



Bomarsund

Housing Co-op

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

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.

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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?

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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.

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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?

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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**