

Reference Number

Date Stamp



Housing Application Form

Please answer all the questions on this form.

We may need further information to support your application. Please refer to the checklist at the end of this form for further guidance. Please be aware that if you fail to provide any of the relevant information or provide us with misleading or false information, your application may be disqualified or it may not be awarded the correct priority.

If you need help completing this form, please contact a Housing Advisor at the Life Centre on 01942 404091 (Leigh) or 01942 404128 (Wigan).

1: Your Details

a	Main Applicant				Joint Applicant (if applicable)			
Title (please tick)	<input type="checkbox"/> Mr	<input type="checkbox"/> Miss	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Mr	<input type="checkbox"/> Miss	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms
First Names(s)								
Surname								
Previous Surname or Alias								
Date of Birth								
Sex	<input type="checkbox"/> Male		<input type="checkbox"/> Female		<input type="checkbox"/> Male		<input type="checkbox"/> Female	
National Insurance Number								
Passport Number								

b. Please list below your current address

	Main Applicant	Joint Applicant (if applicable)
Address		
Town		
Postcode		

f. Please indicate the main reason for your application to go on the Housing Register

<input type="checkbox"/> Family or friends unwilling to let you stay with them indefinitely	<input type="checkbox"/> Property too big
<input type="checkbox"/> Relationship breakdown	<input type="checkbox"/> Property too small
<input type="checkbox"/> Property unsuitable due to medical condition	<input type="checkbox"/> Moving for family support
<input type="checkbox"/> Unable to afford current property	<input type="checkbox"/> Want security of Social Housing
<input type="checkbox"/> If unable to afford current property, are you affected by the under occupation penalty?	<input type="checkbox"/> Relocation from another area for support
<input type="checkbox"/> Anti-social behaviour where you live	<input type="checkbox"/> Relocation from another area for employment
<input type="checkbox"/> Disrepair in private rented	<input type="checkbox"/> Other (please state below)
<input type="checkbox"/> Landlord asked you to leave	

g. Is anybody moving with you pregnant?

Yes No

Expectant mother's name

Expected date of birth

h.

	Main Applicant	Joint Applicant (if applicable)
Are you a British citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been resident in the UK for the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

i. If you do not currently live in the Borough, please detail below why you wish to move into it. For example, you are employed in the Borough or wish to give or receive support from family members. Please provide details of your connection to the Borough – location of work; addresses of family members etc.

j. Please give details of where you and your partner have lived for the last 5 years, including your present address. Please ensure there are no gaps in the dates provided.

Main Applicant			
Previous addresses in last 5 years	Dates from and to	Tenure Type - lodger, tenant etc	Name of Landlord

Joint Applicant			
Previous addresses in last 5 years	Dates from and to	Tenure Type - lodger, tenant etc	Name of Landlord

k. **Have you or anyone to be rehoused with you ever caused anti-social behaviour in the community or been convicted of a criminal offence?** (You do not need to include any convictions spent under the Rehabilitation of Offenders Act 1974)

Yes
 No

i. **Do you or anyone to be rehoused with you use illegal drugs?**
 If you have answered yes to either, please give details on next page

Yes
 No

Person(s) in the household concerned	
Details of anti social behaviour, convictions or illegal drug use	

If we believe that you are likely to have a detrimental effect on the community or your neighbours, your housing application will not be accepted until you have modified your behaviour and demonstrated this for a considerable amount of time. If/when your housing application is accepted, depending on your circumstances, we may put restrictions on where you can live and/or we can work with support agencies to help you manage your tenancy if you are offered a property.

If a household member uses illegal substances, we will need to be satisfied that you/they are on a drug rehabilitation programme or are taking steps to stop using illegal substances before your application will be accepted onto the Register.

m. Do you

• work for Wigan and Leigh Homes or a Housing Association operating in the Borough?

 Yes

 No

• are you a Councillor or Wigan and Leigh Homes Board Member

 Yes

 No

or

• are you related to any of the above?

 Yes

 No

If yes please give details below

2: About Your Housing Circumstances

a) Do you or anyone who will be moving with you suffer from a chronic illness or permanent disability?

 Yes

 No

Please describe the illness/disability

Name of person with illness/disability

b) Does the person use a wheelchair?

 Yes

 No

c) Is your current property adapted? If yes, please give details of the adaptations below

 Yes

 No

d) Are the adaptations still needed? If yes, please explain why on the next page

 Yes

 No

If you have answered yes to this question we will send you an application for Medical Priority to enable us to assess your application on medical grounds.

e) Do you require an adapted property? If yes, please list the adaptations you require.

 Yes No

Please be aware that we cannot always guarantee that adaptations can be provided.

f) Are you currently: (please tick one)

<input type="checkbox"/> Renting from Wigan & Leigh Homes	<input type="checkbox"/> Living with Parents
<input type="checkbox"/> Renting from another Council	<input type="checkbox"/> Lodging with Others
<input type="checkbox"/> Renting from a Housing Association	<input type="checkbox"/> Of No Fixed Abode (please provide a correspondence address at Q1c)
<input type="checkbox"/> Renting from a Private Landlord	<input type="checkbox"/> Living in Bed & Breakfast/Hotel
<input type="checkbox"/> An Owner Occupier	<input type="checkbox"/> In Hospital or Short Term Residential Care *
<input type="checkbox"/> Living in Supported Accommodation	<input type="checkbox"/> Living in Prison
<input type="checkbox"/> In accommodation provided by HM Forces	<input type="checkbox"/> Living in Hostel without Support
<input type="checkbox"/> Other (please state in box on the right)	

*** If you cannot return to your home when discharged, please explain why at question 5e**

g) If you or your partner are living in accommodation provided by the Armed Forces, did you live in the Wigan borough before enlisting?

 Yes No

If you or your partner are serving or have formerly served in the Armed Forces, please provide details of your service number

If yes, please provide details of your last permanent address before enlisting in HM Forces. Please provide dates.

Are you a former member of the Armed Forces or a reservist with the Armed Forces?

Yes

No

h) Does your family live in two separate properties because there is no suitable accommodation available for you all to be together?

Yes

No

If yes, please explain why you have to live apart at question 5e

i) Are you leaving local authority care?

Yes

No

j) Do you own your property or have owned a property in the last 12 months?

Yes

No

How much did you receive or do you expect to receive when your home is sold?

If you received or expect to receive less than £65,000 when the property is sold, we will need evidence of this otherwise your application may not be awarded the correct priority.

k) Are you likely to lose your accommodation?
(If yes, please explain why at question 5e)

Yes

No

l) Do you have to leave your home due to domestic violence?

Yes

No

m) Do you have to leave your home due to a Compulsory Purchase Order or because it is going to be demolished?

Yes

No

n) Are you in accommodation lacking normal facilities such as for washing, cooking, etc. or is the property in a dangerous or otherwise poor condition?

Yes

No

o) Are you a potential adopter, a foster carer or Supported Lodgings host and need to move to accommodate children or young people?

Yes

No

p) What type of property are you living in now?

<input type="checkbox"/> House	<input type="checkbox"/> Flat
<input type="checkbox"/> Bungalow	<input type="checkbox"/> Caravan
<input type="checkbox"/> Bedsit	<input type="checkbox"/> Sheltered Housing
<input type="checkbox"/> Hostel	<input type="checkbox"/> Hospital
<input type="checkbox"/> No Fixed Abode	<input type="checkbox"/> Other (please state)

q) How many bedrooms are there, **in total**, in the property that you are living in?

r) If you live in a flat, bedsit or sheltered accommodation, which floor is it on?

Ground Floor First Floor Second Floor or Above

s) If you live in a flat, does it have a communal entrance? Yes No

t) Is there a lift in the building? Yes No

u) If you live in a **bedsit**, do you have regular overnight access to any children? Yes No

3: About The Home You Would Like To Live In

a) What type(s) of properties are you interested in? **Please tick all that apply.**

<input type="checkbox"/> House	<input type="checkbox"/> Flat
<input type="checkbox"/> Bungalow	<input type="checkbox"/> Sheltered Housing (for people over 60)
<input type="checkbox"/> Bedsit Flat	<input type="checkbox"/> Extra Care accommodation for people needing a higher level of support
<input type="checkbox"/> Multi-Storey Flat	

b) If you are interested in a flat, bedsit, sheltered or extra care housing, which floor level would you consider?

<input type="checkbox"/> Any Floor	<input type="checkbox"/> Ground Floor
<input type="checkbox"/> First Floor	<input type="checkbox"/> Second Floor or Above

c) Which areas of the Wigan Borough would you like to live in? **For further details, please see list of areas on page 16.**

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?

<input type="checkbox"/> 0 - 6 months	<input type="checkbox"/> 6 - 12 months
<input type="checkbox"/> 1 - 2 years	<input type="checkbox"/> Over 2 years

The above information is solely for monitoring purposes and there is no guarantee that we will be able to offer you accommodation within this timescale.

4: Other Housing Options

a) What is your main income source? e.g. employment, welfare benefits, pension

Main Applicant	Joint Applicant (if applicable)

b) What is the approximate annual income of your household?

<input type="checkbox"/> Less than £5000	<input type="checkbox"/> £15,000 - £20,000
<input type="checkbox"/> £5,000 - £10,000	<input type="checkbox"/> £20,000 - £25,000
<input type="checkbox"/> £10,000 - £15,000	<input type="checkbox"/> £25,000 - £30,000
<input type="checkbox"/> Over £30,000	

c) Would you be interested in more information about buying a low cost home in the Borough?

Yes

No

You must be in a financial position to obtain a mortgage but have insufficient income to obtain the full mortgage required to purchase a suitable property to qualify for this scheme.

d) If you are a Council or Housing Association tenant, would you consider exchanging homes with another tenant?

Yes

No

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?

Yes

No

5: Extra Help And Information

a) You can ask another person to contact us on your behalf to discuss your application or tell us about properties you may be interested in, for example a relative, friend, carer or support worker. If you would like someone to do this, please add their details below.

Name	
Address	
Telephone Number	
Relationship to You	

b) If you have no-one to assist you, do you feel that you may have difficulty contacting us on a weekly basis to check the availability of properties?

Yes

No

If you have answered yes to the above question, a member of staff from the Housing Options Property Shop will contact you to discuss our Homefinder Scheme.

c) Do you, or anyone moving with you have a Support Worker, Social Worker, Probation Officer or Counsellor?

Yes

No

Name of person receiving support	
Name of Professional	
Address	
Telephone Number	
Type of support received	
Reason for Support	

Would you like us to notify your support worker when you accept an offer of accommodation?

Yes

No

If you feel that you would benefit from support in managing a tenancy, please speak to a Housing Options Advisor at the Property Shop.

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No

e) Is there anything else you think that we should know to help us assess your application? If so please give us details below. It is important that you give as much information as possible.

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	
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 Number		Main Applicant	Joint Applicant	Does not 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1e	Proof of child benefit for any children under 16 who will be moving with you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1g	Proof of pregnancy and the date the baby is due (please notify us when the baby has been born).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1h	Evidence to confirm that you are eligible for Council housing if you are not a British citizen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1i and 1j	Proof of a local connection if you live outside of the Wigan Borough or have lived in the Borough for less than 5 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2m	Evidence of Compulsory Purchase Order or proof that the property is going to be demolished.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2n	Evidence from Environmental Services confirming that it is not reasonable for you to continue to live in the property long term.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2o	Evidence to show that you have been accepted to adopt a child or as a foster carer or supported lodgings host.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fair Service Monitoring Information

1. Personal Details

Title:		First Name:		Surname:	
Address:					
Postcode:		Date of Birth:			
Telephone Number (home):		Mobile:			
Email address:					

Preferred method of contact:

<input type="checkbox"/> Home Number	<input type="checkbox"/> Mobile	<input type="checkbox"/> Email	<input type="checkbox"/> Letter
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Even if this is not your preferred method of contact, may we contact you on your mobile to discuss your home?

Yes

No

2. Ethnicity

Please tell us your ethnic background by ticking one of the boxes below.

White

<input type="checkbox"/> English	<input type="checkbox"/> Irish	<input type="checkbox"/> Scottish	<input type="checkbox"/> Welsh	<input type="checkbox"/> Any other	
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Mixed Race

<input type="checkbox"/> White & Asian	<input type="checkbox"/> White & Black African	<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> Any other	
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Asian or Asian British

<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Any other	
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Black or Black British

<input type="checkbox"/> African	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Any other	
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Other Ethnic Groups

<input type="checkbox"/> Chinese	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Gypsy/Traveller	<input type="checkbox"/> Any other:	
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3. Gender

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender
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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?

Yes

No

If you do think you have a disability, we want to know that we are dedicated to meeting your individual needs. To help us to do this, please tell us the nature of your disability.

<input type="checkbox"/> Physical Impairment	<input type="checkbox"/> Partially deaf/deaf	<input type="checkbox"/> Partially sighted/blind
<input type="checkbox"/> Speech Impairment	<input type="checkbox"/> Severe Disfigurement	<input type="checkbox"/> Mental Health Problems
<input type="checkbox"/> Learning difficulties	<input type="checkbox"/> Literacy/Numeracy Needs	<input type="checkbox"/> House Bound
<input type="checkbox"/> Longstanding illness or health condition such as cancer, HIV/AIDS, diabetes, chronic heart disease or epilepsy		
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.

<input type="checkbox"/> Over the telephone	<input type="checkbox"/> In large print	<input type="checkbox"/> On a CD	<input type="checkbox"/> Face to face
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I would like it be sent to my carer/Support Worker/other member of my family

Please give us their name and address:	
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6. Sexual Orientation

Please tick the box that you feel describes you best:

<input type="checkbox"/> Hetrosexual/Straight	<input type="checkbox"/> Homosexual/Gay Man	<input type="checkbox"/> Lesbian/Gay Woman	<input type="checkbox"/> Bisexual (attracted to both men and women)
<input type="checkbox"/> Other			

7. Religion/Beliefs

Please tick the box that you feel describes you best:

<input type="checkbox"/> None	<input type="checkbox"/> Buddhist	<input type="checkbox"/> Hindu	<input type="checkbox"/> Muslim	<input type="checkbox"/> Jewish	<input type="checkbox"/> Sikh	<input type="checkbox"/> Christian including C of E, Catholic, Protestant and all other Christian organisations
<input type="checkbox"/> Other						

8. Additional Information

Do you have a:

<input type="checkbox"/> Bank Account	<input type="checkbox"/> Post Office account	<input type="checkbox"/> Credit Union account	<input type="checkbox"/> Building Society Account
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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
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

OFFICE USE ONLY

Application Form checked by:

Date:

HOUSING REGISTER TEAM USE ONLY

Debt Check Results

Outstanding Monies:

Yes

No

Monies owed by:

Type	Amount	Reference Number	Address	TTD

Contact Details

Wigan and Leigh Homes
Leigh Life Centre
Leigh Town Hall
Leigh
WN7 1DY

Telephone 01942 404091

Email: findahome@walh.co.uk

Website: www.walh.co.uk/FindaHome

Wigan and Leigh Homes
Wigan Life Centre
The Wiend
Wigan
WN1 1NH

Telephone 01942 404128

Email: findahome@walh.co.uk

Website: www.walh.co.uk/FindaHome

This receipt is to confirm that Wigan and Leigh Homes have received your completed housing application form on the below date.

Name:		Date Stamp
Address:		

