

Housing Application Form

Change of Circumstances

Folkestone

Hythe & Romney Marsh
Shepway District Council



All the information you give on this application form will be treated confidentially for your housing purposes only.

Answer all the questions to the best of your ability.

If you need advice on filling in this form please ask a member of staff who will help you.

Your Ref No. (if known)

- Use **BLOCK CAPITALS**
- Write in **BLACK** ink only
- Tick [✓] the **YES** or **NO** boxes where asked
- Give as much information as you can
- Do not give false information – we will refuse you accommodation
- Remember to tell us if your circumstances change in the future
- Translation services are available for help in filling in this form.

Sections 1 and 2 must be completed by ALL applicants

1 About You and your Joint Applicant

You

Your surname

Your first name(s)

Your title

Mr Mrs Miss Ms

Your date of birth

Your address

Postcode:

Your telephone/mobile number(s)

Your email address

Joint Applicant

Your surname

Your first name(s)

Your title

Mr Mrs Miss Ms

Your date of birth

Your address

Postcode:

Your telephone/mobile number(s)

Your email address

Are you adding a Joint Applicant to your application?

Yes No

If YES you must answer all the questions in Section 5 of this form.

What date did you move into your current home?

DAY

MONTH

YEAR

Reason(s) for change

Tell us why you are completing this form.

Change of address

Financial changes

Adding/deleting household member

Other – give details

Medical reasons

Adding correspondence address
(give address in box opposite)

2 About your Household

You must give everyone who is to be rehoused with you, including household members not listed on your last form. Give all the information that is asked for about each member of your household. Attach a separate sheet if necessary.

Full Name	Male or Female (M or F)	Date of Birth	Relationship to you	Is this person living with you now? YES or NO

Is anyone expecting a baby?

Yes No

If yes, tell us who is expecting a baby

When is it due?

YOU MUST TELL US WHEN THE BABY IS BORN BY COMPLETING A BIRTH OF BABY FORM.

Now complete the section or sections that apply to you.

3 Health and Special Needs

Fill in this section if you are adding a new person to your application and they have medical health issues or special needs

Do you or anyone to be rehoused with you have any medical/health issues or special needs that is/are affecting your current housing?

Yes No

If YES, give name(s) and briefly describe their condition(s):

If you have moved, you must fill in new medical forms for everyone listed on your application. Your change in your housing situation may affect points already awarded.

4 About where you are living now

Tick one answer only

Fill in this section if you have changed your address.

You must also complete Section 7 and any other section that applies to your change of circumstance.

I rent from a private landlord	<input type="checkbox"/>	I am in a refuge	<input type="checkbox"/>
I live with family	<input type="checkbox"/>	I am in a hostel	<input type="checkbox"/>
I am staying with friends	<input type="checkbox"/>	I am in a leased property with Avenue Lettings	<input type="checkbox"/>
I am sleeping rough/sofa surfing	<input type="checkbox"/>	I am in a caravan/mobile home	<input type="checkbox"/>
I am in lodgings	<input type="checkbox"/>	I rent with my job (tied accommodation)	<input type="checkbox"/>
I rent from the Council	<input type="checkbox"/>	I am in a hospital/nursing home	<input type="checkbox"/>
I rent from an RSL (housing association)	<input type="checkbox"/>	I am in Bed & Breakfast	<input type="checkbox"/>
I own/am buying my home	<input type="checkbox"/>	I am in an institution*, e.g. prison	<input type="checkbox"/>
I am in supported housing	<input type="checkbox"/>	*Give expected release date: <input type="text"/>	

Is your current housing adapted for someone with a disability?

Yes No

Name and address of your landlord

Name	
Address	
	Postcode:
Telephone Number:	Email address:

What type of property are you living in?

House	<input type="checkbox"/>	Bedsit	<input type="checkbox"/>
Bungalow	<input type="checkbox"/>	Just a room	<input type="checkbox"/>
Flat	<input type="checkbox"/>	Caravan/Mobile Home	<input type="checkbox"/>
Maisonette	<input type="checkbox"/>		

Bedrooms

How many bedrooms are there in total in the property?

How many bedrooms do you and the people listed on your application have sole use of?

Do you or anyone listed on your application share a bedroom with someone NOT LISTED on your application? Yes No

If YES, how many bedrooms are shared?

Do you or anyone listed on your application sleep in any other rooms, for example living room, lounge? Yes No

If yes, who? **Which room?**

Flats, Maisonettes and Bedsits

You must complete this section if you are living in a flat, maisonette or studio (bedsit).

Which floor is the flat, maisonette or studio (bedsit) on? Basement Ground 1st 2nd Above

Do you have stairs to climb to get to your home? Yes No

Is there a lift? Yes No

Facilities in the property

Tell us about the following facilities in your property.

<i>Tick [✓] the boxes that apply to you.</i>	Have sole use of	Share with other people not on my application	Lacking facility
Kitchen			
Bathroom			
Inside Toilet			
Hot Water Supply			
Outdoor Drying Space			
Living Room			
Ground floor storage for pushchairs, wheelchairs			

Heating

Do you have central heating and/or storage heaters? Yes No

Do you have a fixed gas or electric fire? Yes No

Do you have freestanding heaters, e.g. calor gas or electric heaters not fixed to a wall? Yes No

About any serious disrepair in the home

Your landlord is responsible for carrying out repairs. The Council's Environmental Health Officer will carry out an inspection if you are experiencing problems with the property relating to disrepair. We will only award points to your application if Environmental Health are satisfied that all necessary steps have been taken to put the repair right.

Leaking roof or walls	
Rotting wood, for example floorboards	
Damp	
Faulty or old electrical wiring	

5 Joint Applicant

Please [✓] tick

Fill in this section if you are adding a Joint Applicant to your application.

Is your Joint Applicant living with you now?

Yes No

If you are adding a Joint Applicant who is living at a different address, why are you not living together now?

Are you or your Joint Applicant employed by, or member of, an RSL (housing association) or Shepway District Council?

Yes No

Are you or your Joint Applicant related to an employee or member of an RSL (housing association) or Shepway District Council?

Yes No

If YES, give name and position

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How long has your Joint Applicant lived in Shepway?

Does your Joint Applicant have a permanent job in Shepway?

Yes No

Has your Joint Applicant previously lived in Shepway?

Yes No

If YES, give us details of where they have lived:

Indicate the type of tenancy: C (Council); HA (RSL housing association); P (Private); F (Family/Friends); O (homeowner); S (Other).

Address(es)	Tenancy Type	Date From	Date To

If your Joint Applicant has close family members (grandparent, parent, brother, sister, children) living in Shepway, give details:

Name	Address	Relationship to You/ Joint Applicant	How long has your close relative lived in Shepway?

About your Joint Applicant's Income

Include work and any benefits that your Joint Applicant is claiming.

Working

Is your Joint Applicant employed?

Yes No

If YES, give details:

Occupation:	Average Take-Home Pay or Salary		
Name, address and telephone number of Employer:	Tick [✓] Weekly (W) or Monthly (M)		
	Amount	(W)	(M)
	£		

National Insurance No.

Joint Applicant

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Benefits	Amount £	How often received Weekly (W), Fortnightly (F) Monthly (M)
Child Benefit		
Income Support		
Job Seeker's Allowance		
State Retirement Pension		
Occupational Pension (inc. SERPS)		
Disability Living Allowance (DLA) / Attendance Allowance		
ESA (Incapacity Benefit)		
Other benefit		
TOTAL INCOME (sum of the above)		
Child Tax Credit (CTC)		
Working Tax Credit (WTC)		
Pensions Tax Credit (PTC)		

Savings, Capital and Investments

Total amount (to nearest £10)	
Annual income (interest, etc.)	

Home Owner or Part Home Owner

Has your Joint Applicant been a homeowner or part owner of a property in the last FIVE years? Yes No

If YES, you must complete this section:

What is the current value of the home?	
What is the amount of mortgage outstanding?	

Home or Part Home sold within last FIVE years (Include any property your Joint Applicant owned abroad)

Address of property sold:		
Reason(s) for sale:		
When was it sold?	How much was it sold for?	£
How much mortgage was outstanding?		£
How much equity did they receive?		£
Any other relevant information:		

Please supply a copy of the completion statement with this application.

6 Pets *Fill in this section if you are adding or removing pets from your application.*

Do you have any pets? Yes No

If YES, what pets do you have?

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Would you be prepared to make other arrangements for your pets to increase your choice of properties? Yes No

7 About why you have left your previous address

Fill in this section if you have told us that your address has changed.

Was a Notice to Quit served on you? Yes No

Was a Court Order obtained against you to end the tenancy? Yes No

Do you owe rent arrears? Yes No

If YES, how much do you owe?

Other reason – please give brief details:

Have you or anyone on your application been guilty of an anti-social behaviour offence which has led to eviction proceedings being taken against you? Yes No

If YES, give details

Name:	Date evicted:
Address where evicted:	
<input type="text"/>	
Nature of the offence:	

8 Choosing where you would like to live

Type of accommodation

Please refer to your *Shepway Housing List booklet* for more information.

You must tell us which accommodation you want to be considered for by ticking the box(es) below.

Council accommodation?

Yes No

RSL (housing association) accommodation?

Yes No

Housing Co-operative (tenant managed) accommodation?

Yes No

Optional choices

If you are a single person, would you consider a self contained studio flat?

Yes No

If you are over 60 or registered disabled, would you consider sheltered accommodation with visiting Supported Housing Officer?

Yes No

If you are over 50 or registered disabled, would you consider semi-sheltered accommodation (with Lifeline and Supported Housing Officer on call)?

Yes No

Low cost home ownership

Would you be interested in low cost home ownership (including part ownership/part rent) or similar schemes?

Yes No

Locations preferred

Folkestone (including Sandgate)	
Hythe (including Saltwood & Seabrook)	
Marsh Towns (Dymchurch, St Mary's Bay, New Romney)	
Hawkinge (including Densole)	
Elham Rural (Elham, Lyminge, Etchinghill, Peene, Stelling Minnis)	
Sellindge Rural (Sellindge, Lympne)	
Marsh Rural (Burmars, St Mary in the Marsh, Ivychurch, Newchurch, Brenzett, Brookland, Old Romney)	
Cheriton	
Lydd	

9 Additional information



10 Diversity Monitoring

Please tick [✓] the box or boxes that apply to you and your joint applicant if you are applying with another person

Fill in this section to help us to plan housing needs in Shepway and support local communities. It helps us to make sure we manage the Shepway Waiting List fairly for everyone in the community.

White

British	You	<input type="checkbox"/>	Joint Applicant	<input type="checkbox"/>
Irish	You	<input type="checkbox"/>	Joint Applicant	<input type="checkbox"/>
Any other white background, please state	You	<input type="text"/>	Joint Applicant	<input type="text"/>

Mixed

White and Black Caribbean	You	<input type="checkbox"/>	Joint Applicant	<input type="checkbox"/>
White and Black African	You	<input type="checkbox"/>	Joint Applicant	<input type="checkbox"/>
White and Asian	You	<input type="checkbox"/>	Joint Applicant	<input type="checkbox"/>
Any other mixed background, please state	You	<input type="text"/>	Joint Applicant	<input type="text"/>

Asian or Asian British

Indian	You	<input type="checkbox"/>	Joint Applicant	<input type="checkbox"/>
Pakistani	You	<input type="checkbox"/>	Joint Applicant	<input type="checkbox"/>
Bangladeshi	You	<input type="checkbox"/>	Joint Applicant	<input type="checkbox"/>
Any other Asian background, please state	You	<input type="text"/>	Joint Applicant	<input type="text"/>

Black or Black British

Caribbean	You	<input type="checkbox"/>	Joint Applicant	<input type="checkbox"/>
African	You	<input type="checkbox"/>	Joint Applicant	<input type="checkbox"/>
Any other black background, please state	You	<input type="text"/>	Joint Applicant	<input type="text"/>

Chinese or other ethnic group

Chinese	You	<input type="checkbox"/>	Joint Applicant	<input type="checkbox"/>
Any other, please state	You	<input type="text"/>	Joint Applicant	<input type="text"/>

Long-term disability or illness

Does anyone on your application have a long-term disability or illness? Yes No

Next of kin

Please tell us the name, address and telephone number of your Next of Kin:

Name

Telephone number

Address

Relationship to Applicant/Joint Applicant

Do you wish to give consent to a friend/relative to speak to us on your behalf?

Yes No

If YES, please give name

Now check that you have given us all the details you need to tell us about.
Read the information, then sign and return this form to the address given.

Data Protection

All the information you give us is treated confidentially under the terms of the Data Protection Act 1998 and will be kept on file all the time you are an applicant or become a tenant with the Council. Any additional information you give us will be treated in the same way. We will share the information with any of the Registered Social Landlords listed in the Shepway Housing List Booklet in the interests of your housing needs. We have an information-sharing protocol with the Police and the NHS Primary Care Trust under the Crime and Disorder Act 1998 that is strictly controlled under our statutory obligations.

Declaration

Please read the form again carefully to make sure you have given the correct information. False information will result in your application being removed from the Shepway Housing List or any granted tenancy being taken away from you. We may make enquiries concerning your application with other agencies and landlords, including credit reference agencies. When you have checked the information given is correct, sign the box(es) below.

Authorisation

I authorise the Council's Housing Services to pass any information and copy documents that may be relevant to other services within Shepway District Council, Social Services, housing support providers who have provided, or will be providing, support to you or joint applicant.

Please tick [✓] the box if you do NOT give consent

Your signature

Joint Applicant's Signature

Date

Date

Now return this application form to:

Shepway District Council Housing Services
Shepway Housing Centre
3-5 Shorncliffe Road
Folkestone
Kent
CT20 2SQ

Tel: 01303 853700

Date Application received

(For Office Use only)

Thank you for completing this Change of Circumstances form. Make sure you have completed all the sections you need to fill in. We will reassess your application with your new details.