



# Foundation Housing Association

For Office Use Only

Registration No:

Date:

## CONFIDENTIAL – APPLICATION FORM FOR RENTED HOUSING

### MAIN APPLICANT

#### Section 1. Personal Details

Title Mr, Mrs etc

Surname

Forenames

Address

Post Code

Date you moved in  /  /

NI Number

Date of Birth

#### Contact Details & Telephone Numbers

Home

Work

Mobile

E-mail

Yes No

Have you applied to us before?

Are you related to any staff Yes No

or committee member?

If yes please give details

Name

Relationship

If your first language is not English and you require an interpreter please let us know your language.

### JOINT APPLICANT

#### Section 1. Personal Details

Title Mr, Mrs etc

Surname

Forenames

Address

Post Code

Date you moved in  /  /

NI Number

Date of Birth

#### Contact Details & Telephone Numbers

Home

Work

Mobile

E-mail

Yes No

Have you applied to us before?

Are you related to any staff Yes No

or committee member?

If yes please give details

Name

Relationship

If your first language is not English and you require an interpreter please let us know your language.

#### Section 2. Correspondence Address

If you are unable to receive post at you current address, please provide alternative address.

Address

Postcode

## MAIN APPLICANT

### Section 3. Equal Opportunities

This section is optional – To ensure that we are meeting our continued commitment to equal opportunities, how would you describe your ethnic origin?

Please tick one box only.

**A) White**

**B) Mixed**

- British <sup>1</sup>  
 Irish <sup>2</sup>  
 Other <sup>3</sup>

- White & Black Caribbean <sup>4</sup>  
 White & Black African <sup>5</sup>  
 White & Asian <sup>6</sup>  
 Other <sup>7</sup>

**C) Asian or Asian British**

**D) Black or Black British**

- Indian <sup>8</sup>  
 Pakistani <sup>9</sup>  
 Bangladeshi <sup>10</sup>  
 Other <sup>11</sup>

- Caribbean <sup>12</sup>  
 African <sup>13</sup>  
 Other <sup>14</sup>

**E) Other Ethnic Group**

- Chinese <sup>15</sup>  
 Other <sup>16</sup>

- Refused <sup>17</sup>

### Section 4. Financial Details

Yes No

Do you have any savings?

--	--

If yes state how much.

£

Employment Details (If applicable)

Employer

Occupation

Weekly income before tax

£

Benefits/Other Income

Give details of state benefits or any other income

Benefit/Other Income

Amount per week

Accommodation Costs

How much is your board, rent or mortgage?

£

Is this weekly or monthly?

£

Yes No

Do you have any arrears?

--	--

If yes, state how much.

£

Yes No

Do you get Housing Benefit?

--	--

If yes has your Housing

--	--

Benefit been 'capped' (they have said your rent is too high and will not pay it in full)?

## JOINT APPLICANT

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Benefit been 'capped' (they have said your rent is too high and will not pay it in full)?

## MAIN APPLICANT

### Section 5. Previous Addresses

Please give details for the last 3 years.

Address 1

From  /  /  To  /  /

Landlord

Reason for leaving

Address 2

From  /  /  To  /  /

Landlord

Reason for leaving

Are you seeking Political Asylum in this country? Yes  No

Have you come to live in the UK from abroad in the last 5 years? Yes  No

Do you own or jointly own any accommodation? Yes  No

If yes please give details.

## JOINT APPLICANT

### Section 5. Previous Addresses

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From  /  /  To  /  /

Landlord

Reason for leaving

Address 2

From  /  /  To  /  /

Landlord

Reason for leaving

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Do you own or jointly own any accommodation? Yes  No

If yes please give details.

### Section 6. Your present home and your household

Tick the box that applies to your present home (please tick only one box in this section).

Housing Association Tenant  Council Tenant  Hostel / Refuge

Tenant of Private Landlord  Bed & Breakfast  Owner / Buying

Shorthold Tenant / Licensee  Renting with Job  With Family

In an Institution or Prison  Sleeping Rough  With Friends

Caravan  Other (give details)

What type of property do you live in at present?

House  Bungalow  Ground floor flat  Upper floor flat

Other (give details)

Yes No

Do you have any pets?

If yes what kind of pet?

For your information Cats & Dogs can not normally be allowed in flats.

We need to consider whether you are overcrowded. As the main applicant please tell us the number of people sleeping in each room of your present accommodation (including yourself) and state their relationship to you i.e. partner, sister, boyfriend, etc. and whether they are to move with you.

How many bedrooms does your current home have?

Bedroom No	Name	Date of Birth	Male Female	Relationship to you	To move with you Yes	No
1		/ /				
		/ /				
		/ /				
2		/ /				
		/ /				
		/ /				
3		/ /				
		/ /				
		/ /				
Other room used as a bedroom		/ /				
		/ /				
		/ /				

Please give details of anyone who needs re-housing with you but is not mentioned in the list above. Include the expected date of unborn children and indicate if you have access rights to children who do not live with you permanently.

Name	Date of Birth	Male Female	Relationship to you	Present Address
	/ /			
	/ /			
	/ /			

### Facilities in your home

Please tick if you **do not** have any of the following facilities or must share them with a household that you wish to live separate from.

	Kitchen Facilities	Inside Toilet	Bathroom	Hot Water	Heating
Shared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't Have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Why do you want to be re-housed?

Please tick ALL the boxes that are relevant to you and enclose the documentary evidence requested. If we do not receive documentary evidence, we may not be able to assess your application accurately.

### Your reason for re-housing

### Evidence required

#### ***Your housing situation***

Leaving hostel	Letter from hostel worker	<input type="checkbox"/>
Suffering harassment / physical violence / domestic violence	Letter from Police/Social Worker/Refuge Worker or Solicitor	<input type="checkbox"/>
Being evicted or having house repossessed	Eviction Order or Repossession Order	<input type="checkbox"/>
Received valid notice to quit from landlord	Copy of Notice to Quit	<input type="checkbox"/>
Losing home that goes with job	Copy of Notice to Quit	<input type="checkbox"/>
Leaving armed forces	Confirmation of discharge date	<input type="checkbox"/>
Environmental Health Notice – Property uninhabitable	Copy of Environmental Health Notice	<input type="checkbox"/>
House subject to purchase/clearance notice	Compulsory purchase/clearance order	<input type="checkbox"/>
Leaving Prison	Prison release date notification slip	<input type="checkbox"/>
Leaving hospital	Letter from doctor or medical worker	<input type="checkbox"/>
Tenant of Private Landlord	Copy of tenancy agreement	<input type="checkbox"/>
Moving nearer to work	Letter from employer	<input type="checkbox"/>
Can not afford present home	Letter from Housing Benefit Dept or Income & Expenditure Breakdown	<input type="checkbox"/>
Have no home		<input type="checkbox"/>
Asked to leave by family or friends	Letter from family member or friend	<input type="checkbox"/>
Asylum seeker granted permission to stay	Relevant Home Office papers	<input type="checkbox"/>

#### ***Your household***

Relationship breakdown	Divorce paper / Solicitor's letter or letter from ex-partner	<input type="checkbox"/>
Having a baby	Proof of pregnancy certificate	<input type="checkbox"/>
Need room for children to stay	Proof of access / custody rights	<input type="checkbox"/>
Family living apart		<input type="checkbox"/>
Overcrowded	Full details must be supplied on Page 4 and may be subject to a home visit	<input type="checkbox"/>
Need smaller home	Full details must be supplied on Page 4 and may be subject to a home visit	<input type="checkbox"/>

#### ***Health & Disability***

Health reasons	Please complete Section 7 Health & Disability	<input type="checkbox"/>
To be nearer carers or provide support	Please complete Section 7 Health & Disability	<input type="checkbox"/>

#### ***Other Reasons*** (Please give details below)

## Section 7. Health & Disability

Please describe the health problem(s) you, or any one who will be living with you, have.

If this problem affects you living in your present home please tell us how.

How long have you suffered with illness?      Years      Months  
     

Describe the treatment you are receiving in connection with your health problems.

Do you have difficulty walking?      Yes       No       Sometimes   
Do you use any of the following?      Walking Stick       Walking Frame       Wheelchair   
Do you have difficulty with stairs?      Yes       No   
How many stairs could you manage easily?        
Do you have to go upstairs to the:      Toilet       Bathroom       Bedroom

If your illness means that you need an extra bedroom, please tell us why.

If your health problem is not covered by any of the questions above, please tell us how your present housing affects your illness or disability and how re-housing would help.

What is your family doctor's name?   
Address of Surgery or Health Centre.

If you regularly attend a Hospital or Clinic please give the name of Hospital or Clinic.

What is your consultants name?

If you get support from other health professionals please give details below.

**PLEASE SUPPLY EVIDENCE IN THE FORM OF A LETTER FROM YOUR GP OR YOUR CONSULTANT**

## **Section 8. Additional Information**

**Please use this page to give us any additional information you think we may need to know in order to process your application accurately.**

**Please remember to complete Section 9 on the reverse of this application**

## Section 9. Declaration

**Where there are joint applicants both must SIGN and DATE this form.**

The details on this form are true and I will tell Foundation Housing Association of any changes in my / our circumstances. I understand that false information may result in my application being refused, any offer of tenancy withdrawn or I may lose any tenancy I am granted.

I / We understand that FHA will make such enquiries as it considers necessary relating to this application.

I / We give permission for FHA to contact any Landlords for all previous addresses I have given.

**Foundation Housing Association will only process and use (as defined within Data Protection Act) the information you have provided in accordance with our registration.**

**Applicants Signature.....**

**Date.....**

**Partner / Joint Applicants signature.....**

**Date.....**

**Please return your completed form to:**

**Foundation Housing Association  
8 Faraday Court  
40 Conduit Street  
Leicester  
LE2 0JN**

**If you should require any help in completing this form please call  
Our office on:-**

**0116 254 4230**

Foundation Housing Association Limited

Registered Office: Jubilee House, Stenson Road, Coalville, Leicestershire, LE67 4NA

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