

Housing Application Form

Sutton
Housing
Society

Private and Confidential

PLEASE COMPLETE THIS FORM USING BLOCK CAPITALS

This form is to be completed by people seeking to be rehoused by Sutton Housing Society.

Sutton Housing Society is a Registered Social Landlord with around 449 properties in the Borough of Sutton. The Society provides general needs, supported, and sheltered housing accommodation.

Sutton Housing Society holds its own waiting list for older persons accommodation for applicants aged 55 and over only. We do not hold a waiting list for general needs tenants as the London Borough of Sutton have 100% nomination rights to these properties.

Please answer all questions. Where the answer to a question is

YES **NO** Please tick that which applies to you

Where a section does not apply, you must write "not applicable" (or N/A).

Full Name: _____

Title: _____

Address: _____

Postcode: _____

Tel No (H): _____ Mobile: _____

Tel No (W): _____ Email Add: _____

NI No: _____

Marital Status: _____

I. Applicants Details

Surname	First Names	Sex	Date of Birth	Relationship to Applicant
				Applicant

Ia. Primary Applicant/s Next of Kin Details

Name	Address	Phone Number	Relationship to Applicant

2. Please tick box that applies to you

Married Date of Marriage:
 Living with Partners Wife's Maiden Name
 Single Separated
 Widowed Divorced

3. Do all the people listed, live with you now? YES NO

If no, please give name/address:

Name:	Address:	Reason Why:

4. Is anyone listed expecting a baby? YES NO

5. If you are divorced or separated do you have the main responsibility for the welfare of all children included on this application? YES NO

6a. **Have you or your partner applied before to Sutton Borough Council for housing?**
 YES NO Date of Application
 Reference Number (if known)

6b. **Have you or your partner applied before to Sutton Housing Society for housing?**
 YES NO

If YES, what banding were you? Please delete as appropriate: Urgent / Priority / Routine

7. **Have you or your partner ever rented from a Council or Housing Association? YES/NO**

Who did you rent from?	From	To	Address

8. **Have you or your partner previously owned property? YES/NO**

Address – please give details	From	To

Did you leave due to a) Repossession b) Relationship breakdown c) Other (give details below)

9. **Do you have pets? (Please give details)**

SECTION TWO	Your Income
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10. **Please tick boxes that apply to you and if applicable to your partner**

APPLICANT PARTNER

Working Full Time	<input type="checkbox"/>	<input type="checkbox"/>	Name and Address of Employer (if applicable)
Working Part Time	<input type="checkbox"/>	<input type="checkbox"/>
Self Employed	<input type="checkbox"/>	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>	National Insurance No
			(Applicant)
			National Insurance No
			(Partner)

11. Please give details of all income and savings

	APPLICANT		PARTNER	
	Weekly	Monthly	Weekly	Monthly
Average Gross Pay				
Self Employed Annual Gross Profit				
Pensions				
State Retirement				
Civil/Public Service				
Former Employer				
Other (give details)				
State Benefits/Allowances				
Universal Credit				
Income Support				
Unemployment Benefit				
Sickness Benefit				
Incapacity Benefit				
Statutory Sick Pay				
Disability Allowance				
Widows Benefit/Pension				
War Pension				
One or Lone Parent Allowance				
Any other income				
TOTAL:				
Savings / Investments				

This information is required to assist the Society in deciding what housing options may be available to you.

SECTION THREE Your Previous Accommodation

12. Please list all your previous addresses for the last five years.

APPLICANT

Address	Type of Accommodation	From	To
	ie: Tenant, Owner		

PARTNER (if applicable)

Address	Type of Accommodation	From	To
	ie: Tenant, Owner		

13. If you have ever had an address outside the United Kingdom, what is your immigration status?

	APPLICANT	PARTNER	Information
UK Citizen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
EC National	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Asylum Seeker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Refugee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Indefinite Leave to Enter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Limited Leave to Enter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other (give details)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

SECTION FOUR Your Present Housing

14. When did you move to your present address?

Day Month Year

15. Please tick which best describes your present housing circumstances:

Owner or Part Owner	<input type="checkbox"/>	H.M. Service Quarters	<input type="checkbox"/>
Private Tenant	<input type="checkbox"/>	Tenant under a Settlement/Will	<input type="checkbox"/>
Living with Parents	<input type="checkbox"/>	Lodger	<input type="checkbox"/>
Living with Relatives	<input type="checkbox"/>	Housing provided with Job	<input type="checkbox"/>
Other : Please give details			

16. Do you own any residential property anywhere? YES NO

If YES, do you still have any legal interest in that property? YES NO

Please give details:

17a. If you are renting/lodging, please give the name and address of the landlord or person who you lodge with

The Society reserves the right to contact your Landlord to obtain a reference.

17b. Do you have any outstanding debts with this Landlord? YES NO
 If YES, please give details

18. What type of property do you live in? Is it:

Whole House	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>	Hostel	<input type="checkbox"/>
Flat	<input type="checkbox"/>	Bedsit/Studio Flat	<input type="checkbox"/>	B and B	<input type="checkbox"/>
Maisonette	<input type="checkbox"/>	Room in Shared House	<input type="checkbox"/>	Caravan	<input type="checkbox"/>

19. Please tell us how many rooms are used for all persons included on this application

Number of Rooms occupied only by yourself and your family for whom you are applying for housing	Bedrooms	Bed Sitting	Living	Kitchen	Total

On which floor is your accommodation located? (ie Ground, 1st, 2nd etc)

Is there a lift? YES NO

BATH/SHOWER Do you have the use of a Bath/Shower? YES NO

WC Is it inside or outside Inside Outside

Do you share it with others? YES NO

Heating In Living Room? YES NO

Heating in the Bedroom? YES NO

Hot Water Supply? YES NO

If you share with others, what relationship are they to you? (If they are not related to you, answer "none"):

HEATING What type of heating do you have? Central Heating
 Partial Heating
 No Heating

20. Are you or your partner threatened with homelessness? YES NO

If YES, please give details below:

.....
 Please provide any relevant documentation, ie copy of the Court Order, Tenancy Agreement, Notice To Quit, or Notice of Seeking Possession

21. Is your home in disrepair? YES NO
If YES, please give details below:

.....
.....

22. Has the Council's Environmental Officer advised you that your home is in need of repair or improvement? YES NO
If YES, please supply documentation

23. Is your present accommodation overcrowded? YES NO
If YES, please give brief details:

.....
.....

24. Will anybody not listed on this form be rehoused with you? If so, please say why and where they are currently living. Give their name, address and telephone number.

.....
.....

25. Have you been convicted of a criminal offence, served with a court order, served with a Notice of Intention to Seek Possession, or given an undertaking to a Court either in connection with violence, harassment, racial harassment, threatening behaviour, nuisance or annoyance (as defined in the conditions of your current or former tenancy) or physical abuse in the last five years? YES NO

26. Have you or a member of your family who wishes to be rehoused with you, been convicted of an arrestable offence committed in or within the locality of the home in the last five years? YES NO
If YES, give details:

.....
.....

27. Are you a Board Member of Sutton Housing Society or a relative of one? YES / NO
If YES, please state whom and what is the relationship:

.....

Are you an employee of Sutton Housing Society or a relative of one? YES / NO
If YES, please state whom:

.....

Are you related to a tenant of Sutton Housing Society? YES / NO
If so, please state whom and what is the relationship:

.....

28. Do you or anyone who is going to live with you have a medical condition or disabilities which should be taken into account? YES / NO

If NO – go to the next section

If YES – please state who

29a. Please state, giving as much detail as possible, what the medical condition is:

Please include any hospital admissions or outpatient treatment details (please use additional sheet if necessary)

29b. Please list any prescribed medication or treatment being used to treat the medical condition.

29c. Please state how rehousing would help the situation.

29d. Please give the details of your Doctor or Health Professional, include address & contact number/s.

Doctor	
Health Visitor	
Social Worker	
Other	

29e. Are you currently receiving or in need of any services/support to live independently in the community? YES / NO

If YES please indicate which services you are receiving

30a. Does anyone in this application use a wheelchair? YES / NO

If YES, is the wheelchair used inside the home?

YES / NO

30b. Does anyone in this application have difficulty in climbing stairs? YES / NO

If YES, please state who:

31a. Is anyone in this application Registered Disabled or in receipt of Disability Living Allowance? YES / NO

If YES, please state who:

31b. Does anyone have any adaptations or aid to help with mobility? Please specify

31c. Does anyone have a problem with mobility? (eg: breathlessness, walking, leg or back problems etc). Please specify

31d. Please state how rehousing would help with mobility problems.

SECTION SIX

Your Housing Needs

32. Accommodation Preferred (Housing for Older People aged over 55)

Self-Contained Studio please consider as you may be shortlisted earlier for these properties when available

One Bedroom Flat

Two Bedroom Flat

Which floors would you consider WITHOUT lift access (please circle)

First Second Third Forth

What type of bathroom would you consider (please circle)

Shower Bath Wet-room Bath or Shower

You are advised to tick as many as possible.

Dorothy Pettingell House **Griffiths Close**

Lancelot House **Margaret House**

Norman House **Old Brewery House**

Robertson House **Ronald House**

Thomas House **Trickett House**

Nairn Court **Kent Court**

Harding House **Peppermint Court**

Clverdale Court (Housing With Care)

33. Other Factors

Please say if there are any other important circumstances which you want us to consider:

SECTION SEVEN

Equal Opportunities

34. The Society wants to ensure that its housing allocations policies work fairly and therefore keeps records of the ethnic origin and sexual orientation of everyone who applies for housing. We would like you to tell us what you consider your ethnic origin and sexual orientation to be. This information will be used in accordance with the Data Protection Act and in strict confidence.

ETHNICITY:

- | | | |
|--|---|--|
| <input type="checkbox"/> White British | <input type="checkbox"/> Mixed Other | <input type="checkbox"/> Black or Black British African |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Asian or Asian British Indian | <input type="checkbox"/> Black or Black British Other |
| <input type="checkbox"/> White Other | <input type="checkbox"/> Asian or Asian British Pakistani | <input type="checkbox"/> Chinese or Other Ethnic Group |
| <input type="checkbox"/> Mixed White & black Caribbean | <input type="checkbox"/> Asian or Asian British Bangladeshi | <input type="checkbox"/> Chinese or Other Ethnic Group Chinese |
| <input type="checkbox"/> Mixed White & Black African | <input type="checkbox"/> Asian or Asian British Other | |
| <input type="checkbox"/> Mixed White and Asian | <input type="checkbox"/> Black or Black British Caribbean | <input type="checkbox"/> I do not wish to provide this information |

SEXUAL ORIENTATION:

- | | |
|--|--|
| <input type="checkbox"/> Heterosexual/Straight | <input type="checkbox"/> Bisexual |
| <input type="checkbox"/> Gay Man/Homosexual | <input type="checkbox"/> Gay Woman/Lesbian |
| <input type="checkbox"/> Other | <input type="checkbox"/> I do not wish to provide this information |

SECTION EIGHT

Declaration

I/We declare that all the information given on this form is true and undertake to contact you if my/our circumstances change in any way.

I/We authorise Sutton Housing Society to make any investigations that are required to deal with my/our application.

Applicant:

Date:

Partner:

Date:

PLEASE NOTE:

By signing above, you (and your partner) have declared the information given on this form is true. If it is later found that you have knowingly made a fraudulent application, either by giving false information or by omitting relevant facts, your application may be cancelled. In addition, if you are rehoused on the basis of this information, it could lead to you losing your home.

If English is not your first language, or you have difficulty understanding or completing this form, please contact us at the address on Page 12, or by telephone on 020 8642 1500 to request assistance with completing your housing application.

How did you hear about Sutton Housing Society?

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If your application is by post, please return the form to:

Sutton Housing Society Ltd
Pat Shaw House
13-19 Ventnor Road
Sutton
Surrey SM2 6AQ

Tel No: 020 8642 1500

Fax No: 020 8770 1661

Email: info@shsoc.org.uk

Web: www.suttonhousingsociety.org.uk