

Revised June 2013

Please read the 'Guide to West Norfolk Homechoice' before you fill in this form.

If you also want to be considered for shared ownership or other affordable options to buy, you should ask for another form: 'West Norfolk Homechoice Low Cost Home Ownership'.

Please complete the form **in full** and return it to **West Norfolk Homechoice, Housing Services, Borough Council of King's Lynn & West Norfolk, King's Court, Chapel Street, King's Lynn, Norfolk PE30 1EX. www.west-norfolk.gov.uk** If you need help or advice completing the form, please telephone West Norfolk Homechoice on 01553 616678.

For office use only		
Date received:	Registration No:	Medical Form received:
SN Form received:	Relevant date:	Banding:

Section A: About You – Please complete in BLOCK CAPITALS

	First applicant	Joint applicant (if you are making a joint application)
Surname		
First Names		
Ms/Mrs/Miss/Mr		
Date of birth		
National Insurance Number		
Contact address		
Home telephone		
Mobile telephone		
Messages can be left For me at this number		
Have you ever been known by another name?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what was your name?		
Returning from abroad		
Have you or any joint applicants applying with you arrived in or returned to the UK in the last 5 years, after living abroad?		
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please give details		

Are you subject to immigration control?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a permanent right of residence in the UK? If no, please provide copies of your passport and entry visas.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section B: Details of everyone who will live with you in your new home

Please do not include yourself or any joint applicant.

Surname	First names	Date of birth	Relationship to you	Male/ Female	Are they living with you now?

If anybody mentioned above is not living with you now, please give the following details:

Name	
Address	
Why do they live elsewhere now?	

Pregnancy - Are you, or any of the people mentioned in Section A or B, pregnant?

Yes No If yes, who is pregnant?

Name	
When is the baby due?	

Please provide proof of pregnancy from a midwife, hospital or doctor.

Medical problems - Please tell us below about anyone with medical problems or disability who will be living with you and about how their current accommodation causes them problems.

Name	Medical problem/disability	How current accommodation affects them

Does anyone listed in Section A or B use a wheelchair? Yes No

Care and support needs - Does anyone listed in Section A or B need care or other support from health, social services or an independent care agency?

Yes No If yes, please give details below.

Employment details	Employer's name and address		Do you work full time/ part time?	
First applicant				
Joint applicant				
Income details	First applicant Per week	or month	Joint applicant Per week	or month
Gross pay (before deductions for Tax & National Insurance)	£	£	£	£
Income Support	£	£	£	£
Incapacity Benefit	£	£	£	£
Child Benefit	£	£	£	£
Other state benefits (e.g. Working Families Tax Credit)	£	£	£	£
State pension	£	£	£	£
Occupational pension	£	£	£	£
Maintenance	£	£	£	£
Total Income	£	£	£	£
Savings & Investments (Total joint amount to the nearest £100)	£			
Please remember to attach proof of your household income and identity e.g. passport or birth certificate, for each member of your household				
If you are an owner or part owner of a property (house, caravan, boat) here or abroad? If yes, please give the address and complete the boxes below.				
Address				
Estimated value of your property	£	Have you placed your home for sale?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Total mortgage you owe	£	Monthly mortgage payments	£	

Section C: Housing history

Where have you been living in the past 6 years. Please give details of where you and the joint applicant have been living during the last 6 years.

Applicant (please give your current address first) (continue over page)

Address	Name & address of the landlord/owner	Were you a tenant, lodger or owner	Date in	Date out	Reason for leaving

Address	Name & address of the landlord/owner	Were you a tenant, lodger or owner	Date in	Date out	Reason for leaving

Joint Applicant

Address	Name & address of the landlord/owner	Were you a tenant, lodger or owner	Date in	Date out	Reason for leaving
				X	X

Do you or does anyone who will live with you, owe money to any current or previous landlord?

Yes No

If yes, please give the name and address of the former landlord and say how much you owe.

If yes, please give the name and address of the former landlord and say how much you owe.			
Amount owing	£	Address	
Amount owing	£	Address	

Section D: Why you want to move

Your current home

Please tick one box below to show your current housing situation

Tenant of a Housing Association	<input type="checkbox"/>	Tenant of a private landlord	<input type="checkbox"/>
Owner occupier	<input type="checkbox"/>	Tenant of another council	<input type="checkbox"/>
Living with parents	<input type="checkbox"/>	Supported housing	<input type="checkbox"/>
Living with family (grandparents, child, grandchild, brother, sister, uncle, aunt, nephew or niece)	<input type="checkbox"/>	Bed & breakfast	<input type="checkbox"/>
Living with friends or lodging	<input type="checkbox"/>	Hospital or nursing home	<input type="checkbox"/>
Hostel or refuge	<input type="checkbox"/>	Prison	<input type="checkbox"/>
Homeless/no fixed address	<input type="checkbox"/>	Armed forces accommodation	<input type="checkbox"/>
Other (Please give details)	<input type="checkbox"/>	

Type of property you are currently living in (please tick as appropriate)

House	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>	Maisonette	<input type="checkbox"/>	Flat	<input type="checkbox"/>
Other	<input type="checkbox"/>	Please describe.....					

If you live in a flat or maisonette, is it on the ground floor?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
If above ground floor, which level?		Is there a lift?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have a garden/yard?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		

Please give details of the number and size of the bedrooms in your current home and who sleeps there, following the example given in the first box below.

Bedroom Size (e.g. 10 feet x 12 feet) Who sleeps there (give name, age and relationship to you)

1	10 feet x 12 feet	Alan Smith, Aged 9, Son

Facilities in your home	
Do you share any of the following facilities with anybody that is not a member of your family (i.e. parent, grandparent, child, grandchild, brother, sister, uncle, aunt, nephew or niece)? Please tick the appropriate box.	
Kitchen <input type="checkbox"/>	Bath or shower <input type="checkbox"/> Toilet <input type="checkbox"/>
If you are lacking any of the above facilities or if your home is in serious disrepair please give details.	
Security of tenure	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been asked to leave your current home?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been served with a Notice to Quit or a Notice of Seeking Possession?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has a court served you with a Possession Order?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please tell us why you can no longer stay in your present home	
Please tell us why you want to move , for example to be nearer your family, for work reasons or because of any problems you have. Please attach any supporting evidence or copies of documents , such as a social worker's report or a letter from your employer.	

Section E: About the property you would like to rent

<p>The property adverts are placed in the Property Section of the Friday edition of the Lynn News, on our website www.west-norfolk.gov.uk, and at the Council's offices in King's Lynn, Downham Market and Hunstanton. The Guide to West Norfolk Homechoice provides you with information on how to bid for properties. If you think that you will need special help to find the adverts and making bids for properties, please tell us why below.</p>

Is there anybody that you would like us to be able to discuss your application with (this may be a friend, relative or professional worker)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name	Telephone number	Relationship to you e.g. friend, social worker	
Local connection to the Borough of King's Lynn & West Norfolk Have you been living in the Borough for more than 3 years?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Local connection to a village within the district of West Norfolk Do you have a local connection with any of the villages in the district of West Norfolk?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, please tell us what the connection is, below. The Guide to West Norfolk Homechoice tells you what we mean by 'local connection'.			
Name of village	Connection		
Where would you like to live West Norfolk Homechoice allows you to apply for advertised properties anywhere in the Borough. To help us plan housing for the future, please indicate below where you would most like to be housed.			
What kind of home would you like To help us plan housing for the future please tick below the type of home you would prefer.			
House <input type="checkbox"/>	Maisonette <input type="checkbox"/>	Flat <input type="checkbox"/>	
Sheltered accommodation for over 60s <input type="checkbox"/>		Bungalow <input type="checkbox"/>	
Housing with care for the frail elderly (for those with significant care needs as assessed by Social Services)			<input type="checkbox"/>
Accommodation adapted for the disabled (e.g. for a wheelchair, level access shower)			<input type="checkbox"/>
If you use a wheelchair please tick the appropriate box.			
Both inside and outside the home		<input type="checkbox"/>	
Inside only <input type="checkbox"/>	Outside only <input type="checkbox"/>		
Please tick the number of bedrooms that you need.		One <input type="checkbox"/>	Two <input type="checkbox"/>
		Three <input type="checkbox"/>	Four <input type="checkbox"/>
		Five <input type="checkbox"/>	
If you are currently a Housing Association tenant would you be interested in a Mutual Exchange? (see the Guide to West Norfolk Homechoice).		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section F: Confidential disclosure

Failure to complete and sign this section will prevent us from considering your application to join the register.

Unacceptable/inappropriate (anti-social behaviour)	
Have you (or a member of your household) ever been guilty of the following offences or evicted from your property or threatened with eviction on the following grounds:- Please tick where appropriate.	
1 Rent arrears	Yes <input type="checkbox"/> No <input type="checkbox"/>
2 Breach of tenancy conditions	Yes <input type="checkbox"/> No <input type="checkbox"/>
3 Conduct causing or likely to cause a nuisance or annoyance to persons in the locality	Yes <input type="checkbox"/> No <input type="checkbox"/>
4 Conviction for using the property for an immoral or illegal purpose	Yes <input type="checkbox"/> No <input type="checkbox"/>
5 Conviction for an arrestable offence committed in the property or in the locality of the property	Yes <input type="checkbox"/> No <input type="checkbox"/>
6 Under-occupation of the property following the breakdown of a relationship due to violence or threats of violence	Yes <input type="checkbox"/> No <input type="checkbox"/>
7 Deterioration in the condition of the property	Yes <input type="checkbox"/> No <input type="checkbox"/>
8 A false statement which induced the landlord to grant the tenancy	Yes <input type="checkbox"/> No <input type="checkbox"/>
9 The charge of or paying a premium on an exchange of a tenancy	Yes <input type="checkbox"/> No <input type="checkbox"/>
10 Inappropriate conduct in respect of the property if the property was occupied as an employee of the landlord	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sex offenders	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you or a member of your household appear on the Sex Offenders register?	
If you answered yes above, what is the name of the person on the register?	
Please give the expiry date of the register entry.	

Help West Norfolk Homechoice to help you

If you have answered 'yes' to any of the questions in this confidential disclosure West Norfolk Homechoice will need to consider and investigate the information you have given. This does not automatically mean that you will be unable to join the Housing Register or be given lower priority. If you have answered 'yes' to any of the above questions please give details below, including addresses, owner of the property and any relevant dates. Please give below any information to support your belief that your circumstances or behaviour has changed and which you would like to be taken into account.

Support needs

If you think that you may need assistance in helping you to keep to your side of a tenancy agreement, please tell us so that we can advise your future landlord. This will enable them to try and arrange appropriate support for you. Please tell us in the box below what your support needs are.

Declaration and Warning

I authorise West Norfolk Homechoice to make any enquiries necessary to check the information I have given on this form and to pass on details of any housing support needs to any future landlord. I will tell West Norfolk Homechoice in writing of any change in my housing circumstances and will complete a new application form if I change my address. All the information given on this form is a full statement of my/our circumstances and all the details are true and complete. I authorise West Norfolk Homechoice to provide a copy of this application form to any of its partner landlords when being considered by them for an offer of accommodation. I understand that if I am made an offer of accommodation as a result of a false or misleading statement, the landlord may withdraw the offer and take legal action to end any tenancy that I/we have already signed for.

Your signature

Date

Joint applicant's
signature

Date

Please make sure that both applicants (if applicable) sign the declaration.

Data protection

West Norfolk Homechoice will use your information for Housing Register purposes. We may share the information you have provided with government agencies/departments, local authorities and registered social landlords to check the accuracy of the information, as permitted by law. The Council, in order to protect public funds that they handle may use the information on this form to prevent and detect fraud and may share it with other organisations for that purpose. You have a right to ask for a copy of the information we hold on you, which is subject to the Data Protection Act 1998 (for which a small charge will be made) and to correct any inaccuracies.

Equal opportunities monitoring

We aim to treat all applicants fairly. To ensure that West Norfolk Homechoice and partner Housing Associations do not discriminate against anyone we need to collect information from everyone who applies for housing. The information you provide will be kept confidential and only used for monitoring purposes. You do not have to answer the questions if you prefer not to.

Documents

Please remember to enclose the documents we have asked for, if appropriate:

- Proof of pregnancy - including due date
- Copies of your passport and entry visas
- Evidence or copies of documents showing why you need to move
- Worker Registration documents/Residence permit
- Most recent wage slip/proof of benefits

Please note that failure to provide all appropriate documentation may result in your application being cancelled or receiving less priority

Ethnic Origin Please tick the group that best describes your household.

- White** British
 Irish
 Any other White background please state
- Mixed** White and Black Caribbean
 White and Black African
 White and Asian
 Any other Mixed background, please state
- Asian or Asian British** Indian
 Pakistani
 Bangladeshi
 Any other Asian background, please state
- Black or Black British** Caribbean
 African
 Any other Black background, please state
- Chinese or other ethnic group** Chinese
 Any other, please state
- Gypsy/Traveller** If you are a gypsy or traveller please indicate what type.
 Tick any that apply
 Romany
 Irish
 Gypsy
 Traveller
 New Age

Sexuality Please tick one box.

- Bisexual Heterosexual straight Gay man Lesbian

Religion/Belief Please tick one box.

- No religion Christian Buddhist Hindu
 Jewish Muslim Sikh Other (please write in)

Disability - Do you consider yourself to be disabled?
 If yes please tick the boxes below that apply to you.

Yes No

- Mobility Hearing impairment Visual impairment Learning difficulty
 Mental health condition Other long-standing illness or health condition

What is your first language?

We are keen to ensure our services are provided to customers in the most appropriate manner. For this purpose we would be grateful if you could state your first language.

If your first language is not English, please indicate by ticking the box, if you can

understand spoken English understand written English

(this question is reproduced in the five other languages most commonly spoken in West Norfolk below)

Russian	<p>Какой ваш родной язык?</p> <p>В целях повышения качества обслуживания наших клиентов, просим указать ваш родной язык.....</p> <p>Если английский не является для вас родным языком, просим пометить галочкой, можете ли вы:</p> <p><input type="checkbox"/> понимать устную речь на английском языке <input type="checkbox"/> понимать письменные тексты на английском языке</p>
Portuguese	<p>Qual é a sua Língua de Origem?</p> <p>Empenhamo-nos em assegurar que os nossos serviços são proporcionados da forma mais adequada aos nossos clientes. Para este fim, agradecemos que aqui declarasse a sua língua de origem</p> <p>Se a sua língua de origem não for o inglês, queira indicar ao assinalar no caixilho se pode:</p> <p><input type="checkbox"/> compreender o inglês falado <input type="checkbox"/> compreender o inglês escrito</p>
Polish	<p>Podaj Twój ojczysty język?</p> <p>Naszym celem jest zapewnienie naszym klientom serwisu na najwyższym poziomie. W tym celu prosimy o określenie ojczystego języka.</p> <p>Jeśli angielski nie jest Twoim ojczystym językiem, proszę zaznaczyć najbardziej odpowiednie dla państwa:</p> <p><input type="checkbox"/> angielski w mowie rozumiany <input type="checkbox"/> pisany angielski rozumiany</p>
Lithuanian	<p>Kokia yra Jūsų Gimtoji kalba?</p> <p>Siekiant pagerinti klientų aptarnavimo kokybę, mes būtume dėkingi jeigu Jūs informuotumete kokia yra Jūsų gimtoji kalba.</p> <p>Jeigu angli kalba nėra Jūsų Gimtoji kalba, prašome pažymėti jeigu Jūs galite:</p> <p><input type="checkbox"/> Suprasti šnekamąją angli kalba <input type="checkbox"/> Suprasti rašytinę angli kalbą</p>
Latvian	<p>Kadu jūsu pirmo valoda?</p> <p>Mes ļoti velamies, lai mūsu pakalpojumi tiek sniegti klientiem vispiemerotākajā. Šim nolūkam mes būtu pateicīgi, ja jūs varetu norādīt savu pirmo valodu.</p> <p>Ja jūsu valoda nav angļu, lūdzu norādīt atzīmejot lodzinu, ja jūs varat:</p> <p><input type="checkbox"/> Suprast runato angļu <input type="checkbox"/> Suprast ranstveida angļu</p>

Borough Council of
**King's Lynn &
West Norfolk**



www.west-norfolk.gov.uk

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West Norfolk Homechoice Housing Services

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