**HOUSING APPLICATION FORM**

**Section 1 - Your Details**

Surname: ………………………………………………………………………………………………………...

Forename(s): …………………………………………………………………………………………………..

Previous surname known by (e.g. Maiden Name) ……………………………………………...

Mr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]  Other [ ]  (please state) ………………………………….

Male [ ]  Female [ ]

Date of Birth: Day [ ] [ ]  Month [ ] [ ]  Year [ ] [ ] [ ] [ ]

National Insurance number: [ ] [ ]  [ ] [ ] [ ] [ ] [ ] [ ]  [ ]

Telephone number: …………………………………………………………………………………………

Email address: …………………………………………………………………………………………………

Your current home address:

Flat/House number: ………………………………………………………………………………………...

Street/Town…………………………………………………………………………………………………….

County: ……………………………………………………………………………………………………………

Postcode: ………………………………………………………………………………………………………...

Date you moved to your current address: ………………………………………………………….

Name and address of landlord: …………………………………………………………………………

………………………………………………………………………………………………………………………...

Landlord’s telephone number (compulsory): …………………………………………………….

**Partner or second applicant:**

Surname: ………………………………………………………………………………………………………...

Previous surname known by (e.g. Maiden Name): ……………………………………………..

Forename(s): …………………………………………………………………………………………………..

Mr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]  Other [ ]  (please state) …………………………………

Male [ ]  Female [ ]

Date of Birth: Day [ ] [ ]  Month [ ] [ ]  Year [ ] [ ] [ ] [ ]

National Insurance number: [ ] [ ]  [ ] [ ] [ ] [ ] [ ] [ ]  [ ]

Telephone number: …………………………………………………………………………………………

Email address: …………………………………………………………………………………………………

Your current home address (if different to your partner):

Flat/House number: ………………………………………………………………………………………...

Street: ……………………………………………………………………………………………………………..

County: ……………………………………………………………………………………………………………

Postcode: ………………………………………………………………………………………………………...

How long have you lived at this address? ………………………………………………………….

Name and address of landlord: …………………………………………………………………………

………………………………………………………………………………………………………………………...

…………………………………………………………………………………………………………………….......

Landlord’s telephone number (compulsory): …………………………………………………….

Do you and your partner wish to be jointly and severally responsible for the tenancy?

Yes [ ]  No [ ]

**Section 2 – Your Current Accommodation**

This is about your present housing. Your answers will help to assess the priority you should have for housing.

Please list any other people who live with you now:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Surname** | **First name** | **Male or Female** | **Date of birth** | **Relationship to you** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

What is your housing status? (Please tick appropriate box.)

|  |  |  |
| --- | --- | --- |
| Accommodation | Yourself | Your partner/joint applicant |
| Renting from a private landlord |  |  |
| Housing Association/Council tenant |  |  |
| Owner Occupier |  |  |
| Living at home with relatives |  |  |
| In accommodation tied to your job |  |  |
| Living in a hostel |  |  |
| Lodger/staying with friends |  |  |
| No fixed abode |  |  |
| Other (please state) |  |  |

What type of housing do you live in now? (Please tick appropriate box)

House [ ]  Flat [ ]  Bungalow [ ]  Other [ ]  (please state) …………………………...

How many rooms are there in your current accommodation? (Please put total number of each room in appropriate box)

Bedrooms [ ]  Living room [ ]  Dining room [ ]  Kitchen [ ]  Bathroom [ ]

W.C [ ]

Are you overcrowded? Yes [ ]  No [ ]

Is the property in bad repair? Yes [ ]  No [ ]

If yes, please give full details. Photos can be provided. ………………………………………

………………………………………………………………………………………………………………………...

………………………………………………………………………………………………………………………...

………………………………………………………………………………………………………………………...

Are you or your partner threatened with homelessness?

Yourself Yes [ ]  No [ ]

Your Partner Yes [ ]  No [ ]

If yes, please give details. …………………………………………………………………………………

………………………………………………………………………………………………………………………...

………………………………………………………………………………………………………………………...

Do you have any health problems, which makes living in your current accommodation difficult?

Yes [ ]  No [ ]

If yes, please give details and provide supporting documentation. …………………….

………………………………………………………………………………………………………………………...

………………………………………………………………………………………………………………………...

………………………………………………………………………………………………………………………...

**Section 3 – Your Housing History**

Please list your previous addresses during the past 10 years:

|  |  |  |  |
| --- | --- | --- | --- |
| **Address** | **From** | **To** | **Reason for Leaving** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Do you or your spouse/partner own a house or property, which you treat as your main dwelling?

Yes [ ]  No [ ]

If yes, please give details. …………………………………………………………………………………

………………………………………………………………………………………………………………………...

Do you or your spouse/partner own a house or property other than the house or property, which you treat as your main dwelling?

Yes [ ]  No [ ]

If yes, please give details. …………………………………………………………………………………

………………………………………………………………………………………………………………………...

Have you directly or indirectly transferred a house or property in the last 12 months to another person not at full value such as by way of gift?

Yes [ ]  No [ ]

If yes, please give details. …………………………………………………………………………………

………………………………………………………………………………………………………………………...

Is there any other accommodation available to you other than your present home?

Yes [ ]  No [ ]

If yes, please give details. …………………………………………………………………………………

………………………………………………………………………………………………………………………...

Are you on the Local Authorities Housing List? Yes [ ]  No [ ]

If yes, for how long? ………………………………………………………………………………………….

Have you made any other attempts to gain housing? Yes [ ]  No [ ]

If yes, please give details. …………………………………………………………………………………

………………………………………………………………………………………………………………………...

**Section 4 – Your Housing Requirements**

Please state anyone who is to be rehoused with you.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Surname** | **First name** | **Male or Female** | **Date of birth** | **Relationship to you** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

What kind of housing do you need? (Please tick appropriate box)

House [ ]  Flat [ ]  Bungalow [ ]

How many bedrooms do you need? (Please tick appropriate box)

1 [ ]  2 [ ]  3 [ ]  4 [ ]

Do you intend to keep pets or animals at the property? Yes [ ]  No [ ]

If yes, what type of pets do you intend to keep? …………………………………………………

………………………………………………………………………………………………………………………...

Do you intend to keep vehicles at the property? Yes [ ]  No [ ]

If yes, what type of vehicles do you intend to keep and how many? .............................

………………………………………………………………………………………………………………………...

Which area are you applying for? (You may tick more than option)

Ashington [ ]  Blyth [ ]  Seghill [ ]  South Shields [ ]  Stakeford [ ]

**Section 5 – Additional Information**

Do you have any convictions for violence or in relation to the possession or supply of controlled drugs?

Yes [ ]  No [ ]

If yes, please give details. …………………………………………………………………………………

………………………………………………………………………………………………………………………...

Have you or any other member of your family who wants to be rehoused with you been evicted from a property because of rent arrears or anti-social behaviour?

Rent arrears Yes [ ]  No [ ]

Anti-social behaviour Yes [ ]  No [ ]

Would you object if the co-op wished to check your rent paying record?

Yes [ ]  No [ ]

Would you object to having your housing benefit being paid direct to the co-op?

Yes [ ]  No [ ]

Would you object if the co-op wished to carry out a home visit?

Yes [ ]  No [ ]

Do you know any members/tenants of this Housing Co-operative?

Yes [ ]  No [ ]

If yes, please give name(s) and explain the nature of the relationship?

………………………………………………………………………………………………………………………...

………………………………………………………………………………………………………………………...

………………………………………………………………………………………………………………………...

**Section 6 - Declaration**

I/We have given correct and complete information on this form.

I/We understand that if the information I/We have provided is not correct and complete any accommodation allocated to me could be withdrawn at anytime.

I/We are agreeable to Bomarsund Housing Co-operative checking my tenancy record with my landlord, former landlords and/or Bank/Building Societies.

I/We understand that Bomarsund Housing Co-operative may need to ask for details from other people and organisations and I/We authorise Bomarsund Housing Co-operative to approach them in order to verify this application.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Signature** | **Print name** | **Date signed** |
| **Applicant** |  |  |  |
| **Partner** |  |  |  |

**Attach the completed document to an email and send to,**

 **bomarsundhousingco-op@btconnect.com**

**or post the form to: Bomarsund Housing Co-operative,**

 **3a Cherry Trees,**

 **Blyth,**

 **Northumberland,**

 **NE24 2SJ**