

# My Homefinder

Housing application form



**South  
Staffordshire**  
*Housing Association*



**South Staffordshire Council**

## PERSONAL DETAILS

### You

Title	Surname	First Name(s)	Date of Birth

### Your partner

Title	Surname	First Name(s)	Date of Birth

## CURRENT ADDRESS

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Date moved in

**For security, please provide a password for your account**  
*(this will be requested both on-line and if you telephone the office)*

**Partners current address** *(if living apart)*

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Date moved in

For security – mothers maiden name

**Contact address** *(if different to above)*

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## CONTACT DETAILS

Home Telephone

Work Telephone

Mobile Telephone

Email

**Family/friend/next of kin contact details** *(this information is optional however, if we need to contact you regarding your application and are unable to do so it may help us if we have this information)*

Do you have access to the internet?  Yes  No

**Which of the following locations would you find most convenient to access information about our properties which are currently available?** *(Please tick all that apply)*

- Internet  Supermarket  Leisure centre  Library  Post Office  
 Doctors surgery  Council office  SSHA office  Other

## HOW WOULD YOU PREFER US TO CONTACT YOU:

- By letter  By phone at home  By phone at work  
 By mobile phone  By text  By email  
 By other method *Please specify* \_\_\_\_\_

## ETHNIC ORIGIN

Please indicate the ethnic origin of yourself and those who live with you. Tick as many boxes as apply:-

Please give the name of each person and tick the appropriate box:		Name 1:	Name 2:	Name 3:	Name 4:	Name 5:
<b>White</b>	British or English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Irish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Welsh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Scottish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other European	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Eastern European	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other - <i>Please state:</i>					
<b>Mixed</b>	White and Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	White and black African	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	White and Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Any other mixed background - <i>Please state:</i>					
<b>Asian or Asian British</b>	Indian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other - <i>Please state:</i>					
<b>Black or Black British</b>	Caribbean African	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other - <i>Please state:</i>					
<b>Other ethnic groups</b>	Chinese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Japanese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other - <i>Please state:</i>					

## LANGUAGE AND TRANSLATION

**Does any member of your household not speak English and therefore require translation of documents or interpretation?**

Yes  No

**If yes:**

Name:	Language required:
Person 1:	
Person 2:	
Person 3:	
Person 4:	

## DISABILITY, OR NEED FOR SUPPORT

Our definition of disability is very broad and takes account of not only physical disabilities but also learning disabilities or illnesses which may, from time to time, affect the quality of your life.

Please tell us if you, or anybody in your household, fit this definition.

<input type="checkbox"/> <b>YES</b> , there is a person who is disabled or needs support	<b>NO</b> , there is no one who is disabled or needs support <input type="checkbox"/> (please go straight to the contacting you section)
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Please give details of all members of your family who have a disability or support needs:

Please give the name of each person and tick all boxes which apply:		Name 1:	Name 2:	Name 3:	Name 4:	Name 5:
<b>Physical Disabilities</b>	Wheelchair User	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Single Stick User	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Double Stick User	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Walking Frame User	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Breathing Difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other - Please state					
<b>Sensory Impairments</b>	Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sight Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Deaf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Registered Blind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Mental Health Condition</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Neurological Conditions</b>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Parkinson's Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Motor Neurone Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Multiple Sclerosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other - Please state:					
<b>Learning Disabilities</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other Conditions</b>	Please state:					

## CONTACTING YOU

Please let us know whether any of the following apply:-

It would help if the Association sent correspondence to my home in large print (please tick one box from the options below)  I would prefer this size print I would prefer this size print I would prefer this size print	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
It would help if the Association sent correspondence to my home in Braille	<input type="checkbox"/>
I have a text phone and it would help if staff, when telephoning, used a text phone	<input type="checkbox"/>
I would prefer it if communication was by telephone, not letter	<input type="checkbox"/>
Should a Housing Officer, or contractor, visit my home it takes me longer to open the front door.	<input type="checkbox"/>
Other ( <i>Please state</i> )	<input type="checkbox"/>

**If you have any specific communication requirements, would you be willing to work with us in the future to ensure that we are providing the correct alternatives?**

Yes  No

## ELIGIBILITY FOR ASSISTANCE

**Are you homeless or think that you will be homeless in the future?**

Yes  No

**Are you and all members of your household either:**

**British Citizens?**

Yes  No

If yes, please move on to the section titled current circumstances

**OR**

**Subject to Immigration Control?**

Yes  No

*If yes, you will be contacted by a Housing Adviser and also asked to provide confirmation of your immigration status.*

**OR**

**Commonwealth Citizens with the right of abode in the United Kingdom?**

Yes  No

*If yes, you will be contacted by a Housing Adviser and also asked to provide your passport or other supporting documentation.*

**OR**

**Citizens of a European Union Country or Iceland, Norway or Liechtenstein?**

Yes  No

*If yes, you will be contacted by a Housing Adviser and also asked to provide your passport or other supporting documentation.*

## CURRENT CIRCUMSTANCES

**Is your property subject to a closing order from the Council's Environmental Health Department?**

Yes  No

**Are you the victim of either physical or mental abuse from a partner, relative, carer, housekeeper or other associated person with whom you currently reside?**

Yes  No

**Are you the victim of crime, racial harassment or receiving threats of violence from outside the home?**

Yes  No

**Do you need to move to give support to, or care for/receive support from, or care from a relative who lives in the area you are applying for?**

Yes  No

**Do you need to move to be nearer to employment in the area you are applying for?**

Yes  No

**Do you own any other property that you are not currently living in?**

Yes  No

If you have answered yes to one or more of the previous questions, please give brief details below (continue on a separate sheet if necessary). You may be contacted by a Housing Adviser to discuss your situation and the options available to you more fully.

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## YOUR CURRENT HOME

- Are you the owner?  Yes  No
- Are you living with your parents?  Yes  No
- Are you living with relatives?  Yes  No
- Are you living with friends?  Yes  No
- Are you a tenant?  Yes  No *If yes, who is your landlord?*

Name of Landlord

Address of Landlord

Telephone Number

## What type of property is it?

House  Flat  Bungalow  Caravan  Mobile Home

Other *Please state* \_\_\_\_\_

How many bedrooms does it have in total?

How many bedrooms do you and your family use?

Do you have the following facilities? Please tick the relevant boxes and if you have to share any of these facilities please also tick that box.

- |   |                                 |
|---|---------------------------------|
| <input type="checkbox"/> Bathroom         | <input type="checkbox"/> Shared |
| <input type="checkbox"/> Kitchen          | <input type="checkbox"/> Shared |
| <input type="checkbox"/> Toilet           | <input type="checkbox"/> Shared |
| <input type="checkbox"/> Lounge           | <input type="checkbox"/> Shared |
| <input type="checkbox"/> Hot water supply | <input type="checkbox"/> Shared |



## OTHER HOUSEHOLD MEMBERS

Please list all of the people who **will be** moving with you

Surname	First Name	Relationship to applicant(s)	Date of Birth

Is anyone in your household expecting a baby?  Yes  No *If yes, please give details*

Name

Expected date of birth

### Please provide proof of pregnancy

Please list all other people who live in your current property but **will not** be moving with you.

Surname	First Name	Relationship to applicant(s)	Date of Birth

## HOUSING HISTORY

Have you been a tenant during the past 6 years?

Yes  No

Please give details of your previous addresses for the past 6 years

You

Address	From	To	Lodger/Tenant /Owner

Your partner

Address	From	To	Lodger/Tenant /Owner

## ACCOMMODATION REQUIREMENTS

### What type of property do you need?

House    Flat    Bungalow    Sheltered    Extra Care

Number of Bedrooms needed

Are you interested in part rent/part buy?    Yes    No

Are you interested in private renting?    Yes    No

*If you answered yes to either of the above we will send you further details*

## MEDICAL CIRCUMSTANCES

### Do you have any medical circumstances that are affected by your current living conditions?

Yes    No

*If yes, have you completed a Medical Needs Assessment form?*

Yes    No

*If no, a form will be sent to you*

## ACCESS TO THE PROPERTY

### Do external gates, paths and doors need to be suitable for wheelchair access?

Yes    No

### What kind of access is suitable for your needs?

Level access    Ramp    One step    More than one step    Stairs

Other \_\_\_\_\_



## AREA/S REQUIRED

If we are able to offer a choice of accommodation, in which areas would you like to be considered for re-housing. Please tick all that apply.

### North East of the area of South Staffordshire

- Featherstone
- Brinsford
- Hilton
- Shareshill
- Essington
- Great Wyrley
- Cheslyn Hay
- Saredon
- Huntington
- Hatherton
- Calf Heath
- Wedges Mills

### North of the area of South Staffordshire

- Acton Trussell
- Penkridge
- Dunston

### North West of the area of South Staffordshire

- Brewood
- Coven
- Wheaton Aston
- Bishops Wood
- Lapley
- Blymhill
- Weston-under-Lizard

### Central area of area of South Staffordshire

- Bilbrook
- Codsall
- Oaken
- Trescott
- Burnhill Green
- Pattingham
- Perton

### South of the area of South Staffordshire

- Gospel End
- Lower Penn
- Seisdon
- Smestow
- Swindon
- Trysull
- Wombourne
- Bobbington
- Enville
- Halfpenny Green
- Kinver

### Other areas

- Stafford
- Cannock
- Chadsmoor
- Norton Canes
- Hednesford
- Heath Hayes
- Rawnsley
- Cannock Wood
- Rugeley
- Brereton
- Bridgnorth
- Shifnal
- Broseley
- Stone

### Do you need to live in any of the areas that you have chosen because of any of the following reasons:

*(Please tick all that apply)*

- To give family support
- To receive family support
- Live there currently
- Lived there previously
- Work
- Close family live there currently
- Close family lived there previously

*You may be asked to provide proof of this at a later date.*

*Please be advised that the Association may not currently have properties in some of the areas listed but will be developing there in the future.*

## CRIMINAL CONVICTIONS & POSSESSION ORDERS

**Have you, your partner or any member of your household ever been convicted of any criminal offence? (Under the provision of the Rehabilitation of Offenders Act 1974, you are not obliged to give details of any spent conviction.) If you are concerned about the 1974 Act then please seek independent advice from a Solicitor or the Citizens Advice Bureau.**

You  Yes  No  
Your Partner  Yes  No  
Other household member/s  Yes  No

*If you answered yes, please state their name/s*

**Have you, your partner or any member of your household ever been served with a Notice to Quit or a Notice Seeking Possession for rent arrears or anti-social behaviour?**

You  Yes  No  
Your Partner  Yes  No  
Other household member/s  Yes  No

*If you answered yes, please state their name/s*

**Has the Court served you, your partner or any member of your household with a Possession Order?**

You  Yes  No  
Your Partner  Yes  No  
Other household member/s  Yes  No

*If you answered yes, please state their name/s*

**Have you, your partner or any member of your household ever been served with an Anti-Social Behaviour Order?**

You  Yes  No  
Your Partner  Yes  No  
Other household member/s  Yes  No

*If you answered yes, please state their name/s*

*If you have answered yes to any of the above you will be contacted by a Housing Adviser to discuss your application further.*

## DECLARATION

**Please read this section carefully and be sure that you understand it before you sign and date it. If this is a joint application, both applicants must sign it. This is very important for your application and any unsigned forms will be returned to you for signing before processing.**

To knowingly give false information may result in South Staffordshire Housing Association cancelling the application and/or legal proceedings may be taken to recover possession of any tenancy that is granted on the strength of the false application and in these circumstances prosecution may occur.

I/we (insert name/s) \_\_\_\_\_

- Confirm that the information given on this form is true and correct
- Promise to inform South Staffordshire Housing Association and/or South Staffordshire Council promptly of any changes to circumstances, which may affect this application. Failure to do so may result in this application being cancelled
- Promise to renew this application when requested to do so
- Understand that the information contained in this application will be recorded on the computer and that this information will be governed by the provisions of the Data Protection Act 1998. Under this legislation permission is granted for the information to be given to any relevant professional person in the course of the consideration of this application
- Understand that under the provisions of the Housing Act 1985, it is my/our right to check any information given on this application or in any other way that is recorded by South Staffordshire Housing Association or South Staffordshire Council
- Authorise South Staffordshire Housing Association and/or South Staffordshire Council to make enquiries and/or check information regarding this application, including appropriate enquiries relating to any criminal offence which may have been declared
- Agree that all information on this application be shared between South Staffordshire Housing Association and South Staffordshire Council and its partner housing associations in assessing the need for a tenancy

Signed (Applicant):

Date:

Signed (Joint Applicant):

Date:

**Please ensure that you have read through the application, answered all applicable questions and signed it before returning it to South Staffordshire Housing Association at the address on the back page of this form.**

PLEASE RETURN THIS FORM TO:

## South Staffordshire Housing Association

FREEPOST

MID19970

Stafford

ST18 9WX

Customer email: [enquiries@ssha.co.uk](mailto:enquiries@ssha.co.uk)

### HELP AND ADVICE

Please ask for help if you have any difficulty understanding this leaflet.

Jeśli trudno jest Państwu zrozumieć tę ulotkę, poproście o pomoc.

如果你有任何問題或你不明白這文件，請向我們尋求幫助。

এ দলিলপত্রের (ডকুমেন্ট) ব্যাপারে যদি আপনার কোন প্রশ্ন থাকে বা ইহা বুঝতে যদি আপনার কোন অসুবিধা হয় তাহলে অনুগ্রহপূর্বক সাহায্যের জন্য আমাদেরকে বলুন।

જો આપને કોઈ પ્રશ્ન હોઈ અથવા આ દસ્તાવેજને સમજવામાં કોઈ મુશ્કેલી અનુભવતા હોઈ તો મહેરવાની કરીને મદદ માટે અમને પૂછો.

ਜੇ ਇਸ ਦਸਤਾਵੇਜ਼ ਬਾਰੇ ਤੁਹਾਡੇ ਕੋਈ ਸਵਾਲ ਹੋ ਜਾਂ ਇਸਨੂੰ ਸਮਝਣ ਵਿਚ ਤੁਹਾਨੂੰ ਕੋਈ ਕਠਿਨਾਈ ਹੋਵੇ ਤਾਂ ਤੁਹਾਡੀ ਮੱਦਦ ਕਰਨ ਲਈ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਕਹੋ।

اگر آپ کوئی سوال پوچھنا چاہیں یا اگر آپ کو یہ دستاویز سمجھنے میں کوئی مشکل ہو تو براہ مہربانی مدد کے لیے ہم سے رابطہ کریں۔

### THIS LEAFLET IS ALSO AVAILABLE IN:-

