



**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



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.

| <b>Surname</b> | <b>First name</b> | <b>Male or Female</b> | <b>Date of birth</b> | <b>Relationship to you</b> |
|----------------|-------------------|-----------------------|----------------------|----------------------------|
|                |                   |                       |                      |                            |
|                |                   |                       |                      |                            |
|                |                   |                       |                      |                            |
|                |                   |                       |                      |                            |
|                |                   |                       |                      |                            |
|                |                   |                       |                      |                            |

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 and breed 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**

Have you or anyone applying for housing with you or staying with you ever been convicted of a serious offence as defined by Schedule 2A of the Housing Act 1985.

A copy of the Schedule can be found here:

<https://www.legislation.gov.uk/ukpga.1985/68/Schedule2A>

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?

.....

.....

|                                |
|--------------------------------|
| <b>Section 6 - Declaration</b> |
|--------------------------------|

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.

|                  | <b>Signature</b> | <b>Print name</b> | <b>Date signed</b> |
|------------------|------------------|-------------------|--------------------|
| <b>Applicant</b> |                  |                   |                    |
| <b>Partner</b>   |                  |                   |                    |

**Attach the completed document to an email and send to,**  
[bomarsundhousingco-op@btconnect.com](mailto:bomarsundhousingco-op@btconnect.com)

**or**

**Post the form to:** **Bomarsund Housing Co-operative,**  
**3a Cherry Trees,**  
**Blyth,**  
**Northumberland,**  
**NE24 2SJ**