

REF NO:

NAME:

ADDRESS:



Housing Application Form

DATE RECEIVED:

FORM SUPPLIED BY:

1. USING DURHAM KEY OPTIONS

Thank you for applying for housing in County Durham.

Please answer all the questions that apply to you as we cannot register your application unless we have **all** the information required.

The information you provide to Durham Key Options will be used to:

- Decide if you are eligible for housing with the partner organisations
- Assess your housing needs and current housing circumstances
- Enable monitoring and provide statistical information as required
- Help assess your health and support needs – though we may also contact you to discuss these with you

All our documentation can be provided in large print, audio tape or CD, electronically via email or in Braille. We can also provide an induction loop, BSL interpreter, same gender interview or home visits if required. Please contact us on **0800 032 0835**.

All Durham Key Options documentation can be provided in large print, audio tape or CD, electronically via email or in Braille. We can also provide an induction loop, BSL interpreter, same gender interview or home visit if required.

If you would like us to provide this information in your first language, or would like us to provide a translator and meet with you to discuss its contents, please contact us on the relevant Durham Key Options telephone number as listed below. We can also provide same gender interviews and home visits within County Durham when required.

Punjabi

ਜੇਕਰ ਤੁਸੀਂ ਇਹ ਚਾਹੁੰਦੇ ਹੋ ਕਿ ਇਹ ਜਾਣਕਾਰੀ ਅਸੀਂ ਤੁਹਾਨੂੰ ਤੁਹਾਡੀ ਮਾਤਰ ਭਾਸ਼ਾ ਵਿੱਚ ਪ੍ਰਦਾਨ ਕਰੀਏ ਜਾਂ ਤੁਸੀਂ ਚਾਹੁੰਦੇ ਹੋ ਕਿ ਤੁਹਾਨੂੰ ਇਕ ਅਨੁਵਾਦਕ ਪ੍ਰਦਾਨ ਕੀਤਾ ਜਾਵੇ ਅਤੇ ਤੁਹਾਡੇ ਨਾਲ ਮਿਲਕੇ ਇਸਦੇ ਵਿਸ਼ਾ ਵਸਤੂ ਤੇ ਚਰਚਾ ਕਰੋ, ਕਿਰਪਾ ਦੁਰਹਮ ਕੀ ਐਪਸਨਸ (Durham Key Options) ਦੇ ਹੇਠ ਲਿਖੇ ਟੈਲੀਫੋਨ ਨੰਬਰਾਂ ਤੇ ਸੰਪਰਕ ਕਰੋ। ਅਸੀਂ ਲੋੜ ਪੈਣ ਤੇ ਕਾਉਂਟੀ ਦੁਰਹਮ (County Durham) ਦੀ ਹੱਦ ਵਿੱਚ ਘਰ ਮੁਲਾਕਾਤ ਕਰ ਸਕਦੇ ਹਾਂ ਅਤੇ ਸਮਲਿੰਗ ਨਾਲ ਮੁਲਾਕਾਤ ਕਰਵਾ ਸਕਦੇ ਹਾਂ।

Bengali

আপনি যদি উপরে দেওয়া বিবরণ নিজের ভাষায় পেতে চান বা আপনি যদি একজন দোভাষীর দারা এই বিষয় আলাপ করতে চান তবে দয়া করে নিচে দেওয়া ডারাম টেলিফোন নম্বরের তালিকা থেকে নম্বার বেছে নিয়ে আমাদের সাথে যোগাযোগ করুন। দরকার হলে আমরা শূধু পুরুষ বা মহিলা দারা আপনার সাথে আলাপ করতে পারি এবং কান্ট্রি ডারাম এলাকায় বসবাসকারী হলে আমরা আপনার ঘরে এসে আলাপ করতে পারি।

Hindi

यदि आप चाहते हैं कि हम आपको आपकी मातृभाषा में सूचना प्रदान करें, या आप एक अनुवादक चाहेंगे जो आपके साथ सूचना के बारे में चर्चा कर सकें, तो कृपया हमें नीचे दिये गये उचित Durham Key Options टेलीफोन नम्बर पर सम्पर्क करें। यदि आवश्यकता हो तो हम County Durham के भीतर समान लिंग के व्यक्ति द्वारा इंटरव्यू के अलावा आपके घर आकर भी बातचीत कर सकते हैं।

Cantonese

如果你需要此資訊的其他語言版本，或者你需要一名翻譯工作人員與你一同探討此資訊的內容，請通過杜倫郡以下相關號碼聯絡我們。如果需要，我們還可以安排同性別的工作人員與你訪談，以及杜倫郡內家庭拜訪。

Mandarin

如果您需要此資訊的其他語言版本，或者您需要一名翻譯工作人員與您一同探討此資訊的內容，請通過杜倫郡的以下相關號碼聯絡我們。如果需要，我們還可以安排同性別的工作人員與您訪談，以及杜倫郡內家庭拜訪。

Polish

Jesli potrzebujesz aby ta informacja zostala udostepniona w jezyku polskim lub jesli potrzebujesz tlumacza, ktory moglyby sie z Toba spotkac i omowic tresc tej informacji, skontaktuj sie z nami wybierajac odpowiedni numer telefonu z dostepnych opcji ponizej. Jesteśmy w stanie zapewnić też rozmowę z osobą tej samej płci oraz wizytę domową w obszarze Durham.

French




Si vous desirez recevoir ces informations dans votre langue maternelle ou si vous souhaitez que nous vous procurions un traducteur pour vous rencontrer et en discuter le contenu, veuillez nous contacter en selectionnant l'indicatif correspondant a Durham, parmi les options des numeros de telephone indiques ci-dessous. Nous pouvons en outre, organiser des entrevues avec une personne de meme sexe ainsi que des visites a domicile dans le comte de Durham quand cela est requis.

Arabic

ن أردت الحصول على هذه المعلومات بلغتك الأم أو إن أردت وجود مترجم لمناقشة هذه المعلومات فيمكنك الاتصال على رقم الهاتف الموجود أدناه الخاص بخدمات مدينة درم. يمكننا أيضاً تأمين مقابلات مع أشخاص من نفس جنسك كما يمكننا ترتيب زيارات منزلية ضمن مدينة درم إن احتاج الأمر لذلك

Urdu

اگر آپ چاہتے ہیں آپ کو یہ معلومات آپ کی اپنی زبان میں فراہم کی جائیں یا آپ کو ایک مترجم کی ضرورت ہے جو آپ سے مل کر اس کے مندرجات پر گفتگو کرے تو آپ نیچے دی گئی ڈرہم ٹیلیفون نمبر سے رابطہ قائم کریں ہم آپ کو آپ کی جنس کے مطابق عورت یا مرد مترجم بھی مہیا کر سکتے ہیں۔ ڈرہم کاؤنٹی میں ضرورت پڑنے پر گھر گھریلو دورے بھی کیے جاسکتے ہیں۔

 Chester-le-Street	0191 387 1919
 Derwentside	0845 850 5600
 Durham City	0191 301 8499
 East Durham	0800 032 0835

 Sedgefield	0845 505 5500
 Teesdale	01833 690 000
 Wear Valley	01388 765 555

Assistance

If you are unable to use the Durham Key Options scheme without help, please provide the name and contact details of the person who is assisting you:

Name	
Relationship to applicant:	
Address	Postcode
Telephone Number	
Email	
Does this person have your permission to act on your behalf? Yes <input type="checkbox"/> No <input type="checkbox"/>	

If you need help in completing this form, or accessing the scheme, please tell us what we can do to help you (tick all boxes that apply)

Help with reading and/or writing	<input type="checkbox"/>
Written translation service	<input type="checkbox"/>
Spoken translation service	<input type="checkbox"/>
Type talk	<input type="checkbox"/>
British Sign Language (BSL) / English Interpreters	<input type="checkbox"/>
Lip speakers	<input type="checkbox"/>
Induction Loop system	<input type="checkbox"/>
Braille	<input type="checkbox"/>
Audio CD / Cassette	<input type="checkbox"/>

Contact

How would you like to be contacted in relation to this application? (tick all boxes that apply)

Letter	<input type="checkbox"/>
Telephone	<input type="checkbox"/>
Email	<input type="checkbox"/>
SMS text message	<input type="checkbox"/>
Visit required (within County Durham only) You will be contacted to arrange a venue.	<input type="checkbox"/>

Tenancy Support

If you are allocated a property will you need help setting up and/or maintaining that tenancy? Yes No

Equality & Diversity

Durham Key Options are committed to including equality and diversity in everything we do. This includes eliminating unlawful discrimination, promoting equality of opportunity and access, and valuing diversity in the delivery of our services. When making decisions regarding applications we will take into account issues regarding equality and diversity. We collect equality information about applicants so that we can check whether we are providing a fair and equal service to everyone in the community.

How would you describe yourself?

Please tick one box only

Main applicant	Joint applicant
----------------	-----------------

White

English	<input type="checkbox"/>	<input type="checkbox"/>
Welsh	<input type="checkbox"/>	<input type="checkbox"/>
Scottish	<input type="checkbox"/>	<input type="checkbox"/>
Northern Irish	<input type="checkbox"/>	<input type="checkbox"/>
British	<input type="checkbox"/>	<input type="checkbox"/>
Irish	<input type="checkbox"/>	<input type="checkbox"/>
Polish	<input type="checkbox"/>	<input type="checkbox"/>
Lithuanian	<input type="checkbox"/>	<input type="checkbox"/>
Any other White background (please state)		

Black or Black British

Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
African	<input type="checkbox"/>	<input type="checkbox"/>
Any other Black background (please state)		

Asian or Asian British

Indian	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>
Any other Asian background (please state)		

Travelling Community

Gypsy / Roma	<input type="checkbox"/>	<input type="checkbox"/>
Traveller of Irish Descent	<input type="checkbox"/>	<input type="checkbox"/>
Other member of the travelling community (please state)		

Mixed

White & Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
White & Black African	<input type="checkbox"/>	<input type="checkbox"/>
White & Asian	<input type="checkbox"/>	<input type="checkbox"/>
Any other Mixed background (please state)		

Other ethnic groups


Other ethnic group (please state)

What is your Nationality / Country of Origin?

Please tick one box only

Main applicant	Joint applicant
----------------	-----------------

UK National - resident in UK	<input type="checkbox"/>	<input type="checkbox"/>
UK National - returning from overseas	<input type="checkbox"/>	<input type="checkbox"/>
Bulgaria	<input type="checkbox"/>	<input type="checkbox"/>
Czech Republic	<input type="checkbox"/>	<input type="checkbox"/>
Estonia	<input type="checkbox"/>	<input type="checkbox"/>
Hungary	<input type="checkbox"/>	<input type="checkbox"/>
Latvia	<input type="checkbox"/>	<input type="checkbox"/>
Lithuania	<input type="checkbox"/>	<input type="checkbox"/>
Poland	<input type="checkbox"/>	<input type="checkbox"/>
Romania	<input type="checkbox"/>	<input type="checkbox"/>
Slovakia	<input type="checkbox"/>	<input type="checkbox"/>
Slovenia	<input type="checkbox"/>	<input type="checkbox"/>
Other European Economic Area (EEA) Country 	<input type="checkbox"/>	<input type="checkbox"/>
Any other country	<input type="checkbox"/>	<input type="checkbox"/>

 EEA countries are Austria, Belgium, Cyprus, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Malta, Netherlands, Portugal, Spain, Sweden, Iceland, Liechtenstein, Norway and Switzerland

What is your religion or belief?

Please tick one box only

Main applicant	Joint applicant
----------------	-----------------

Christian	<input type="checkbox"/>	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	<input type="checkbox"/>
Sikh	<input type="checkbox"/>	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)		

Are there any specific issues that we should be aware of when arranging an appointment or visiting your home?

For example visit from an Officer of your same gender, or timing of visits due to care responsibilities, disability or faith issues.

Yes No

If yes please give details below

How do you describe your sexuality?

Please tick one box only

Main applicant	Joint applicant
----------------	-----------------

Homosexual / Gay	<input type="checkbox"/>	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>	<input type="checkbox"/>
Heterosexual / Straight	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)		

DECLARATION OF CONFLICTS OF INTEREST





Schedule 1 of the Housing Act 1996 is designed so that Board Members, Councillors, Officers and Employees of any partner organisation do not have a conflict of interest while carrying out their duties.


Are you a Board Member, Councillor, Officer or Employee of any partner organisation of Durham Key Options? Yes No

Are you a close relative of a Board Member, Councillor, Officer or Employee of any partner organisation of Durham Key Options? Yes No


If so please state name, job title and organisation of person

2. ABOUT YOU

	Main applicant	Joint applicant
Relationship to main applicant		
Title (Mr/Mrs/Ms/Miss/other)		
First name 		
Last name 		
Previous names		
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of birth 		
National Insurance Number 		
Contact telephone number		
Mobile number		
Email address	@	@

 Please provide proof (see 'Durham Key Options User Guide' for examples of what you will need to provide)

Main applicant**Joint applicant**

Current address 
(Or care of address)

Postcode

Postcode

If you would like us to send letters to a different address please state where to:

Postcode

Postcode

Date moved to current address

Current landlord
(Where applicable)

Name

Name

Address

Address

Postcode


Postcode

Landlords telephone number

Do you own any other properties than mentioned above?

If yes please give address and list any specific reasons why you cannot live there




Yes No

 Please provide proof (see 'Durham Key Options User Guide' for examples of what you will need to provide)

3. ELIGIBILITY

Immigration

The law says that we must ask the following questions about your nationality. Regrettably if you do not answer them Durham Key Options will NOT consider your application. Durham Key Options may contact The Home Office for further information:

	Main applicant	Joint applicant
Are you subject to immigration control or have you come to live in the UK in the last 5 years? 	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have answered yes to the above, are you from a country inside the European Economic Area? 	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you or an adult you are applying with, been excluded from claiming state benefits? 	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>


Unacceptable Behaviour

Has court action ever been taken against you or any members of your household for any of the following reasons:

Rent arrears	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Damage	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Nuisance & harassment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other anti-social behaviour	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have an Anti-Social Behaviour Order?				Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you have ticked yes to any above please give details below:

Name & date of birth	Address lived in at time of action	Date of court action	Grounds	Name & address of landlord/mortgage lender


 If yes, Please provide proof (see 'Durham Key Options User Guide' for examples of what you will need to provide)

4. YOUR HOUSEHOLD


Please provide details of ALL persons living with you now and whether they are to be re-housed with you or not.

Full name	Date of birth	Gender		Relationship to you	Will this person need rehousing with you?	
		Male	Female		Yes	No
Currently living with main applicant		Male	Female		Yes	No
		<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"/>		<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"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Currently living with joint applicant (if different to above)		Gender			Yes		No	
		Male	Female					
		<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"/>	<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"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide the details of any persons who do not live with you at the moment but will live with you when you are allocated a property: 

Full name	Date of birth	Gender		Relationship to you	Where are they living now?
		Male	Female		
		<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"/>		

Please provide details of any children, who are not living with you now, but that you have access to: 


Full Name	Date of Birth	Gender		Access Arrangement	Where are they living now?
		Male	Female		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

Is anyone who needs housing pregnant?  Yes No

What is the name of the person who is pregnant? 

When is the baby due? 

Do you have any dogs or cats that will be moving with you? Yes No

 Please provide proof (see 'Durham Key Options User Guide' for examples of what you will need to provide)

5. YOUR CURRENT HOME

Tick the box that applies to your current home:

	Main applicant	Joint applicant
Council tenancy	<input type="checkbox"/>	<input type="checkbox"/>
Housing Association tenancy	<input type="checkbox"/>	<input type="checkbox"/>
Private tenancy	<input type="checkbox"/>	<input type="checkbox"/>
Owner occupier	<input type="checkbox"/>	<input type="checkbox"/>
Living in with family/friends	<input type="checkbox"/>	<input type="checkbox"/>
Bed & Breakfast/hostel	<input type="checkbox"/>	<input type="checkbox"/>
Tied accommodation	<input type="checkbox"/>	<input type="checkbox"/>
Hospital	<input type="checkbox"/>	<input type="checkbox"/>
Supported housing	<input type="checkbox"/>	<input type="checkbox"/>
Caravan site	<input type="checkbox"/>	<input type="checkbox"/>
HM Forces	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping rough	<input type="checkbox"/>	<input type="checkbox"/>
National Asylum Seekers Service	<input type="checkbox"/>	<input type="checkbox"/>
Prison	<input type="checkbox"/>	<input type="checkbox"/>
Renting a room (lodging)	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)		

What type of property is your current home?

	Main applicant	Joint applicant
House	<input type="checkbox"/>	<input type="checkbox"/>
Bungalow	<input type="checkbox"/>	<input type="checkbox"/>
Ground floor flat	<input type="checkbox"/>	<input type="checkbox"/>
Upper floor flat	<input type="checkbox"/>	<input type="checkbox"/>
Caravan/mobile home	<input type="checkbox"/>	<input type="checkbox"/>
Ground floor maisonette	<input type="checkbox"/>	<input type="checkbox"/>
Upper floor maisonette	<input type="checkbox"/>	<input type="checkbox"/>
Ground floor bedsit	<input type="checkbox"/>	<input type="checkbox"/>
Upper floor bedsit	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)		

Is this accommodation sheltered? Yes No

Is there a lift? Yes No

Does the accommodation that you currently occupy have the following facilities:

	Main applicant		Joint applicant	
Fixed bath/shower	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hot water system	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Satisfactory cold water supply	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Indoor toilet	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Electricity	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Is your home in poor repair?

Yes No

Please give brief details of the problem and provide any reports/letters that you have from Environmental Health.

In order to assess your priority, a referral to your local Environmental Health Service may be required. Please tick this box if you give consent for a referral to be made.

6. YOUR HOUSING HISTORY

Please state where you have been living for the past 5 years, starting with your most recent home:

Main Applicant














ADDRESS	DATE MOVED IN	DATE MOVED OUT	REASONS FOR LEAVING	AMOUNT OF OUTSTANDING ARREARS (if any)	NAME & ADDRESS OF LANDLORD	Council tenant	Private landlord	Housing association	Owner Occupier	Lodger/living in	Other (please specify)
						<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"/>	
						<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"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	


Please state where the joint applicant has been living for the past 5 years, starting with your most recent home (only if different from main applicant):

Joint Applicant											
ADDRESS	DATE MOVED IN	DATE MOVED OUT	REASONS FOR LEAVING	AMOUNT OF OUTSTANDING ARREARS (if any)	NAME & ADDRESS OF LANDLORD	Council tenant	Private landlord	Housing association	Owner Occupier	Lodger/living in	Other (please specify)
						<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"/>	
						<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"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7. REASONS WHY YOU WANT/NEED TO MOVE HOME

Please explain the reason(s) why you are applying to move home (tick all appropriate boxes)

Asked to leave by landlord 	<input type="checkbox"/>	Harassment 	<input type="checkbox"/>	Property too small	<input type="checkbox"/>
Asked to leave by family/friends	<input type="checkbox"/>	Homeless	<input type="checkbox"/>	Property unsuitable due to poor condition (private or owner occupied property only)	<input type="checkbox"/>
Cannot afford rent/mortgage/upkeep of your home 	<input type="checkbox"/>	Living in temporary accommodation	<input type="checkbox"/>	Relationship breakdown (non-violent)	<input type="checkbox"/>
Care leaver 	<input type="checkbox"/>	Loss of tied accommodation 	<input type="checkbox"/>	Release from prison 	<input type="checkbox"/>
Discharge from hospital 	<input type="checkbox"/>	Need to move on from supported accommodation 	<input type="checkbox"/>	To be nearer to work/training 	<input type="checkbox"/>
Domestic violence/abuse	<input type="checkbox"/>	Neighbourhood problems/vandalism/burglary	<input type="checkbox"/>	To live independently	<input type="checkbox"/>
Eviction order/repossession 	<input type="checkbox"/>	Property in regeneration area	<input type="checkbox"/>	To move nearer to special facilities such as a school/hospital 	<input type="checkbox"/>
HM Forces discharge 	<input type="checkbox"/>	Property too large	<input type="checkbox"/>		
To give/receive care or support 	<input type="checkbox"/>	<p>Please provide the name and address of the person giving/receiving care or support:</p> <p>Relationship to you:</p>			
Property unsuitable due to ill health/ disability/ mental health problem	<input type="checkbox"/>	<p>Please ensure that you complete the 'medical' section if you answered yes here</p>			
Other (please state)	<input type="checkbox"/>				

If you have to leave your current accommodation in the near future please state when and why: 

 Please provide proof (see 'Durham Key Options User Guide' for examples of what you will need to provide)

8. MONITORING HOUSING NEED AND DEMAND

IMPORTANT INFORMATION – PLEASE READ:

The following questions (section 8 only) are required for [monitoring purposes only](#) in order that Durham Key Options can record how popular areas are, and therefore the need and demand for properties in those areas.

Answering the following questions [will not limit your ability to bid](#). You can still bid on ANY size properties that you are eligible for, and in ANY area within County Durham that you wish.

a. Areas of preference

Please give an indication of the areas where you want to live by listing them below (maximum five areas). The Durham Key Options Areas List is available at www.durhamkeyoptions.co.uk and is included in the Durham Key Options Application Pack.

b. Property type

Please give an indication of the type of home you would like to live in:

Please tick all that apply:

House	<input type="checkbox"/>	Ground floor maisonette	<input type="checkbox"/>
Bungalow	<input type="checkbox"/>	Upper floor maisonette	<input type="checkbox"/>
Ground floor flat	<input type="checkbox"/>	Ground floor bedsit	<input type="checkbox"/>
Upper floor flat	<input type="checkbox"/>	Upper floor bedsit	<input type="checkbox"/>
Sheltered	<input type="checkbox"/>		

c. Property size

Please give an indication of how many bedrooms you would like:

1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>
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d. Income

Please give an estimate of Gross Annual Income (before tax and National Insurance) from the list below (please tick one box only)

	Main applicant	Joint applicant
Below £10,000	<input type="checkbox"/>	<input type="checkbox"/>
£10,000 - £14,999	<input type="checkbox"/>	<input type="checkbox"/>
£15,000 - £19,999	<input type="checkbox"/>	<input type="checkbox"/>
£20,000 - £24,999	<input type="checkbox"/>	<input type="checkbox"/>
£25,000 - £29,999	<input type="checkbox"/>	<input type="checkbox"/>
£30,000 - £34,999	<input type="checkbox"/>	<input type="checkbox"/>
£35,000 - £60,000	<input type="checkbox"/>	<input type="checkbox"/>
£60,000 +	<input type="checkbox"/>	<input type="checkbox"/>

e. Equity


If you currently own your property could you please indicate how much equity you currently have invested in your property from the list below (please tick one box only)


	Main applicant	Joint applicant
Below £10,000	<input type="checkbox"/>	<input type="checkbox"/>
£10,000 - £14,999	<input type="checkbox"/>	<input type="checkbox"/>
£15,000 - £19,999	<input type="checkbox"/>	<input type="checkbox"/>
£20,000 - £24,999	<input type="checkbox"/>	<input type="checkbox"/>
£25,000 - £29,999	<input type="checkbox"/>	<input type="checkbox"/>
£30,000 - £34,999	<input type="checkbox"/>	<input type="checkbox"/>
£35,000 - £60,000	<input type="checkbox"/>	<input type="checkbox"/>
£60,000 +	<input type="checkbox"/>	<input type="checkbox"/>


9. LOCAL LETTINGS POLICIES

To take account of high demand/shortage of accommodation Durham Key Options may have to take into account local connection. Based on the information provided Durham Key Options will assess your circumstances and inform you if you meet the criteria for a local connection. Areas to which a Local Lettings Policy apply are detailed on the Durham Key Options website www.durhamkeyoptions.co.uk or from your local Durham Key Options partner organisation.


To assist us in determining if you have a local connection please answer if you have:

Lived in an area covered by a relevant local lettings policy for at least 5 years prior to application  Yes No

Been in continuous employment in an area covered by a relevant local lettings policy for at least 5 years prior to offer  Yes No

Need to live in an area covered by a relevant local lettings policy for welfare reasons  Yes No

If you have ticked yes to any of the above please provide details:

 Please provide proof (see 'Durham Key Options User Guide' for examples of what you will need to provide)

10. MEDICAL INFORMATION

Only complete this section if you wish for your medical or welfare circumstances to be assessed.

Please ensure that you give all information that you feel is relevant as only the information you provide will be used in our assessment. This may include letters from your gp or specialist for example.

Please complete the following section for **each person** on this application that has a medical illness or disability that affects their housing needs:

	Person 1	Person 2	Person 3
Name			
Date of Birth			
Please briefly describe the physical or mental health conditions, including mobility, sensory and learning issues			
Name, address and telephone of doctor, specialist, consultant or any other specialists or care givers involved. (Such as Occupational Therapist, CPN, Social Worker, friend or relative etc.)			
Please list any medication prescribed			
Please describe how current home makes medical or mental health conditions worse			

Please continue on a separate sheet if necessary.

Do you or anyone to be rehoused with you use a wheelchair? Yes No

If yes please specify whether All the time, Occasional or Outdoor only:

Do you or anyone to be rehoused with you use a walking aid? Yes No

For example, stick, crutches, frame, etc.

If yes please specify whether All the time, Occasional or Outdoor only:

Are you or anyone to be rehoused with you in receipt of Attendance Allowance? Yes No

If yes please specify whether High or Low rate:

Are you or anyone to be rehoused with you in receipt of Disability Living Allowance? Yes No

If yes please specify whether High, Medium or Low rate:

For medical reasons do you or a person to be rehoused with you sleep in a room which is not a bedroom? Yes No

If yes please give details:

Are you or anyone to be housed with you Registered Disabled? Yes No

What bathing and toilet facilities are available in your current home?

	Yes	No
Downstairs Bathroom	<input type="checkbox"/>	<input type="checkbox"/>
Upstairs Bathroom	<input type="checkbox"/>	<input type="checkbox"/>
Downstairs Toilet	<input type="checkbox"/>	<input type="checkbox"/>
Upstairs Toilet	<input type="checkbox"/>	<input type="checkbox"/>
Outside Toilet	<input type="checkbox"/>	<input type="checkbox"/>

Has your current home been adapted?

	Yes	No
Ramp/level access	<input type="checkbox"/>	<input type="checkbox"/>
Stair Lift	<input type="checkbox"/>	<input type="checkbox"/>
Level Access Shower	<input type="checkbox"/>	<input type="checkbox"/>
Downstairs bedroom	<input type="checkbox"/>	<input type="checkbox"/>
Additional wheelchair access (for example widened doors, toilets, grab rails, kitchens etc)	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)		
Will any of the above adaptations be required on rehousing?	<input type="checkbox"/>	<input type="checkbox"/>
If yes please specify		
Would you be able to stay in your own home if it was adapted?	<input type="checkbox"/>	<input type="checkbox"/>

Mobility

Please put the names of relevant people with mobility issues to be rehoused with you in the appropriate boxes below:

Ability to manage	With ease	With difficulty	With significant difficulty	With support adaptations	Not able to manage
Stairs/steps inside your current home					
Stairs/steps outside your current home					
Able to access and use current toilet facilities					
Able to access and use current bathing facilities					

Welfare

Do you need to be rehoused in order to provide or receive care/support from family or friends?

Yes No

If yes please give details:
(For example: Who do you need to assist or receive assistance from? Where do they live? Why do you need to provide/receive support from this person?)

If there are any other reasons your current accommodation has a detrimental effect on your health or well-being and relocating to a different property or area would alleviate these circumstances, please give details:

11. OTHER HOUSING OPTIONS

Mutual Exchange

Council tenants with Secure Tenancies and most Housing Association tenants with Assured Tenancies can apply to exchange their accommodation.

Mutual Exchanges are not allowed with tenants in leased or private rented accommodation (See Durham Key Options User Guide for details)

Would you like to join our Mutual Exchange register?

Yes No

Low Cost Home Ownership/Shared Ownership

Would you be interested in receiving information on low cost home ownership/shared ownership?

Yes No

Nomination to a Housing Association property

Would you be interested in a Housing Association property advertised through this scheme?

Yes No

12. ADDITIONAL INFORMATION

If you would like to provide any additional information regarding your housing application, please use the space provided (continue on a separate sheet if necessary):

13. CRIMINAL CONVICTIONS

Do you, or anyone who wants to be rehoused with you have any convictions, other than spent convictions, as defined by the Rehabilitation of Offenders Act 1974? See 'Durham Key Options User Guide' for further information.

Yes No

If yes please give details:

Full name	Date of Birth	Date of conviction	Court Convicting	Sentence	Details of offence

Are you, or anyone who wants to be rehoused with you, subject to a Community Sentence under the Criminal Justice Act 1991? For example Anti-Social Behaviour Order

Yes No

If yes please give details:

Full name	Date of Birth	Date of conviction	Court Convicting	Sentence	Details of offence

If you have ticked yes to either of the above questions all persons detailed above must sign below to give authorisation for a police check:

Print Name	Signature	Date

14. DATA PROTECTION ACT 1998

Data Protection Act 1998 Important Information – The information you have provided will enable Durham Key Options to process your application and determine an outcome in accordance with relevant legislation and Durham Key Options policy. The information will be held on both computerised and manual files. The data may be disclosed to other organisations or individuals but only either in the interests of the pursuance of your application, enquiry, improving our service or in accordance with statutory instruments. Durham Key Options is a registered Data Controller in accordance with the Data Protection Act 1998 and is registered for the processing of personal information under the notification requirements.

Data Protection Act 1998 – I confirm that I have read and understand this section entitled Data Protection 1998 Important Information. I consent to the uses and disclosures outlined in that section.

We are required under Section 6 of the Audit Commissions Act 1998 to participate in the National Fraud Initiative (NFI) date matching exercise. Tenancy data will be provided to the Audit Commission for NFI and will be used for cross system and cross-authority comparison for the prevention and detection of fraud. We advise applicants that data held by the authority in respect of your housing application will be used for cross system and cross-authority comparison purposes and the detection of fraud.

15. DECLARATION

I/we confirm that I/We have read and understood the summary of Durham Key Options lettings policy.

I/We certify that the details given in, or as supporting evidence to, this application represent a true record of my/our present circumstances.

I/We understand that it is an offence to give false information or withhold information relevant to my/our application and that if I/We do so, I/We could be liable to a fine up to £5000 (this figure is accurate as at April 1997, but you should be aware that this amount could alter).

I/We understand that Durham Key Options could take steps to withdraw an offer of accommodation or seek possession of a tenancy which has been granted as a result of a false statement made by the applicant or anyone acting on the applicant's behalf.

I understand that it is my/our responsibility to notify Durham Key Options should my/our circumstances change as this could affect my/our application.

I/We understand that Durham Key Options may wish to verify the information given in this application by making enquiries of the Police, Social Services, Probation Service, Landlords, Doctors, other departments of the council etc., to confirm whether there has been any involvement with myself or my family. I/We authorise Durham Key Options to obtain any relevant information from the appropriate organisation in relation to my/our application.

I/We understand that if I was to be allocated a property with any of the partner landlords, I must adhere to the conditions of my/our tenancy.

	Signature	Print Name	Date
Main applicant			
Joint applicant			



