| Reference Number  Housing   | Appl  | Date St   |                               | Form                       | Build                       | igan HON                | & Leig                 |       |
|---|---|---|-------------------------------|----------------------------|-----------------------------|-------------------------|------------------------|-------|
| Please answer all th  | e questions   | on this   | form.                         |                            |                             |                         |                        |       |
| We may need further of this form for furth information or provor it may not be award or it may need help concentre on 01942 404 | ner guidance<br>de us with n<br>arded the co<br>npleting this | e. Please<br>nisleadir<br>rrect pric<br>s form, p | be awareng or false<br>ority. | that if you<br>information | ı fail to pro<br>on, your a | ovide any<br>pplication | of the rel<br>may be o | evant |
| 1: Your De  | tails   |   |                               |                            |                             |                         |                        |       |
| а   | Main Appli  | icant   |                               |                            | Joint App                   | olicant (if a           | pplicable)             |       |
| Title (please tick)   | ☐ Mr  | ☐ Miss  | ☐ Mrs                         | ☐ Ms                       | ☐ Mr                        | ☐ Miss                  | ☐ Mrs                  | ☐ Ms  |
| First Names(s)  |   |   |                               | •                          |                             |                         |                        |       |
| Surname   |   |   |                               |                            |                             |                         |                        |       |
| Previous Surname or Alias   |   |   |                               |                            |                             |                         |                        |       |
| Date of Birth   |   |   |                               |                            |                             |                         |                        |       |
| Sex   | ☐ Male  |   | ☐ Fem                         | ale                        | ☐ Male                      | Э                       | ☐ Fen                  | nale  |
| National Insurance<br>Number  |   |   |                               |                            |                             |                         |                        |       |
| Passport Number   |   |   |                               |                            | İ                           |                         |                        |       |

b. Please list below your current address

|          | Main Applicant | Joint Applicant (if applicable) |
|----------|----------------|---------------------------------|
| Address  |                |                                 |
| Town     |                |                                 |
| Postcode |                |                                 |

| -             |                     | letters going to your ho<br>re we can write to you.                            | -                  |          |        | •                 | -               |
|---------------|---------------------|--|--------------------|----------|--------|-------------------|-----------------|
| Addr          | ess                 |  |                    |          |        |                   |                 |
| Towr          | 1                   |  |                    |          |        |                   |                 |
| Posto         | code                |  |                    |          |        |                   |                 |
| detai         |                     | tact details? Please re  |                    | niss out | t on a | n offer of acc    | ommodation in   |
|               |                     | Main Applicant   |                    | Join     | ıt App | licant (if applic | able)           |
| Dayti<br>numb | me telephone<br>per |  |                    |          |        |                   |                 |
| Work<br>numb  | telephone<br>per    |  |                    |          |        |                   |                 |
| Mobi<br>numb  | le telephone<br>per |  |                    |          |        |                   |                 |
| Emai          | l address           |  |                    |          |        |                   |                 |
| your          |                     | everyone living in the property of the moving with applicant.    First Name(s) | you. If you are li |          | 2 sep  |                   |                 |
|               | Lastivanio          | i iist ivaiiic(s)  | Bir                |          | rige   | to You            | moving with you |
|               |                     |  |                    |          |        | SELF              |                 |
|               |                     |  |                    |          |        |                   |                 |
|               |                     |  |                    |          |        |                   |                 |
|               |                     |  |                    |          |        |                   |                 |
|               |                     |  |                    |          |        |                   |                 |
|               |                     |  |                    |          |        |                   |                 |
|               |                     |  |                    |          |        |                   |                 |
|               |                     |  |                    |          |        |                   |                 |
|               |                     |  |                    |          |        |                   |                 |

| f. Please indicate the m  | nain reason for your application             | on to go on the     | e Housing Register  |  |  |
|---|--|---------------------|---|--|--|
| Family or friends unverthem indefinitely  | willing to let you stay with                 | ☐ Property to       | oo big  |  |  |
| ☐ Relationship breakd   | own  | ☐ Property to       | oo small  |  |  |
| Property unsuitable condition   | Property unsuitable due to medical condition |                     | r family support  |  |  |
| ☐ Unable to afford curi   | ☐ Unable to afford current property          |                     | urity of Social Housing   |  |  |
| If unable to afford current property, are you affected by the under occupation penalty? |  | ☐ Relocation        | n from another area for support   |  |  |
| ☐ Anti-social behaviour where you live  |  | Relocation employme | n from another area for<br>ent  |  |  |
| ☐ Disrepair in private r  | ☐ Disrepair in private rented                |                     | ☐ Other (please state below)  |  |  |
| ☐ Landlord asked you  | to leave                                     |                     |   |  |  |
| g. Is anybody moving  | with you pregnant?                           | ☐ Yes ☐ No          |   |  |  |
| Expectant mother's nar  | me   |                     |   |  |  |
| Expected date of birth  |  |                     |   |  |  |
| L   |  |                     |   |  |  |
| h.  | Main Applicant                               |                     | Joint Applicant (if applicable)   |  |  |
| Are you a<br>British citizen?   | ☐ Yes ☐ No                                   |                     | ☐ Yes ☐ No  |  |  |
| Have you been resident in the UK for the last 2 years?                                  | ☐ Yes ☐ No                                   |                     | ☐ Yes ☐ No  |  |  |
| you are employed in the   | e Borough or wish to give or i               | receive suppo       | rhy you wish to move into it. For example, ort from family members. Please provide esses of family members etc. |  |  |
|   |  |                     |   |  |  |

| Main Applicant   |  |                 |   |                  |  |
|--|--|-----------------|---|------------------|--|
| Previous addresses in last 5 rears   | Dates from and to  | Tenure tenant e | Гуре - lodger,<br>tc                        | Name of Landlord |  |
|  |  |                 |   |                  |  |
|  |  |                 |   |                  |  |
|  |  |                 |   |                  |  |
|  |  |                 |   |                  |  |
|  |  |                 |   |                  |  |
| oint Applicant   |  |                 |   |                  |  |
| revious addresses in last 5<br>ears  | Dates from and to  | Tenure tenant e | enure Type - lodger, Name of L<br>enant etc |                  |  |
|  |  |                 |   |                  |  |
|  |  |                 |   |                  |  |
|  |  |                 |   |                  |  |
|  |  |                 |   |                  |  |
|  |  |                 |   |                  |  |
| . Have you or anyone to be rehocial behaviour in the commun riminal offence? (You do not ne nder the Rehabilitation of Offende | <b>lity or been convicted of</b> ed to include any convictio | a               | ☐ Yes                                       | □ No             |  |
| Do you or anyone to be rehous  |  |                 | ☐ Yes                                       | □No              |  |

| d) Are the adaptations still nee please explain why on the next pa                                | · · · · · · · · · · · · · · · · · · ·                               | ☐ Yes ☐ No  |
|---|---|---|
|   |   |   |
| c) Is your current property adaptate please give details of the adaptat                           |   | ☐ Yes ☐ No  |
| b) Does the person use a whee   | lchair?   | ☐ Yes ☐ No  |
| Name of person with illness/disab   | pility  |   |
| Please describe the illness/disabi  | lity  |   |
| a) Do you or anyone who will b<br>a chronic illness or permanent                                  |   | ☐ Yes ☐ No  |
| 2: About Your Ho  | ousing Circumsta  | nces  |
|   |   |   |
| If yes please give details below  |   |   |
| are you related to any of the about   | ☐ Yes ☐ No  |   |
| or  |   |   |
| • are you a Councillor or Wigan a   | ☐ Yes ☐ No  |   |
| <ul> <li>work for Wigan and Leigh Home<br/>operating in the Borough?</li> </ul>                   | es or a Housing Association   | ☐ Yes ☐ No  |
| m. <b>Do you</b>  |   |   |
|   | or are taking steps to stop usin                                    | to be satisfied that you/they are on a<br>ng illegal substances before your |
| your housing application will n<br>demonstrated this for a consid<br>depending on your circumstan | ot be accepted until you have m<br>erable amount of time. If/when y | your housing application is accepted<br>where you can live and/or we can    |
| Details of anti social behaviour, convictions or illegal drug use                                 |   |   |
| Person(s) in the household concerned  |   |   |

|  |                          |  | Priority to ena | DIE US IC |  |
|--|--------------------------|--|-----------------|-----------|--|
| e) Do you require an adapted property? If yes the adaptations you require.                           | ☐ Yes                    | □ No   |                 |           |  |
| Please be aware that we cannot always guara  | antee that adaptations o | can be provid  | led.            |           |  |
| f) Are you currently: (please tick one)  |                          |  |                 |           |  |
| ☐ Renting from Wigan & Leigh Homes   | ☐ Living with Paren      | ts   |                 |           |  |
| ☐ Renting from another Council   | ☐ Lodging with Oth       | ers  |                 |           |  |
| ☐ Renting from a Housing Association   |                          | Of No Fixed Abode (please provide a correspondence address at Q1c) |                 |           |  |
| ☐ Renting from a Private Landlord  | ☐ Living in Bed & B      | ☐ Living in Bed & Breakfast/Hotel                                  |                 |           |  |
| ☐ An Owner Occupier  | ☐ In Hospital or Sho     | ort Term Resid   | dential         |           |  |
| ☐ Living in Supported Accommodation  | ☐ Living in Prison       |  |                 |           |  |
| In accommodation provided by HM Forces   | ☐ Living in Hostel w     | rithout Suppor   | t               |           |  |
| ☐ Other (please state in box on the right)   |                          |  |                 |           |  |
| * If you cannot return to your home when dis   | charged, please explair  | n why at ques  | stion 5e        |           |  |
| g) If you or your partner are living in accommoda<br>Armed Forces, did you live in the Wigan borough |                          | ☐ Yes  | □No             |           |  |
| If you or your partner are serving or have former Forces, please provide details of your service nu  | •                        |  |                 |           |  |
| If yes, please provide details of your last peri<br>provide dates.                                   | manent address before    | enlisting in l   | HM Forces. F    | Please    |  |

| Are you a former member of the Armed Forces or a with the Armed Forces?  | reservist   | ☐ Yes | □ No |  |
|--|---|-------|------|--|
| h) Does your family live in two separate properties be suitable accommodation available for you all to be to live apart and the suitable for you have to live apart and the suitable for you have to live apart and the suitable for you have to live apart and the suitable for your family live in two separate properties be suitable for your family live in two separate properties be suitable for your family live in two separate properties be suitable for your family live in two separate properties be suitable for your family live in two separate properties be suitable accommodation available for your family live in two separate properties be suitable for your family live in two separate properties be suitable for your family live in two separate properties be suitable for your family live in two separate properties be suitable for your family live in two separate properties be suitable for your family live in two separate properties be suitable for your family live in two separates family live | gether?   | Yes   | □ No |  |
| i) Are you leaving local authority care?   |   | ☐ Yes | □No  |  |
| j) Do you own your property or have owned a proper 12 months?  | Do you own your property or have owned a property in the last 2 months? |       |      |  |
| How much did you receive or do you expect to receive home is sold?   | ve when your  |       |      |  |
| If you received or expect to receive less than £65 evidence of this otherwise your application may   |   | •     |      |  |
| k) Are you likely to lose your accommodation? (If yes, please explain why at question 5e)  | ☐ Yes   | □ No  |      |  |
| I) Do you have to leave your home due to domestic  | ☐ Yes   | □ No  |      |  |
| m) Do you have to leave your home due to a Compu<br>Order or because it is going to be demolished?   | ☐ Yes   | □ No  |      |  |
| n) Are you in accommodation lacking normal facilitie washing, cooking, etc. or is the property in a danger otherwise poor condition?   |   | Yes   | □ No |  |
| o) Are you a potential adopter, a foster carer or Suppand need to move to accommodate children or youn   | 5 5   | ☐ Yes | □ No |  |
| p) What type of property are you living in now?  |   |       |      |  |
| ☐ House  | ☐ Flat  |       |      |  |
| ☐ Bungalow   | ☐ Caravan   |       |      |  |
| ☐ Bedsit   | ☐ Sheltered Housing   |       |      |  |
| ☐ Hostel   | ☐ Hospital  |       |      |  |
| ☐ No Fixed Abode   | ☐ Other (please state)  |       |      |  |

| q) How  | many bedrooms a                     | re there, <b>in tot</b> | t <b>al</b> , in the pro                 | operty th   | at you are livir  | ng in?         |         |           |   |
|---|-------------------------------------|-------------------------|--|---|-------------------|----------------|---------|-----------|---|
| r) If you   | u live in a flat, bedsi             | t or sheltered          | accommoda                                | ition, whi  | ch floor is it or | 1?             |         |           |   |
| ☐ Gro   | und Floor                           | ☐ First Floor           | ,  | ☐ Seco  | nd Floor or Ab    | oove           |         |           |   |
| s) If yo  | u live in a flat, does              | it have a com           | munal entra                              | ance?   |                   |                |         |           |   |
| t) Is the   | t) Is there a lift in the building? |                         |  |   |                   | ☐ Yes          | □N      | 0         |   |
| u) If you live in a <b>bedsit</b> , do you have regular overniq<br>to any children? |                                     |                         | ght acces                                | SS  | ☐ Yes             | □N             | 0       |           |   |
| 3: A  | <b>About The</b>                    | Home `                  | You W                                    | ould  | Like To           | o Live         | ln      |           |   |
| a) Wha  | at type(s) of properti              | es are you inte         | erested in? I                            | Please ti   | ck all that ap    | ply.           |         |           |   |
| ☐ House   |                                     |                         | □ Flat                                   |   |                   |                |         |           |   |
| ☐ Bungalow  |                                     |                         | ☐ Sheltered Housing (for people over 60) |   |                   |                |         |           |   |
| □ Bed   | □ Bedsit Flat                       |                         |  | Extra Care accommodation for people needing a higher level of support |                   |                |         |           | l |
| ☐ Mult  | ti-Storey Flat                      |                         |  |   |                   |                |         |           |   |
| b) If yo<br>conside   | u are interested in a<br>er?        | a flat, bedsit, s       | heltered or e                            | extra car   | e housing, whi    | ich floor leve | l would | you       |   |
| ☐ Any   | Floor                               |                         |  | ☐ Ground Floor  |                   |                |         |           |   |
| ☐ First Floor   |                                     |                         | ☐ Second Floor or Above                  |   |                   |                |         |           |   |
| -   | ch areas of the Wigon page 16.      | an Borough wo           | ould you like                            | to live ir  | ? For further     | details, ple   | ase se  | e list of |   |
| 1st   |                                     |                         |  | 2nd   |                   |                |         |           |   |
| 3rd   |                                     |                         |  | 4th   |                   |                |         |           |   |

Please note that you can still bid for properties in other areas if you wish to do so.

| d) When do you need to move by?   |   |
|---|---|
| □ 0 - 6 months  | ☐ 6 - 12 months   |
| ☐ 1 - 2 years   | ☐ Over 2 years  |
| The above information is solely for monitoring we will be able to offer you accommodation wit     | · ·   |
| 4: Other Housing Options  |   |
| a) What is your main income source? e.g. employr  | nent, welfare benefits, pension   |
| Main Applicant  | Joint Applicant (if applicable)   |
|   |   |
|   |   |
| b) What is the approximate annual income of your  | household?  |
| ☐ Less than £5000   | □ £15,000 - £20,000   |
| □ £5,000 - £10,000  | □ £20,000 - £25,000   |
| □ £10,000 - £15,000   | □ £25,000 - £30,000   |
| ☐ Over £30,000  |   |
| c) Would you be interested in more information about low cost home in the Borough?                | out buying a  |
| You must be in a financial position to obtain a full mortgage required to purchase a suitable p   | mortgage but have insufficient income to obtain the roperty to qualify for this scheme. |
| d) If you are a Council or Housing Association tenaconsider exchanging homes with another tenant? | nnt, would you  |
| If you answer yes to this question, we will send  | you a Mutual Exchange Application Form.   |

e) You may qualify for additional priority if you or a member of your household make a positive contribution to the community e.g. are in employment, an apprentice, a volunteer or at College studying for a recognised qualification. Would you like more information about this scheme?

## 5: Extra Help And Information

| ,   | interested in               | , for example a relative, friend,                                       | carer or support worker. If you w |   |
|---|-----------------------------|---|-----------------------------------|---|
| Name  |                             |   |                                   |   |
| Address   |                             |   |                                   |   |
| Telephone Number                                |                             |   |                                   |   |
| Relationship to You                             |                             |   |                                   |   |
|   | tacting us or f properties? | a weekly basis to above question, a member o                            | Yes No                            | s |
|   | noving with y               | o discuss our Homefinder So<br>ou have a Support Worker,<br>Counsellor? | Yes No                            |   |
| Name of person receiv                           | ing support                 |   |                                   |   |
| Name of Professional                            |                             |   |                                   |   |
| Address   |                             |   |                                   |   |
| Telephone Number                                |                             |   |                                   |   |
| Type of support receive                         | ed                          |   |                                   |   |
| Reason for Support                              |                             |   |                                   |   |
| Would you like us to no accept an offer of acco |                             | · ·   | ☐ Yes ☐ No                        |   |
| If you feel that you we Housing Options Adv     |                             | from support in managing a<br>Property Shop.                            | tenancy, please speak to a        |   |
| d) Do you have a carer                          | ?                           |   | ☐ Yes ☐ No                        |   |

| Name of person receiving care  |  |                                   |                      |  |
|--|--|-----------------------------------|----------------------|--|
| Name of carer  |  |                                   |                      |  |
| Address of carer   |  |                                   |                      |  |
| Do you require an additional bedroom for your carer?                             |  | ☐ Yes                             | □ No                 |  |
| e) Is there anything else you think to<br>please give us details below. It is in | nat we should know to help us asses portant that you give as much inforr | ss your applica<br>nation as poss | tion? If so<br>ible. |  |
|  |  |                                   |                      |  |
|  |  |                                   |                      |  |
|  |  |                                   |                      |  |
|  |  |                                   |                      |  |
|  |  |                                   |                      |  |
|  |  |                                   |                      |  |
|  |  |                                   |                      |  |
|  |  |                                   |                      |  |
|  |  |                                   |                      |  |
|  |  |                                   |                      |  |
|  |  |                                   |                      |  |
|  |  |                                   |                      |  |
|  |  |                                   |                      |  |
|  |  |                                   |                      |  |
|  |  |                                   |                      |  |
|  |  |                                   |                      |  |

# 6: Declaration And Authority To Obtain Details From Another Agency

Signing the declaration below means that you agree to the terms and conditions listed in sections 1 and 2.

All information provided by either yourself or a third party will be used for the sole purpose of enabling Wigan & Leigh Homes to assess your application for housing in accordance with the Council's Allocation Policy and the Data Protection Act 1998.

#### Section 1.

I understand that Wigan & Leigh Homes, on behalf of Wigan Council, will decide whether to give me a tenancy based on the information that I have given on this form. The information that I have given is true and correct to the best of my knowledge. I understand that if I give false or misleading information or do not provide relevant information, Wigan & Leigh Homes may exclude me from the Housing Register. This means I will not be allowed a Wigan Council Tenancy.

I understand that Wigan & Leigh Homes, on behalf of Wigan Council, or any partner agency such as a Housing Association, can take back any tenancy they have given me if I have provided false information. I will tell Wigan & Leigh Homes if my circumstances change.

I understand that I may need to provide two satisfactory references as part of this application. I give my permission for Wigan & Leigh Homes to contact any person who has given me a reference to confirm the details given.

#### Section 2.

I understand that Wigan & Leigh Homes may need to contact other agencies for information about me so they can process my application and assess my suitability to be a tenant and abide by the conditions of tenancy. This could include contacting Housing Benefits and Council Tax, other landlords, the Benefits Agency, Probation Service, the Police and Social Services.

I give permission for Wigan & Leigh Homes to undertake identification verification and/or credit checks with an external company to confirm my identity and help establish that I am able to afford the outgoings to manage a tenancy.

I give permission for Wigan & Leigh Homes to contact any relevant agencies, including my present and/or former landlord. I give these agencies permission to share any information they hold on me with Wigan & Leigh Homes so that they can deal with my housing application and any future tenancy. I understand that even if I do not agree to allow this, some information can still be shared to prevent and detect fraud or if it is to stop me committing crime.

If you are returning the form electronically, do you agree to the points in the declaration above?

|                           | ☐ Yes ☐ No |      |  |
|---------------------------|------------|------|--|
| Your Signature            |            | Date |  |
| Laint Analiaant Cinnatura |            | Doto |  |
| Joint Applicant Signature |            | Date |  |

**Please note:** Your housing application will not be accepted if you fail to sign this declaration. Please contact Wigan or Leigh Life Centre if you wish to see a Housing Advisor in confidence.

### 6: Checklist

Please tick to show that you have sent us all the relevant information we need to register your application. FAILURE TO DO SO MAY RESULT IN YOUR APPLICATION BEING CANCELLED.

| Question  |  | Main Applicant | Joint Applicant | Does not |
|-----------|--|----------------|-----------------|----------|
| Number    |  | Тиант Аррисант | Joint Applicant | apply    |
| 1a        | If you are not a Wigan Council tenant we require two forms of identification. One should include your current address e.g. utility bill, bank statement, birth certificate, driving licence, passport etc. If you are applying for a joint application and have lived together for more than 12 months, we require 1 reference each. |                |                 |          |
| 1e        | Proof of child benefit for any children under 16 who will be moving with you.  |                |                 |          |
| 1g        | Proof of pregnancy and the date the baby is due (please notify us when the baby has been born).  |                |                 |          |
| 1h        | Evidence to confirm that you are eligible for Council housing if you are not a British citizen.  |                |                 |          |
| 1i and 1j | Proof of a local connection if you live outside of the Wigan Borough or have lived in the Borough for less that 5 years  |                |                 |          |
| 2j        | An estate agents valuation and details of any outstanding mortgage if your equity is below £65,000 or details of the equity you received if the property has been sold or repossessed.   |                |                 |          |
| 2m        | Evidence of Compulsory Purchase Order or proof that the property is going to be demolished.  |                |                 |          |
| 2n        | Evidence from Environmental Services confirming that it is not reasonable for you to continue to live in the property long term.   |                |                 |          |
| 20        | Evidence to show that you have been accepted to adopt a child or as a foster carer or supported lodgings host.   |                |                 |          |
| 5d        | Evidence of care arrangements if you require an additional bedroom for the carer, e.g. a letter from Social Services, copy of Carers Allowance details etc.  |                |                 |          |

# Fair Service Monitoring Information 1. Personal Details

☐ Yes

□ No

| 1. Personal   | Details            |                       |                       |            |
|---|--------------------|-----------------------|-----------------------|------------|
| Title:  | First Name:        |                       | Surname:              |            |
|   |                    |                       |                       |            |
| Address:  |                    |                       |                       |            |
| Dootoodo  |                    |                       | Data of               |            |
| Postcode:   |                    |                       | Date of Birth:        |            |
| Telephone   |                    |                       | Mobile:               |            |
| Number (home  | e):                |                       |                       |            |
| Email address   |                    |                       |                       |            |
| Preferred meth  |                    |                       |                       |            |
| ☐ Home Num  | ber                | ☐ Ema                 | il Lette              | •          |
|   | •                  | method of contact,    | may we contact        |            |
| you on your m   | obile to discuss y | our home?             |                       | ☐ Yes ☐ No |
| 2. Ethnicity  |                    |                       |                       |            |
|   | your othnic backs  | round by ticking one  | of the boyes below    |            |
|   | Our enfine backy   | Tourid by ticking one | e of the boxes below. |            |
| White   |                    |                       |                       |            |
| ☐ English   | □ Irish            | ☐ Scottish ☐          | Welsh Any other       |            |
| Mixed Race  |                    |                       |                       |            |
| ☐ White &   | ☐ White &          | ☐ White &             | _ Any                 |            |
| <sup>└─</sup> Asian   | ☐ Black African    | ☐ Black Caribbear     | other                 |            |
| Asian or Asia   | n British          |                       |                       |            |
| ☐ Indian  | ☐ Pakistani        | ☐ Bangladeshi         | ☐ Any other           |            |
| Black or Blac   | k British          |                       |                       |            |
| ☐ African ☐ Caribbean ☐ Any other   |                    |                       |                       |            |
| Other Ethnic  | Groups             |                       |                       |            |
| ☐ Chinese   | □ Vietnamese       | ☐ Gypsy/Traveller     | ☐ Any other:          |            |
| 3. Gender   |                    |                       |                       |            |
| ☐ Male  | ☐ Female           | □ Transgender         |                       |            |
|   |                    | □ Transgender         |                       |            |
| 4. Disability   |                    |                       |                       |            |
| The "disability Discrimination Act 1995", says a disability is a physical or mental impairment that has a significant and long term effect on a person's ability to carry out daily activities. Do you think you might have a disability? |                    |                       |                       |            |

| If you do think you have a disability, we needs. To help us to do this, please to  |  |                       | ed to me                                       | eeting your individual                       |  |  |
|--|--|-----------------------|--|--|--|--|
| ☐ Physical Impairment  | ☐ Partially deaf/deaf  |                       | ☐ Partially sighted/blind                      |  |  |  |
| ☐ Speech Impairment  | ☐ Severe Disfigurement   |                       | ☐ Mental Health Problems                       |  |  |  |
| <sup>└</sup> epilepsy  | ☐ Literacy/Numeracy Needs  ndition such as cancer, HIV/AIDS, dia |                       | ☐ House Bound abetes, chronic heart disease or |  |  |  |
| Any other disability   |  |                       |  |  |  |  |
| 5. Communication Needs We know people don't always have the same communication needs – you may need us to give a service more suited to your needs. There is no need to fill in this section if you are comfortable reading letters from us or speaking with us over the phone. We aim to use this information wherever possible when contacting you in the future. If you have problems reading or you would like information in another way, please tick one of the boxes below. |  |                       |  |  |  |  |
| ☐ Over the telephone ☐ In large  | e print  | ☐ On a CD             |  | ] Face to face                               |  |  |
| I would like it be sent to my carer/Sup  | oport Worker/o   | other member of my fa | mily   |  |  |  |
| Please give us their name and addre  | ss:  |                       |  |  |  |  |
| 6. Sexual Orientation  | '  |                       |  |  |  |  |
| Please tick the box that you feel desc   | cribes you bes   | et:                   |  |  |  |  |
| ☐ Hetrosexual/Straight ☐ Homose  | xual/Gay Mar   | □ Lesbian/Gay Wor     | man  | ☐ Bisexual (attracted to both men and women) |  |  |
| □ Other  |  |                       |  |  |  |  |
| 7. Religion/Beliefs  |  |                       |  |  |  |  |
| Please tick the box that you feel desc   | cribes you bes   | st:                   |  |  |  |  |
| □ None       □ Buddhist       □ Hindu       □ Muslim       □ Jewish       □ Sikh       □ Catholic, Protestant and all other Christian organisations         □ Other  |  |                       |  |  |  |  |
| 8. Additional Information  |  |                       |  |  |  |  |
| Do you have a:  ☐ Bank Account ☐ Post Office acc   | ount 🔲 C   | redit Union account   | □Вι  | uilding Soiciety Account                     |  |  |

#### **Areas Of Choice**

#### **Atherton**

Hag Fold

Atherton Town Centre Howe Bridge

Hindsford

Tyldesley Astley

Sale Lane

Mosley Common

#### Leigh

Plank Lane

Leigh Town Centre

Westleigh Lowton Butts Bridge Higher Folds Golborne

#### **Platt Bridge**

Hindley Croop

Hindley Green Abram

Platt Bridge Bickershaw Bamfurlong

Ashton

Bryn

Stubshaw Cross Spring View

#### Wigan

Scholes

Whelley/Bottling Wood New Springs/Top Lock

Aspull/Haigh

Hampson Green

Standish

Shevington/Appley Bridge

Standish Lower Ground

Beech Hill

Springfield/Pagefield Wigan Town Centre

Lower Ince Higher Ince

#### **Pemberton**

Worsley Mesnes

Poolstock Goose Green Kitt Green

Norley Hall Pemberton Centre Orrell

Billinge

Worsley Hall Newtown Marsh Green

|   | SE ONLY        |            |             |   |                                   |                 |           |  |
|---|----------------|------------|-------------|---|-----------------------------------|-----------------|-----------|--|
| Application I   | Form checke    | d by:      |             |   |                                   |                 |           |  |
| Date:   |                |            |             |   |                                   |                 |           |  |
| HOUSING   | REGISTE        | R TEAM     | USE ONL'    | /   |                                   |                 |           |  |
| Debt Check  |                |            |             |   |                                   |                 |           |  |
| Outstanding   | Monies:        |            |             |   |                                   |                 |           |  |
| · ·   |                |            | ☐ Yes       | □ N   | 0                                 |                 |           |  |
| Monies owe  |                |            |             |   |                                   |                 |           |  |
| Туре  | Amount         | Referen    | ce Number   | er Address  |                                   |                 | TTD       |  |
|   |                |            |             |   |                                   |                 |           |  |
|   |                |            |             |   |                                   |                 |           |  |
|   |                |            |             |   |                                   |                 |           |  |
|   |                |            |             |   |                                   |                 |           |  |
|   |                |            | Co          | ontac   | t Details                         |                 |           |  |
| Wigan and Leigh Homes<br>Leigh Life Centre<br>Leigh Town Hall<br>Leigh<br>WN7 1DY |                |            |             | Wigan and Leigh Homes<br>Wigan Life Centre<br>The Wiend<br>Wigan<br>WN1 1NH |                                   |                 |           |  |
| Telephone   | 01942 40409    | 91         |             |   | Telephone 01942 404128            |                 |           |  |
| Email: finda  | ahome@wal      | h.co.uk    |             |   | Email: findahome@walh.co.uk       |                 |           |  |
| Website: w  | ww.walh.co.    | .uk/FindaH | <u>lome</u> |   | Website: www.walh.co.uk/FindaHome |                 |           |  |
|   | t is to confir |            |             | gh Ho   | mes have receive                  | ed your complet | ted       |  |
| Name:   |                |            |             |   |                                   | Date Stamp      |           |  |
| Address:  |                |            |             |   |                                   |                 |           |  |
| "Frie   | 2520           |            |             |   | "Clean oneighbourhoods"           | "Energy         | efficient |  |