange register?  Yes  No

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Which area(s) of the Borough would you like to move to?

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- |  |   |
|--|---|
| <input type="checkbox"/> Any area        | <input type="checkbox"/> Maybury            |
| <input type="checkbox"/> Barnsbury       | <input type="checkbox"/> Old Woking         |
| <input type="checkbox"/> Brockhill       | <input type="checkbox"/> Pyrford            |
| <input type="checkbox"/> Byfleet         | <input type="checkbox"/> Sheerwater         |
| <input type="checkbox"/> Goldsworth Park | <input type="checkbox"/> St Johns           |
| <input type="checkbox"/> Horsell         | <input type="checkbox"/> West Byfleet       |
| <input type="checkbox"/> Kingfield       | <input type="checkbox"/> Westfield          |
| <input type="checkbox"/> Knaphill        | <input type="checkbox"/> Woking Town Centre |
| <input type="checkbox"/> Lakeview        |   |

## 8 Further information

Do you need help bidding for accommodation?  Yes  No

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If YES, is there someone who is willing to help you?  Yes  No

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If YES, please provide the following:

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Name:

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Address:

---

Postcode:

---

Telephone number:

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Are they:  Friend  Relative  Support worker  
 Other (*please specify*):

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Why do you need their help?

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If they have agreed to help you, please ask them to sign and date below:

Signature:

Date:

## 9 Documents required

Please ensure that you have included ALL relevant documents before submitting your application. If you are sending originals, please note that we will not be held responsible for any loss or damage.

- Proof of identity for all persons on this application (passport, photo driving licence, NHS medical card or full birth certificate).
- Proof of residence for all persons on this application (a recent bank statement or utility bill).
- Evidence of income, including any benefits received (three monthly or five weekly payslips or benefits letters – all pages please).
- Tenancy agreement.
- Letter stating access rights to children.
- Notice of eviction.
- Proof of pregnancy (MAT B1 or scan report).
- Completion statement if you have sold a property within the last three years.

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**If you have any queries regarding the completion of the application, please contact Housing Needs on 01483 755855.**

## 10 Data protection

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 the form within this authority for the prevention and detection of fraud. It may also share information with other bodies administering or in receipt of public funds solely for these purposes. For further information, please refer to the Council's National Fraud Initiative page at [www.woking.gov.uk](http://www.woking.gov.uk) or phone 01483 755855.

## 11 Declaration

**Please note:** The Council will rely upon this information in dealing with your application, your attention is therefore drawn to the important declaration below.

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I/We hereby declare that the information given on this form is, to the best of my/our knowledge, true and correct.



I/We undertake to notify Woking Borough Council if my/our circumstances change in any way.

I/We understand that any incorrect statement could cancel my/our application. If a tenancy is granted on the basis of incorrect information, I/we may be evicted and the tenancy terminated.

I/We understand it is a criminal offence to knowingly or recklessly give false or withhold information to the Council.

I/We authorise Woking Borough Council to make any enquiries that are required from third parties concerning this application.

	Applicant	Partner
Signature		
Name in full ( <i>print</i> )		
Date		

## 12 Monitoring information

Please complete the following information. It will help us to:

- ensure that the Council provides quality services that meet the needs of and are accessible to all sections of the community
- identify which groups are under-represented within our service users
- make sure that discrimination is not taking place.

The information contained within this form will be used for monitoring purposes only and no individual will be identifiable. In compliance with the Data Protection Act 1998, all details are kept in confidence at all times.

What is your sex?	Applicant	Partner
Male	<input type="checkbox"/>	<input type="checkbox"/>
Female	<input type="checkbox"/>	<input type="checkbox"/>
Transgender	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>



What is your age group?	Applicant	Partner
16-24	<input type="checkbox"/>	<input type="checkbox"/>
25-44	<input type="checkbox"/>	<input type="checkbox"/>
45-64	<input type="checkbox"/>	<input type="checkbox"/>
65-74	<input type="checkbox"/>	<input type="checkbox"/>
75-84	<input type="checkbox"/>	<input type="checkbox"/>
85+	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

**Do you have any long term illness, health problem or disability which limits daily activity or the work that can be done?**

	Applicant	Partner
Yes	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

**What is your ethnic background?**

	Applicant	Partner
<b>White</b>		
British	<input type="checkbox"/>	<input type="checkbox"/>
Irish	<input type="checkbox"/>	<input type="checkbox"/>
Other White background <i>(please specify)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mixed</b>		
White and Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>	<input type="checkbox"/>
Other Mixed background <i>(please specify)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Asian and Asian British</b>		
Indian	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
Other Asian background <i>(please specify)</i>	<input type="checkbox"/>	<input type="checkbox"/>



### Black or Black British

Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
African	<input type="checkbox"/>	<input type="checkbox"/>
Other Black background (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

### Gypsy/Traveller

Romany Gypsy	<input type="checkbox"/>	<input type="checkbox"/>
Irish Traveller	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

### Chinese or other ethnic group

Chinese	<input type="checkbox"/>	<input type="checkbox"/>
Other ethnic group (please specify)	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

### What is your religion?

#### Applicant

#### Partner

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Christian	<input type="checkbox"/>	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	<input type="checkbox"/>
Sikh	<input type="checkbox"/>	<input type="checkbox"/>
No religion	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

### Are you?

#### Applicant

#### Partner

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Heterosexual	<input type="checkbox"/>	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>	<input type="checkbox"/>
Gay	<input type="checkbox"/>	<input type="checkbox"/>
Lesbian	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>



# Notes

- 1)** Would you like to make this a joint application with another person, such as a partner or spouse? Making this a joint application will mean that:
  - both you and the joint applicant will need to sign this application form
  - if we are able to offer you accommodation, both you and the joint applicant will be named on the tenancy agreement.
  
- 2)** The Housing Options Team will provide support to those who are homeless or threatened with homelessness. If you would like to speak to someone, please telephone 01483 755855, email [housingoptions@woking.gov.uk](mailto:housingoptions@woking.gov.uk) or write to Housing Options at:  
  
Woking Borough Council  
Civic Offices  
Gloucester Square  
Woking  
Surrey  
GU21 6YL
  
- 3)** Documentary evidence of your right to reside in the UK if you are NOT a British citizen must be either of the following:
  - passport (showing the relevant stamps)
  - letter from the Home Office.
  
- 4)** Keyworkers – the following meet the current Government eligibility criteria:
  - Health
  - Police
  - Education
  - Probation
  - Prison officers
  - Occupational therapists
  - Social workers
  - Education psychologists



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