

Housing Application Form

Folkestone

Hythe & Romney Marsh
Shepway District Council



All the information you give on this application form will be treated confidentially for 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.

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

Ref No. (for office use only)

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 number

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 number

Email address

Correspondence address (if different from above)

You must provide a contact address where correspondence can be sent.

Postcode:

What date did you move into your current home?

DAY

MONTH

YEAR

What type of property is it?

House

Bungalow

Flat

Maisonette

Bedsit

Just a room

Caravan/Mobile Home

How many bedrooms are there in the property?

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

Do you have a separate dining room?

Yes No

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(s)

Flats, Maisonettes and Studio Flats

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

Do you have stairs to climb to get to your home?

Yes No

Which floor is the flat, maisonette or bedsit on?

Basement Ground 1st

2nd Above

Is there a lift?

Yes No

Facilities in the property

Tell us about the following facilities in your property

Tick [✓] the boxes that apply to you	Have sole use of	Share with other people not on my application	Lacking facility
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inside Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot Water Supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor drying space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground floor storage for pushchairs, wheelchairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Facilities in the property (continued)

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, for example 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	

If you have applied with a joint applicant who is living at a different address have you lived together before?

Yes No

Why are you not living together now?

Are you or anyone on your application employed by, or a member of an RSL (housing association) or Shepway District Council?

Yes No

Are you or anyone on your application related to an employee or member of an RSL (housing association) or Shepway District Council?

Yes No

If YES, give name position and relationship to you

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5 Local Connection

	YOU	JOINT APPLICANT												
How long have you lived in Shepway?	<input type="text"/>	<input type="text"/>												
Do you have a permanent job in Shepway?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>												
Have you previously lived in Shepway?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>												
If YES, tell us the dates when you lived in Shepway:														
From:	<table border="1" style="display: inline-table;"> <tr> <th style="font-size: small;">Day</th> <th style="font-size: small;">Month</th> <th style="font-size: small;">Year</th> </tr> <tr> <td style="width: 30px; height: 20px;"><input type="text"/></td> <td style="width: 30px; height: 20px;"><input type="text"/></td> <td style="width: 30px; height: 20px;"><input type="text"/></td> </tr> </table>	Day	Month	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<table border="1" style="display: inline-table;"> <tr> <th style="font-size: small;">Day</th> <th style="font-size: small;">Month</th> <th style="font-size: small;">Year</th> </tr> <tr> <td style="width: 30px; height: 20px;"><input type="text"/></td> <td style="width: 30px; height: 20px;"><input type="text"/></td> <td style="width: 30px; height: 20px;"><input type="text"/></td> </tr> </table>	Day	Month	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Address(es) you lived at in Shepway:

YOU

JOINT APPLICANT

If you have close family members aged 18 years or more (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?

6 The law says that if you do not usually live in the UK, or you are subject to immigration control, you can only apply for housing in certain circumstances.

Please answer all the questions below so that we can decide whether you can apply for housing.

Do you or any member of your household have any restriction on your/their stay in the UK?

Yes No

If YES, please give details including names, dates and outcome.

Please provide copies of any documents about these restrictions.

Are you, or any member of your household, subject to immigration control?

Yes No

If YES, please give details including names, dates and outcome.

Please provide copies of any documents (e.g. Home Office papers)

7 Health and Special Needs

Do you or anyone listed on your application have any medical/health issues or special needs that are affected by your current housing?

Yes No

If YES, give name(s) of the person(s) and briefly describe their conditions:

We will send you a separate medical form for each person you have listed with health issues or special needs for you to complete and return to us. The council's Medical Advisor may award medical points if your medical condition is affected by your current housing.

Tick [✓] the boxes if you receive support from any of the following:

Social Worker	<input type="checkbox"/>	Homecare Service	<input type="checkbox"/>
Community/Psychiatric Nurse	<input type="checkbox"/>	Meals on Wheels	<input type="checkbox"/>
District Nurse	<input type="checkbox"/>	Other - please describe:	<input type="checkbox"/>
Floating Support Provider	<input type="checkbox"/>		
Occupational Therapist	<input type="checkbox"/>		

If YES, please give their name and contact details:

Name	
Address	
Postcode:	Telephone No.

Is your current housing specially adapted for a disability?

Yes No

If YES, please describe:

8 Pets

Do you have any pets?

Yes No

If YES, what pets do you have?

Would you be prepared to make other arrangements for your pets to increase your choice of properties?

Yes No

9 About where you have lived before

Have you ever held a council or RSL (housing association) tenancy before? Yes No

If YES, give address:

Do you owe any rent arrears to a council or RSL (housing association)? Yes No

Have you ever been evicted or lost a tenancy before? Yes No

If YES, give reasons:

Do you owe any rent arrears to a former landlord? Yes No

If YES, give name and address of your former landlord:

Was your landlord – Council RSL (housing association) Private rented

Amount owed:

Is there an arrangement to repay? Yes No

Has a Notice to Quit been served on you at your current address? Yes No

If YES, give the date the notice is due to expire:

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide a copy of your Notice to Quit

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

If YES, give details:

10 Previous addresses

YOU MUST COMPLETE THIS INFORMATION

List all the addresses where You or your Joint Applicant (if applicable) have lived in the last FIVE years. Start with the address where you are living now. Use a separate sheet if necessary.

Please [✓] tick

Address

Who lived there?

You

Joint Applicant

Date from

DAY

MONTH

YEAR

--	--	--

Date to

DAY

MONTH

YEAR

--	--	--

Reason for leaving

Landlord's name and address and telephone number:

--

Address

Who lived there?

You

Joint Applicant

Date from

DAY

MONTH

YEAR

--	--	--

Date to

DAY

MONTH

YEAR

--	--	--

Reason for leaving

Landlord's name and address and telephone number:

--

Address

Who lived there?

You

Joint Applicant

Date from

DAY

MONTH

YEAR

--	--	--

Date to

DAY

MONTH

YEAR

--	--	--

Reason for leaving

Landlord's name and address and telephone number:

--

Address

Who lived there?

You

Joint Applicant

Date from

DAY

MONTH

YEAR

--	--	--

Date to

DAY

MONTH

YEAR

--	--	--

Reason for leaving

Landlord's name and address and telephone number:

--

Address

Who lived there?

You

Joint Applicant

Date from

DAY

MONTH

YEAR

--	--	--

Date to

DAY

MONTH

YEAR

--	--	--

Reason for leaving

Landlord's name and address and telephone number:

--

Address

Who lived there?

You

Joint Applicant

Date from

DAY

MONTH

YEAR

--	--	--

Date to

DAY

MONTH

YEAR

--	--	--

Reason for leaving

Landlord's name and address and telephone number:

--

11 About your income

You need to tell us about how much you earn, if you are working and about any benefits, maintenance payments or pensions you may be receiving whether you are working or not.

Working

Please [✓] tick

Are you currently in employment?

Yes No

Is your joint applicant employed?

Yes No

if YES

Applicant

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

Joint Applicant

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(s).

You need to tell us what your National Insurance Number is:

Applicant

Joint Applicant

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Benefits

Applicant

Joint Applicant

Please indicate in the boxes provided if payments are made W (Weekly), M (Monthly), F (Fortnightly). If other times, please state:	Applicant		Joint Applicant	
	Amount and how often received		Amount and how often received	
Child Benefit	£	(W/M)	£	(W/M)
Income Support	£	(W/M)	£	(W/M)
Job Seeker's Allowance	£	(W/M)	£	(W/M)
State Retirement Pension	£	(W/M)	£	(W/M)
Occupational Pension (inc. SERPS)	£	(W/M)	£	(W/M)
Disability Living Allowance (DLA)/Attendance Allowance	£	(W/M)	£	(W/M)
Incapacity Benefit	£	(W/M)	£	(W/M)
Other Benefit	£	(W/M)	£	(W/M)
TOTAL INCOME (sum of the above)	£	(W/M)	£	(W/M)
Child Tax Credit (CTC)	£	(W/M)	£	(W/M)
Working Tax Credit (WTC)	£	(W/M)	£	(W/M)
Pension Tax Credit (PTC)	£	(W/M)	£	(W/M)

Do you have any savings, capital or investments

Yes No

If YES please complete the information below

Total Amount		
Annual Interest		

12 For home owners only

Do you, your joint applicant (if applicable) or anyone else on your application own or part own any property (even if you are not living there)?

Yes No

Have you, your joint applicant (if applicable) or anyone else on your application previously owned a home within the last FIVE YEARS?

Yes No

If you answer YES to either of the above, please fill in the boxes below. Include any property owned abroad by you or any person on your application.

Current home owner or part home owner

Applicant

Joint Applicant

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

Home or part home sold within the last FIVE years

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 you receive?	£	

Please supply a copy of the completion statement with this application

Any other relevant information:

13 Choosing where you would like to live

Locations

We encourage applicants to choose as many areas as possible.

Folkestone (including Sandgate)	
Hythe (including Saltwood and Seabrook)	
Marsh Towns (Dymchurch, St Mary's Bay and 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	

Type of accommodation

Please [✓] tick

Do you want to be rehoused into –

Council accommodation?

Yes No

RSL (housing association) accommodation?

Yes No

Housing Co-operative (tenant managed) accommodation?

Yes No

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 visiting Supported Housing Officer on call)?

Yes No

Would you consider enhanced/extra care sheltered housing?

Yes No

Low cost home ownership

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

Yes No

We will supply information about part ownership and other low cost schemes when they become available.

Are you a keyworker?

Yes No

If you are a keyworker then you may be eligible for certain schemes for low cost home ownership.

Keyworker eligible roles include:

Education: Fully qualified teachers in Local Education Authority (LEA) schools and sixth form colleges, lecturers in Further Education (FE) colleges and qualified nursery nurses in certain LEA schools only.

Police: Police Officers, Police Community Support Officers (PCSOs) and those working for the British Transport Police.

Please note that eligible police roles will vary by force.

Prison Service: Prison officers and related grades, operational support grades, nursing staff, industrials

and instructional officers working at specified locations.

Probation Service: Probation officers, senior probation officers, probation service officers and other operational staff (except Assistant Chief Officers) who work directly with offenders

NHS: All clinical staff employed by the NHS excluding doctors and dentists.

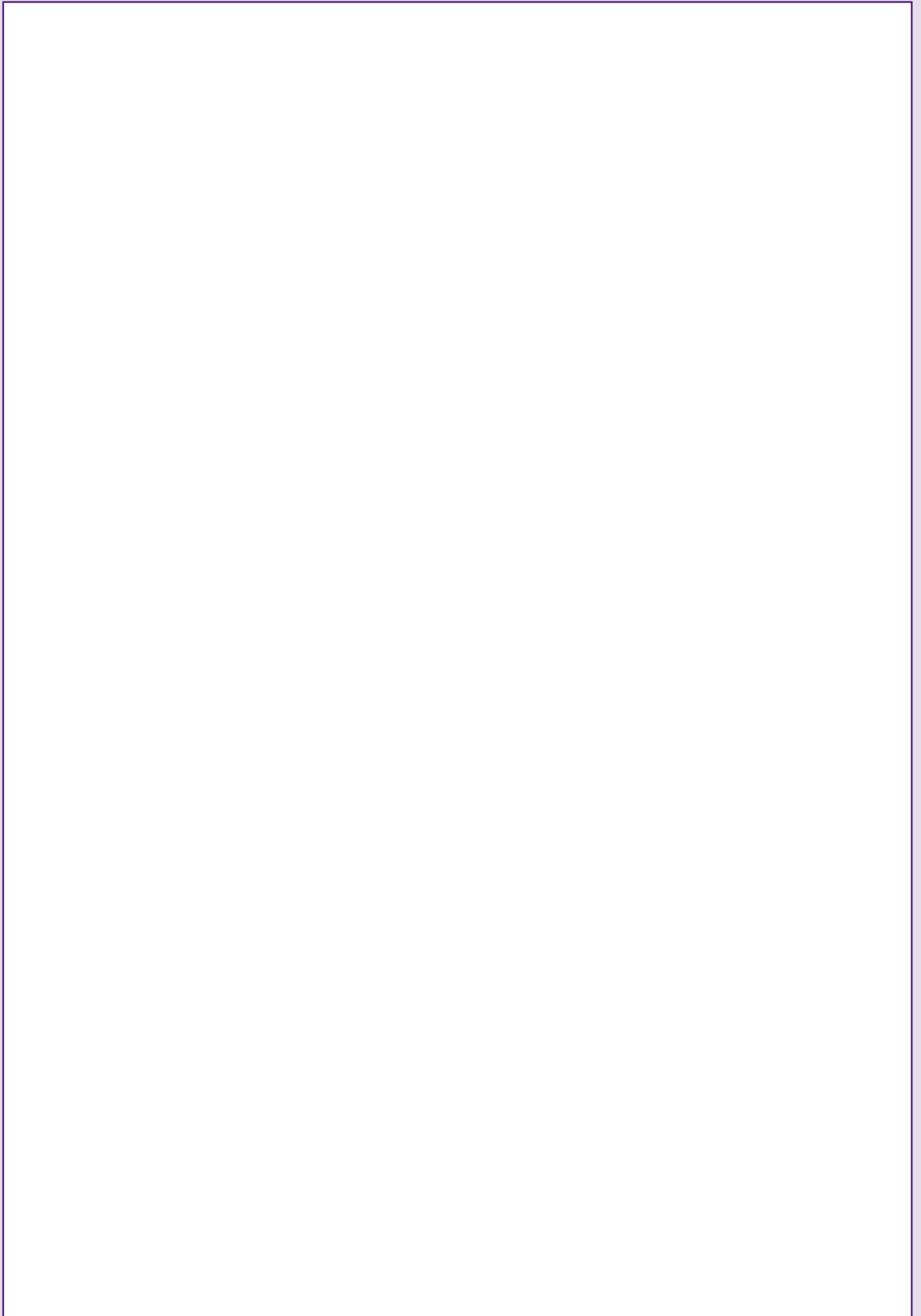
Fire and Rescue: Uniformed fire and rescue staff below principal level

MoD: Front Line Military Personnel
Local Authority: Local authority employed clinical staff, adult social workers, occupational therapists, educational psychologists, speech and language therapists, rehabilitation officers for the visually impaired and qualified nursery nurses.

Local authority: planners employed by the Local Planning Authority delivering statutory planning services. Traffic Office Staff of the Highways Agency Traffic Officer Service and Environmental Health Officers.

14 Additional Information

Please use this space to give as much information as possible that you think will be useful. Include why you need to be rehoused by the council and/or Registered Social Landlords. Please supply any supporting documentation you may have.



15 Diversity monitoring

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

The information you give in this section enables us to plan housing needs in Shepway and support local communities. It helps us 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	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	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	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	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 ethnic background	You	<input type="text"/>	Joint Applicant	<input type="text"/>

Long-term disability or illness

Do you or anyone on your application consider yourself to have a long-term disability or illness?

Yes No

16 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 their name:

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 Service to pass any information and copy documents that may be relevant to other services within Shepway District Council, Social Services or housing support providers who have provided, or will be providing, support to me or my joint applicant.

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

Your Signature

Date

Joint Applicant's Signature

Date

Now return this application form to:

**Shepway District Council
Shepway Housing Centre
3-5 Shorncliffe Road
Folkestone
Kent CT20 2SQ
Tel: 01303 853700**

Date Application received (For office use only)

***If any of your circumstances change please tell us straight away.
We will give you a Change of Circumstances form to complete and return to us.***