

APPLICATION FORM

Application for
Housing Registration



Use of your personal data

In order to process your housing application and to accept a new entry onto the Housing Register, we (Woking Borough Council) need to collect personal data about:

- You, your employer and your previous landlords
- Your family members, their employers and their previous landlords
- Any other prospective tenants part of your application, their employers and their previous landlords

We will use this personal data to process your application and to maintain your entry on the Housing Register. We may also use it to refer you to other services provided by Woking Borough Council or other local authorities that you might be interested in or to search for suitable accommodation provided by other organisations.

In order to fulfil these purposes, your personal data might be shared with:

- Capita, who provide the computer system we use to administer the Housing Register
- New Vision Homes, who manage the Council's housing stock and will manage your tenancy should you be allocated Council housing
- Thamesway Group, who provide housing and energy services on the Council's behalf
- Neighbouring local authorities or Surrey County Council
- Housing associations, in order to explore other accommodation options for you
- The National Fraud Initiative, in order to help detect and prevent fraud
- The emergency services, in the event of an emergency

Unless the law allows us to do so, we will not use the personal data you are providing for any other purpose nor will we share it with any other external organisations.

We will hold this personal data for no longer than 7 years after your application is met or cancelled. Applications that are submitted incomplete are deleted no longer than 3 months after we last hear from you. You can contact us to ask us to access or to rectify the personal data we have about you or to object to the processing of it.

More information on how we collect and use personal data and the control you have over it is available on our website: www.woking.gov.uk/dataprotection

You can also find out more by contacting our Data Protection Officer:

E: dataprotectionofficer@woking.gov.uk

T: **01483 755855**

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.

IT IS IMPORTANT THAT YOU COMPLETE ALL THE SECTIONS OF THIS APPLICATION. FAILURE TO DO SO WILL RESULT IN THE FORM BEING RETURNED TO YOU FOR FULL COMPLETION.

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 back page)

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
<i>(please provide a copy)</i> |
| <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 (Right to Move) |
| <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 |
| <input type="checkbox"/> Armed Forces | <input type="checkbox"/> Ex Armed Forces |

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 back page)*

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 back page)*

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

If YES, please give details:

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.

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

3 Employment and financial details

Status of applicant *(Please tick one)*

- Full-time work
 - Part-time work
How many hours per week:
 - Job seeker
 - Retired
 - Housewife/Househusband
 - Full-time student
 - Unable to work due to long term sickness/disability
 - Government training
 - Carer
-

Status of partner *(Please tick one)*

- Full-time work
- Part-time work
How many hours per week:
- Job seeker
- Retired
- Housewife/Househusband
- Full-time student
- Unable to work due to long term sickness/disability
- Government training
- 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

If you are self-employed, please provide your latest HMRC Tax Return.

When did your employment commence? DD/MM/YYYY

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

If you are self-employed, please provide your latest HMRC Tax Return.

When did your employment commence? DD/MM/YYYY

Employment details of other adults

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

If you are self-employed, please provide your latest HMRC Tax Return.

When did your employment commence? DD/MM/YYYY

Employment details of other adults

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

If you are self-employed, please provide your latest HMRC Tax Return.

When did your employment commence? DD/MM/YYYY

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

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

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

Other: £ 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 provide a current valuation from an estate agent.

Has anyone on this application sold a property within the last seven 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 (please include the tenure)
Applicant:			
Partner:			

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

If YES, please provide details:

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 have lived in Woking for at least the previous two years.
- I have had permanent employment in Woking for a minimum of 35 hours per week for at least the previous two years.

7 Further information

Do you need help bidding for accommodation? Yes No

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

If YES, please provide the following:

Name:

Address:

Postcode:

Telephone number:

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

Why do you need their help?

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

Signature:

Date:

8 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).
- Current valuation if you own any property.
- Completion statement if you have sold a property within the last three years.

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

9 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.

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.

Your details will also be held on a database used by Woking Borough Council for issuing communications to you relating to housing services. Any information held will be in accordance with data protection legislation.

Applicant

Partner

Signature

Name in full (*print*)

Date

10 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 data protection legislation, 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
White		
English, Welsh, Scottish, Northern Irish, British	<input type="checkbox"/>	<input type="checkbox"/>
Irish	<input type="checkbox"/>	<input type="checkbox"/>
Gypsy or Irish Traveller	<input type="checkbox"/>	<input type="checkbox"/>
Other White background <i>(please specify)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Mixed		
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"/>
Asian and Asian British		
Indian	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>
Other Asian background <i>(please specify)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Black, African, Caribbean or Black British		
African	<input type="checkbox"/>	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
Other Black, African, Caribbean background <i>(please specify)</i>	<input type="checkbox"/>	<input type="checkbox"/>

Other ethnic background

Arab	<input type="checkbox"/>	<input type="checkbox"/>
Other <i>(please specify)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

What is your religion? **Applicant** **Partner**

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**

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 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.



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