



Chevin

HOUSING ASSOCIATION LTD

Charitable

A member of the Together Housing Group

Housing Application Form

Foomka Codsiga Guriyeynta

আবাসনের আবেদনপত্র

Forularz podaniowy spoldzielni mieszkaniowej

فرم درخواست مسکن

Formulaire de demande de logement

ਘਰ ਵਾਸਤੇ ਅਰਜ਼ੀ ਫਾਰਮ

نموذج طلب الإسكان

درخواست فارم برائے خانہ سازی

Please return this form to: Chevin Housing Association Ltd, Harrison Street, Wakefield, WF1 1PS

Tel: 0845 270 1088 **E-mail:** enquiries@chevinha.co.uk **www.chevinha.co.uk**

Office use only

Name:

App Date:

Ref No:

Banding:

If you need any help completing this form please ring us on 0845 270 1088.

Instructions on how to fill in the form:

- Please write in **BLOCK CAPITALS** using black ink.
- If a section does not apply to you, please leave it blank.
- Please send this form back straight away, we can only start the registration process once we have received your form.
- If you have not received a Property List with this application form please contact us.
- Please complete all the questions that are applicable to you.
- We will contact you if your form is not fully completed, however this may delay your registration.
- You will need to provide supporting evidence to supplement your application where requested.

We will treat all information you supply in confidence.

Chevin's lettings policy

We want to let our homes in such a way that people have peace and security in their home, and have a choice about where they live. However, our core principles are to help those who are in housing need. We also want to treat all applicants fairly and with professionalism. However, we do not allow everyone onto our waiting lists. Anyone who has a criminal conviction (or known activity) for crimes relating to anti-social behaviour will not automatically qualify for the list. If someone applies in this category, we look carefully at each case individually and make a decision. These decisions are based on our exclusion policy and you can request a copy of this if you wish.

1. Where would you like to live?

Please choose only from the property list provided

Chosen scheme Please list here	<input type="checkbox"/> Please tick here if you have a local connection to the area you choose. Examples of a connection are to be near your work, your children's school, medical facilities or to give or receive support. You must give details including names and addresses of your connection.
1	
2	
3	
4	
5	
6	

1a. How many bedrooms do you need?

1 bed 2 bed 3 bed 4 bed 5 bed

1b. What property type do you need?

House Flat Bungalow Maisonette Bedsit

1c. What floor level do you need?

Ground floor 1st floor 2nd floor 3rd floor 4th floor
 5th floor Above 5th floor Any floor

1d. Are you or any joint applicant a Chevin Housing member of staff or related to a Chevin Housing member of staff or board member?

Yes No

If yes, please give details:

2. Why do you want to move?

Please tick (✓) as many boxes as appropriate

- | | |
|--|---|
| <input type="checkbox"/> Homeless in next 28 days * | <input type="checkbox"/> Temporary accommodation * |
| <input type="checkbox"/> Urgent medical need * | <input type="checkbox"/> Less urgent medical need * |
| <input type="checkbox"/> Suffering domestic violence * | <input type="checkbox"/> Harassment * |

2. Why do you want to move? - cont.

- | | |
|---|--|
| <input type="checkbox"/> Received notice to leave after 28 days * | <input type="checkbox"/> Sleeping rough |
| <input type="checkbox"/> Urgent need to receive or give support * | <input type="checkbox"/> Less urgent need to receive or give support * |
| <input type="checkbox"/> Relationship breakdown | <input type="checkbox"/> Family split * |
| <input type="checkbox"/> Living in unfit property * | <input type="checkbox"/> Home in poor condition * |
| <input type="checkbox"/> Overcrowding | <input type="checkbox"/> Financial problems * |
| <input type="checkbox"/> Want to live in the area | |
| <input type="checkbox"/> Urgent transfer | <input type="checkbox"/> Less urgent transfer |

All fields marked with * will require you to provide supporting evidence when you receive a home visit from us.

Please give further details explaining why you want to move:

3. Details of people wishing to be re-housed

3a. Please give your details below. If you want someone to be a joint tenant with you, you also need to complete all the details for your joint applicant below.

	You	Your joint applicant
Surname	<input type="text"/>	<input type="text"/>
First name	<input type="text"/>	<input type="text"/>
Title (e.g. Mr/Mrs/Miss/Ms)	<input type="text"/>	<input type="text"/>
Address (where you live now)	<input type="text"/>	<input type="text"/>

3. Details of people wishing to be re-housed - cont.

	You	Your joint applicant
Home telephone number	<input type="text"/>	<input type="text"/>
Work telephone number	<input type="text"/>	<input type="text"/>
Mobile telephone number	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Are you (please tick)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
National insurance no.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

3b. Is your correspondence address different to the above address?

Yes No

(if yes please give details)

3c. What is the relationship of your joint applicant to you? (e.g. partner, parent, child)

3d. The Housing Act 1996 prevents us from offering a tenancy or licence to some people.

Please answer the following question so we can assess whether you or your joint applicant are affected by this legislation.

Do you have a permanent right to live and work in this country without restriction?

Yes No

We may need written proof of this (such as a work permit, residency permit or both). If you have answered 'no', we may not be able to accept your application for housing. We will contact you to discuss this and to offer you advice.

4. Household details

Do not include yourself and any joint applicant. **Do** include anyone who is going to be living with you.

	Title	Last name	First name	Relationship to you (e.g. mother, son, friend)	Date of birth
e.g.	MRS	BROWN	MARY	MOTHER	D D M M Y Y
1					D D M M Y Y
2					D D M M Y Y
3					D D M M Y Y
4					D D M M Y Y
5					D D M M Y Y

4a. Where do you live now? Tick (✓) **one** box only

- | | | |
|--|--|---|
| <input type="checkbox"/> Bed & breakfast | <input type="checkbox"/> Hospital | <input type="checkbox"/> Prison |
| <input type="checkbox"/> Bungalow | <input type="checkbox"/> Hostel | <input type="checkbox"/> Residential Home |
| <input type="checkbox"/> Flat | <input type="checkbox"/> House | <input type="checkbox"/> No fixed abode |
| <input type="checkbox"/> Maisonette | <input type="checkbox"/> Other - please give details below | |

4b. How many people live in your current home?

4c. What floor level do you currently live on?

4d. Do you have any pets? Yes No

If yes, please give details below:

5. Where have you previously lived? Please supply 5 years' details.

Address	Dates	Name/Address of Landlord/Building Society/Owner	Telephone No	Reason(s) for leaving
Current	Moved in			
Previous	Moved in Moved out			
Previous	Moved in Moved out			
Previous	Moved in Moved out			

6. Criminal Activity Section

Do you or anyone in your household have any convictions? Yes No

If yes, please read and complete this section. If no, please go to section 7.

Spent convictions

Under the Rehabilitation of Offenders Act 1974 you have to tell us about any offence you have committed if it is within a specific period of time shown in the chart below. The period after conviction is called a rehabilitation period. This can be extended if another offence is committed. A conviction is known as spent once the rehabilitation period has ended.

The following table is for guidance only.

Sentence	Rehabilitation Period	
	Aged 17 or under when convicted	Aged 18 or over when convicted
Table A		
Prison sentence of more than 6 months to 2½ years	5 years	10 years
Prison sentence of 6 months or less	3½ years	7 years

6. Criminal Activity Section - cont.

Sentence	Rehabilitation Period	
	Aged 17 or under when convicted	Aged 18 or over when convicted
Table B		
Fines, Compensation Order, Probation Order, Community Service or Punishment Order, Combination Order, Action Plan Order, Drug Treatment and Testing Order, Reparation Order, Curfew Order	2½ years	5 years
Borstal Training (not applicable)	-	-
Detention more than 6 months less than 30 months – aged 15 or over when convicted	5 years	-
Detention 6 months or less – aged 15 or over when convicted	3½ years	-
Detention Centre Order (not applicable)	-	-
Referral Order	Once the order expires	
Miscellaneous		
Absolute Discharge	6 months	6 months
Conditional Discharge, Binding Over, Probation, Committal to Care of Fit Person, Supervision Order, Care Order	1 year from the date of conviction or the date when the order expires, whichever is the longest	
Remand Home Order, Approved School Order, Attendance Centre Order	1 year after the order expires	
Hospital Order, with or without a Restriction Order	5 years or 2 years after the order expires	
Cashiering, Discharge with Ignominy, Discharge with Disgrace from the Armed Forces	10 years	
Dismissal from the Armed forces	7 years	

Unspent convictions

You must tell us about any sentence which is excluded from rehabilitation – this means it is **never** spent.

Excluded sentences are:

- Life Imprisonment
- Sentence of Detention during Her Majesty's pleasure, or for life, or for a term exceeding 30 months.
- Sentence of Imprisonment exceeding 30 months
- Youth Custody or Corrective Training exceeding 30 months
- Sentence of Custody for life

6. Criminal Activity Section - cont.

To enable us to complete our enquiries and identify any applications that do not qualify for housing with Chevin Housing Association under our exclusions policy, we need accurate information about your convictions. Please answer the questions that follow and make sure you sign the general declaration on page 14.

If you or anyone who wants to be rehoused with you has any criminal convictions which are not spent as explained in the Rehabilitation of Offenders Act 1974, you must tell us about them here: You must set out all the details of the convictions in full. If you are not sure about whether or not a conviction is 'spent', please read the guidance table above.

PERSON ONE

Name

Date of conviction	Convicted for	Convicted at	Sentence

PERSON TWO

Name

Date of conviction	Convicted for	Convicted at	Sentence

7. Other details

7a. If you or anyone who wants to be rehoused with you has NOT lived continuously in the United Kingdom for the past 5 years, please give details:

Name	Current Address

Please give their addresses during this time:

Address	Date from	Date to

7b. Have you or anyone who wants to be rehoused with you, been evicted from Council, Housing Association or Registered Social Landlord housing for any reason?

Yes No

If yes, please give details below:

Property address	
Landlord's name	

Reason for eviction:

Rent Arrears Anti-Social Behaviour (ASB) Disrepair Other

7c. Have you, or anyone who wants to be rehoused with you, been the subject of an Anti-Social Behaviour Order (ASBO) or injunction?

Yes No

If yes, please give details below:

7. Other details - cont.

7d. Do you or a joint applicant have rent arrears?

Yes

No

If yes, how much?

£

Do you have a repayment plan in place?

Yes

No

8. Advocate or next of kin (someone who can speak on your behalf)

Would you like to give us details of an advocate or next of kin?

Yes

No

By providing this information, you are agreeing for them to be able to speak on your behalf about your application for re-housing.

Do not include yourself or any joint applicant

	First	Second
Title (e.g. Mr/Mrs/Miss/Ms)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
First name	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Home telephone number	<input type="text"/>	<input type="text"/>
Mobile telephone number	<input type="text"/>	<input type="text"/>
Relationship to you	<input type="text"/>	<input type="text"/>

9. Ensuring Equal Treatment

We are committed to ensuring and promoting equality and diversity in all areas of activity and responsibility including employment, housing and service provision. You do not have to give us this information, but by filling in the form, you will be helping us by giving us a better understanding of your individual needs. All of the information that you give to us will be treated in confidence and in accordance with the Data Protection Act 1998.

9. Ensuring Equal Treatment - cont.

Please describe your own ethnic origin and that of each member of your household who is listed on page 4.

Please tick (✓) one box only for you and each member of your household.

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
White						
White British	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gypsy or Irish Traveller	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other white background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixed race						
White and Black British	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White and Black Caribbean	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White and Asian British	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other mixed background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian or Asian British						
Asian British	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indian	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other Asian background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black or Black British						
Black British	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
African	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other Black background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chinese or other ethnic group						
Chinese British	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other						
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Ensuring Equal Treatment - cont.

Please identify the religion of each member of your household.

Please tick (✓) one box only for you and each member of your household.

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sikh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please identify if you or any of your household has an illness or disability.

Please tick (✓) as many boxes that apply to you and each member of your household.

I do not have a disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair user	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobility problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental ill health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - Please give details

Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Sensory impairment

Sight problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Communication

Difficulty speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Ensuring Equal Treatment - cont.

Do you need the information you receive to be in a different format?

	You	Your joint applicant
Large print	<input type="checkbox"/>	<input type="checkbox"/>
Audio	<input type="checkbox"/>	<input type="checkbox"/>
Braille	<input type="checkbox"/>	<input type="checkbox"/>

If English is not your first language, what is your preferred language for Chevin to contact your household? Please tick (✓) the appropriate box.

	Spoken	Written
Arabic	<input type="checkbox"/>	<input type="checkbox"/>
Bengali	<input type="checkbox"/>	<input type="checkbox"/>
Farsi	<input type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>
Polish	<input type="checkbox"/>	<input type="checkbox"/>
Punjabi	<input type="checkbox"/>	<input type="checkbox"/>
Somali	<input type="checkbox"/>	<input type="checkbox"/>
Urdu	<input type="checkbox"/>	<input type="checkbox"/>
Hindi	<input type="checkbox"/>	<input type="checkbox"/>

Other - *please give details*

Please identify your sexual orientation.

Please complete this section for applicants only, **not children.**

	You	Your joint applicant
Bisexual	<input type="checkbox"/>	<input type="checkbox"/>
Gay man	<input type="checkbox"/>	<input type="checkbox"/>
Gay woman/lesbian	<input type="checkbox"/>	<input type="checkbox"/>
Heterosexual/straight	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

10. Employment & Bank Details

Please describe the employment status of you and each member of your household.

Please tick (✓) one box only for each person.

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
In full-time employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In part-time employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self employed (either full or part-time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government supported training scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployed and available for work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full time education (school/college/university)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under school age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Looking after family/home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanently sick/disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing something else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have a bank account? YOU Yes No JOINT APPLICANT Yes No

We do not need details of your bank account but if you do not have a bank account, we may be able to help you access financial advice and support.

11. General Declaration

To the best of my knowledge, the information that I have given within this application form is correct. I understand that if I knowingly make false statements then my application may be cancelled or repossession proceedings may be implemented if I am given a tenancy.

I understand that all information that I give in this form will be strictly confidential and will only be used by Chevin Housing and those partners directly involved in providing housing management and services to me.

I give Chevin Housing permission to contact my existing and previous landlord(s) for details regarding any tenancies I held with them.

I give Chevin Housing permission to contact the Police, Courts or other relevant bodies, to make enquiries about the information I have provided.

I understand that the information given in the Ensuring Equal Treatment section will be used for monitoring purposes to help ensure equality of access to services for all Chevin customers.

RIGHT TO APPEAL: I understand that I have the right to appeal against any decision made regarding my application form. In such a situation I should contact the office detailed on the front of this form and ask for a copy of the complaints procedure which will explain how my complaint will be dealt with.

Signed: (Applicant) _____ Date:

Signed: (Joint Applicant) _____ Date:

PLEASE CHECK YOU HAVE COMPLETED ALL SECTIONS

We are committed to a policy of equal access to information.

If you would like this information in another language or format, or if you require the services of an interpreter, please contact us on **0845 270 1088**



CASSETTE



IN LARGE TYPE



BRAILLE



OR ANY OTHER FORMAT

Arabic

نحن ملتزمون بسياسة تكافؤ الوصول إلى المعلومات..

إذا كنت ترغب في الحصول على هذه المعلومات بلغة أو شكل آخر أو إذا كنت تتطلب خدمات مترجم فوري، رجاء اتصل بنا.

Bengali

তথ্যের সমান অভিগমনের নীতির বিষয়ে আমরা প্রতিশ্রুতিবদ্ধ।

আপনি যদি এই তথ্য অন্য ভাষা বা রূপে চান, অথবা আপনার যদি এক দোভাষীর পরিষেবার প্রয়োজন হয়, অনুগ্রহ করে আমাদের যোগাযোগ করুন।

Farsi

ما به سیاست برابری دسترسی به اطلاعات پایبند هستیم.

اگر مایل به دریافت این اطلاعات به زبان یا فرمت دیگری هستید، و یا به خدمات مترجمین شفاهی نیاز دارید، لطفاً با ما تماس بگیرید.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਸੂਚਨਾ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਜਾਂ ਰੂਪ ਵਿਚ ਚਾਹੀਦੀ ਹੈ, ਜਾਂ ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀਆਂ ਸੇਵਾਵਾਂ ਦੀ ਜ਼ਰੂਰਤ ਹੈ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

Somali

Waxaa naga go'an siyaasadda awood u helidda warka oo loo wada siman yahaye.

Haddii aad jeclaan lahayd warkaan oo ku qoran luqad kale ama qaab kale u qoran, ama haddii aad u baahan tahay adeeg turjumaan afka ah, fadlan nala soo xiriir.

Urdu

ہم معلومات تک مساوی دسترسی کی پالیسی کے پاسدار ہیں۔

اگر آپ ان معلومات کو کسی دوسری زبان یا صورت میں چاہتے ہیں، یا اگر آپ کو کسی مترجم کی خدمات درکار ہیں، تو برائے مہربانی ہم سے رابطہ کریں۔

French

Nous appliquons une politique d'égalité d'accès aux informations.

Si vous souhaitez consulter ces informations dans une autre langue ou sous un autre format, ou si vous avez besoin des services d'un interprète, veuillez nous contacter.

Polish

Klerujemy si zasad równego dost pu do informacji.

Je eli chcial(a)by otrzyrna ten tekst w Innym j zyku lub formacie b d potrzebujesz tlumacza, prosimy o skontaktowanie si z nami.



Charitable
A member of the Together Housing Group

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Version 3 April 2011

HC Reg No: L4160 I&PS Act No: 28687R (Parent)

