

Housing Needs Register and Low Cost Home Ownership Application Form

**Telephone number: 01372 732434
contactus@epsom-ewell.gov.uk
www.epsom-ewell.gov.uk**

If you would like a copy of this document in **large print**, on tape or in Braille, please contact Housing Services on 01372 732428.

If you require a translation in your language, please contact:

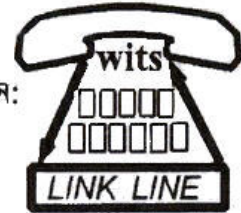
ਜੇਕਰ ਤੁਹਾਨੂੰ ਆਪਣੀ ਜ਼ਬਾਨ 'ਚ ਅਨੁਵਾਦ ਚਾਹੀਦਾ ਹੈ, ਤਾਂ ਕ੍ਰਿਪਾ ਕਰਕੇ ਸੰਪਰਕ ਕਰੋ:

જો તમને પોતાની ભાષામાં ભાષાંતર જોઈએ છે, તો મહેરબાની કરીને સંપર્ક સાધો:

Se necessitar de uma tradução, contacte por favor:

যদি আপনার নিজের ভাষায় অনুবাদ চান তাহলে অনুগ্রহ করে যোগাযোগ করুন:

اگر آپ کو ترجمہ اپنی زبان میں چاہئے تو براہ کرم ہمارے مہرمانی رابطہ کریں۔



01483 750548

ABOUT THIS APPLICATION FORM

This is the application form to join the Council's Housing Needs Register. Please read the separate Housing Needs Register and Allocations Summary policy document before completing this form.

When returning your application form please ensure that all sections of the form are fully completed or if they are **not applicable**, stated as so. **Also ensure that all the following appropriate documents are included with your application form.** Where it is a joint application please provide documents for BOTH applicants.

If the form is not completed properly or documentation is not provided, it will not be processed and returned to you.

In order that we are able to process your application we need see all **ORIGINAL** documents supporting your application. They will be copied and returned to you. The following documents are required:

I WOULD ADVISE YOU THAT FAILURE TO FULLY COMPLETE THE APPLICATION FORM AND PROVIDING SUPPORTING DOCUMENTS WILL DELAY OR PREVENT YOUR APPLICATION BEING PROCESSED.

1. Proof of your identification (photographic ID). Please provide one of the following:

Please note that in order to verify the information you have provided and to prevent fraud, any applicant(s) shortlisted for a property will have their details checked by other sources as allowed by the law. Prior to being offered a property you will be asked to provide further documents to support your application

<ul style="list-style-type: none"> • Passport • Photocard Driving Licence 	<ul style="list-style-type: none"> • Official identity card • Passport size photo signed in true likeness of you, by any professional who is qualified to sign a passport, stating their profession.
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2. Proof of immigration status if you are subject to immigration control.

3. Proof of your Address. Please provide one of the following:

<ul style="list-style-type: none"> • Medical Card • Benefit Book • Tenancy Agreement 	<ul style="list-style-type: none"> • Bank Statement • Utility Bill • Rent Book
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4. If you are pregnant or have a child(ren) please provide one of the following:

<ul style="list-style-type: none"> • Proof of pregnancy 	<ul style="list-style-type: none"> • Birth certificates for your child(ren)
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5. If you are an owner-occupier or owner of a property please provide both of the following:

<ul style="list-style-type: none"> • Two official valuations of the property 	<ul style="list-style-type: none"> • Full details of any outstanding mortgages &/or charges on the property
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6. If you have owned a property previously, but no longer do, please provide the following:

<ul style="list-style-type: none"> • Proof of sale of the property 	<ul style="list-style-type: none"> • Equity received and/or proof that you no longer have any financial interest in the property
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e.g. if the property has been made over as part of a divorce settlement etc. This can be letters from solicitors, mortgage company, bank or building society etc.

7. If appropriate supporting reports from:

<ul style="list-style-type: none"> • Environmental Health • Police 	<ul style="list-style-type: none"> • Welfare • Doctors
--	--

If you have any queries or if you need any help completing the form please contact the Council's Housing Needs Officer on **01372 732434**.

**IF NOT COMPLETED PROPERLY OR DOCUMENTATION NOT PROVIDED.
YOUR FORM WILL NOT BE PROCESSED AND RETURNED TO YOU.**

1. MAIN APPLICANT

Mr/Mrs/Ms/Miss/Other – SurnameFirst Name(s):

Date of Birth:Marital Status:.....NI Number:.....

Present Address (or Contact Address):

..... Post Code

Home Tel No: Work Tel No:

Mobile Tel No: Email Address:

Date you moved to this Address?

JOINT APPLICANT

Mr/Mrs/Ms/Miss/Other – SurnameFirst Name(s):

Date of Birth:Marital Status:.....NI Number:.....

Present Address (or Contact Address):

..... Post Code

Home Tel No: Work Tel No:

Mobile Tel No: Email Address:

Date you moved to this Address?

2. MEMBERS OF YOUR HOUSEHOLD

Please give details of everyone who would live with you if you were housed excluding main and joint applicant.

(Please only include children for whom you have the main responsibility. That is you have their care and control and they live with you the majority of the time).

Surname	First Name(s)	Date of Birth	Male Female	Relationship to Main applicant
		/ /	M / F	
		/ /	M / F	
		/ /	M / F	
		/ /	M / F	
		/ /	M / F	
		/ /	M / F	
		/ /	M / F	

Are all the persons named under question 2 living with you now? If applicable

Please tick appropriate box:

YES NO

If **NO** – Please give below the name and current address of each person who is living apart from you and the reason why they are not living with you at the present time.

Name & address	Date of Birth	Reason not living with you	Relationship to main applicant

3. PREGNANCY

Please name any member of your household who is pregnant?

YES NO

What date is the baby due?

/ /

4. MEDICAL, SOCIAL OR WELFARE CIRCUMSTANCES

Does anyone in your household have a medical condition which may affect your housing?

YES NO

Do you need to move on welfare or hardship grounds?
i.e. in order to give or receive care, take up employment etc.
If **YES** please provide plus supporting documentation

YES NO

You need to move due to domestic violence, racial harassment or crime?
If **YES** please provide full details i.e. police reports

YES NO

Please explain if you think you have any specific housing needs that you think should be taken into consideration:

Please let us know if you would like anyone to **act/bid** on your behalf.
Please give details of person below.

Name	Address	Telephone Number

5. DETAILS OF PRESENT ACCOMMODATION (please tick **ONE** box only):

The box you tick will help us assess the priority you should have. Details will be confirmed during a home visit before you are offered accommodation.

- | | | | | | |
|--|--------------------------|--|--------------------------|--|--------------------------|
| The Councils' Bond Guarantee Scheme | <input type="checkbox"/> | Housing Association Short Term Accommodation | <input type="checkbox"/> | Housing Association Tenant/Licensee | <input type="checkbox"/> |
| Privately Rented | <input type="checkbox"/> | Living in a hostel/refuge | <input type="checkbox"/> | Homeless at Home | <input type="checkbox"/> |
| Living at home with parents | <input type="checkbox"/> | In accommodation provided with your job | <input type="checkbox"/> | Squatting | <input type="checkbox"/> |
| Staying temporarily with friends/relatives | <input type="checkbox"/> | Owner (buying with a mortgage or own outright) | <input type="checkbox"/> | In hospital/prison/ other institution | <input type="checkbox"/> |
| Lodger | <input type="checkbox"/> | Shared ownership (part rent/party buy) | <input type="checkbox"/> | Completely homeless i.e. sleeping outdoors | <input type="checkbox"/> |
| Living in bed & breakfast | <input type="checkbox"/> | Council Tenant | <input type="checkbox"/> | Serving in HM Forces | <input type="checkbox"/> |
| Group Home/Floating Support Scheme | <input type="checkbox"/> | Other (Please Describe) | <input type="checkbox"/> | | |

6. TYPE OF PROPERTY (please tick **ONE** box only):

Please provide details below of the type accommodation you and your household currently live in.

- | | | | | | |
|---------------------------------------|--------------------------|-------------------------|--------------------------|---------------------|--------------------------|
| Lodging house or hotel | <input type="checkbox"/> | Maisonette | <input type="checkbox"/> | Mobile home/caravan | <input type="checkbox"/> |
| Hostel | <input type="checkbox"/> | Bungalow | <input type="checkbox"/> | Boat | <input type="checkbox"/> |
| House | <input type="checkbox"/> | Bedsit | <input type="checkbox"/> | Flat | <input type="checkbox"/> |
| Prison, hospital or other institution | <input type="checkbox"/> | Other (Please Describe) | <input type="checkbox"/> | | |

7. ROOMS YOU HAVE USE OF

Rooms you and your **PROPOSED** household have the right to use.

	Total in property	<u>How many</u> rooms can you use?	Shared Use
Bedroom/s	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		<input type="checkbox"/>
Living Room/s	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		<input type="checkbox"/>
Kitchen/s	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		<input type="checkbox"/>
Bathroom/s	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		<input type="checkbox"/>
WC (Inside)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		<input type="checkbox"/>
WC (Outside)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		<input type="checkbox"/>

8. BEDROOMS

Please provide details below of the sleeping arrangements in your current accommodation.

ROOM	WHO SLEEPS IN THESE ROOMS	RELATIONSHIP TO YOU	APPROX. DIMENSIONS
Bedroom1			
Bedroom 2			
Bedroom 3			
Bedroom 4			
Living Room			
2nd Living/Dining Room			

9. CONDITION OF THE PROPERTY

Does the property you live in **lack** facilities or is it in poor condition?

- Lacking W.C YES NO
- Lacking Bath/Shower YES NO
- Lacking Kitchen/Cooking facilities YES NO
- Lacking Hot/Cold Water Supplies YES NO

Is the property unfit or overcrowded as assessed by the a Council’s Environmental Health Department? YES NO
 If **YES** please enclose report by Environmental Health Department.

10. COST OF YOUR CURRENT ACCOMMODATION

How much is your full rent/mortgage?	£
Landlords Name & Address	
Landlords Telephone Number	

11. PETS

Do you have any pets? *Please tick appropriate box* YES NO

If **YES**, please provide details:

(If you have answered yes, there may be some restrictions on the accommodation you can be considered for and may restrict our ability to help you. You may wish to discuss this further with the Housing Needs Officer).

12. PREVIOUS ADDRESSES

Please list below your addresses for the **past 5 years** and the tenure, (e.g. Council tenant/Housing Association tenant/Owner Occupier/Private rented/Lodger/Tied). If you are not currently living in Epsom & Ewell please also list all previous addresses within the borough (if any). Please start with the most recent.

Main Applicant:

Address	DD/MM/YY	DD/MM/YY	Tenure	Reason for Leaving

Joint Applicant:

Address	DD/MM/YY	DD/MM/YY	Tenure	Reason for Leaving

13. HOMELESSNESS

Have you or any member of your household been or are at the present time homeless with this or another Local Authority? YES NO

Please provide full details

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14. CURRENT OR PREVIOUS PROPERTY OWNERSHIP

Do you or any member of your household currently own any property either in sole or joint names? YES NO

If **YES** please provide **2 estate agent's valuations** of the property, details of any mortgage outstanding and the name and address of the mortgage company.

.....

.....

Have you or any member of your household **ever** owned solely or jointly any property? YES NO

If **YES** please state why the property was left and provide proof that the person no longer owns the property or has any financial interest in the property.

.....

.....

15. NUISANCE & ANTI SOCIAL BEHAVIOUR

Have you or a member of your household ever received a Notice of Seeking Possession on any of the following grounds?

- Rent arrears or breach of tenancy agreement YES NO
- Nuisance or annoyance to neighbours or illegal or immoral use of the Property YES NO
- Deterioration in the condition of the property YES NO
- Deterioration in the condition of the furniture provided by the landlord YES NO
- Tenancy obtained by false statement YES NO
- Premium received or paid in connection with a Mutual Exchange YES NO
- Property that is part of a building used mainly for non-housing purposes and was let to the tenant as an employee of the landlord and the tenant is guilty of conduct that means it is not appropriate for him/her to continue to occupy YES NO

If you have answered **YES** to any of these questions please provide a letter from your landlord giving full details. including date of notice, name and address of landlord and whether you were evicted for those reasons:

Are you or any member of your household currently in debt to a current or previous landlord? YES NO

If you have answered **YES** to this question please give details of the landlord you owe money to and the amount of the outstanding debt:

Amount Owed	Name and Address of Landlord
£	
£	

16. INCOME & EMPLOYMENT DETAILS

Please give details of members of proposed household who are in employment:

	Applicant 1	Applicant 2	Applicant 3
Job Title/Occupation			
Name and Address of place of work			
Annual (yearly) salary?	£	£	£
Frequency of pay			
Hours worked per week			
Start date of employment			

17. OTHER INCOME, WELFARE BENEFITS AND SAVINGS

Please give details of other income for all adult members of the proposed household.

Name:	Name:	Name:	Name:
Income Support/Job Seekers Allow.	£	£	£
Working Tax Credit	£	£	£
Child Benefit	£	£	£
Child Tax Credit	£	£	£
Disability Living Allowance	£	£	£
Incapacity Benefit	£	£	£
State Pension	£	£	£
Retirement pension from employer	£	£	£
Housing Benefit	£	£	£
Other: (please specify)	£	£	£

Total savings and capital to the nearest £10 .
This box **must** be completed – if nil write nil.

£

18. TYPE OF HOUSING REQUIRED

Please indicate below whether you are applying for.

Housing Association rented? YES NO
Low Cost Home Ownership/ Homebuy? YES NO

19. HOUSING FOR OLDER PEOPLE

Applicants over 60 are usually considered for Sheltered Housing (with a warden) or Designated Elderly. Active elderly people are also considered for general needs flats.

If you wish to be considered for any of these schemes, please tick below.
(This can be discussed further with the Council's Housing Needs Officer.)

West Hill Court – Stamford YES NO
John Gale Court – Ewell YES NO
Norman Colyer Court – Court Ward YES NO
Tomlin Court – Court Ward YES NO
Mathias House – Town Ward YES NO
Servite House – Cuddington Ward YES NO
Designated Elderly YES NO
Auto Bidding YES NO

20. CHOICE

Epsom & Ewell Borough Council seeks to extend choice to all eligible applicants for social housing by giving them an opportunity to express their preference for area and type of housing through the Council's choice based letting scheme, Epsom & Ewell Home Choice, www.eebc-homechoice.org.uk.

Choice based lettings or CBL is a new way of allocating social housing that will give our applicants more choice. The scheme allows people to apply or bid for advertised social housing association vacancies through an inter-active website and an automated telephone service. Applicants can see a full range of available properties and apply or bid for any to which they are matched. The successful applicant will be the person with the highest priority for the property that they have bid for.

If you are accepted on to the Housing Needs Register we will write let you know how to use Epsom and Ewell HomeChoice and provide you with:-

- Your login details
- Your housing application number,
- Your points total and your band for East Surrey Home choice
- Your "effective" date
- The number of bedrooms you are entitled to.

WHERE THE PROPERTIES ARE.

Ewell Court Ward

1 Bed Flats
Sheltered_1 Bed

West Ewell Ward

1 Bedroom Flats
2 Bedroom Flats
2 Bedroom Maisonettes
2 Bedroom Houses
3 Bedroom Houses

Ruxley Ward

1 Bedroom Flats
2 Bedroom Flats
2 Bedroom Maisonettes
2 Bedroom Houses
3 Bedroom Flats
3 Bedroom Houses
4 Bedroom Houses

Court Ward

Sheltered 1 Bedroom Flats
1 Bedroom Bungalows
1 Bedroom Flats
2 Bedroom Flats
2 Bedroom Maisonettes
2 Bedroom Houses
2 Bedroom Bungalows
3 Bedroom Houses
4 Bedroom Houses
Tomlin Court
Norman Colyer Court

Stamford Ward

1 Bedroom Flats
2 Bedroom
Maisonettes
2 Bedroom Houses
3 Bedroom Houses
4 Bedroom Houses

Town Ward

1 Bedroom Retirement Age
1 Bedroom Sheltered
1 Bedroom Flats
2 Bedroom Flats
2 Bedroom Maisonettes
2 Bedroom Houses
3 Bedroom Houses
Mathias House
Ash Mews

Cuddington

Cuddington Ward

Sheltered Bedsits
Sheltered_1 Bed. 1 Person
Sheltered 1 Bed. 2 Persons
2 Bedroom Maisonettes
2 Bedroom Flats
Servitte House

Auriol

Auriol Ward

3 Bedroom Houses

Ewell Court

West Ewell

Ewell

Court

Town

Stamford

College

Woodcote

College Ward

1 Bed Flats
1 Bed Retirement Flats
Albert Road

Woodcote Ward

1 Bedroom Retirement Age
2 Bedroom Houses
3 Bedroom Houses

Nonsuch

Stoneleigh Ward

1 Bedroom Flats
1 Bedroom Bungalows
Retirement age only.

Nonsuch Ward

No Housing
Association
Prnorties

Ewell Ward

1 Bedroom Flats
2 Bedroom Maisonettes
2 Bedroom Houses
John Gale Court
Elmwood Close
Carpenter Close

21. LOCAL CONNECTION

If you neither live nor work in Epsom and Ewell but have close family living in the Borough i.e. mother, father, son, daughter, sister, brother, please give their full details:

Name	Address	Length of Residence	Relationship to You

22. ETHNIC ORIGIN

Epsom and Ewell Borough Council is committed to equality of opportunity and records and monitors the ethnic origin of all housing applicants to ensure all applicants are treated fairly in access to the Housing Needs Register, in the assessment of applications and in the nomination and allocation of housing. We would therefore be grateful if you would provide details of your ethnic origin and that of the joint applicant:

	Main Applicant	Joint Applicant		Main Applicant	Joint Applicant
White British	<input type="checkbox"/>	<input type="checkbox"/>	Indian	<input type="checkbox"/>	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	<input type="checkbox"/>
White Other	<input type="checkbox"/>	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
Black African	<input type="checkbox"/>	<input type="checkbox"/>	Any Other Asian Background	<input type="checkbox"/>	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	<input type="checkbox"/>
Black Other	<input type="checkbox"/>	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>	<input type="checkbox"/>	Any other Mixed Background	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>	Not Stated	<input type="checkbox"/>	<input type="checkbox"/>
Other Ethnic Origin	<input type="checkbox"/>	<input type="checkbox"/>			

23. IMMIGRATION STATUS

- Are you a British Citizen? YES NO
- If you have a partner are they a British Citizen? YES NO
- Have you or anyone on your application lived outside the UK in the last five years? YES NO
- If **YES** please give details:.....
- Under the immigration Act 1996 are you subject to immigration control? YES NO
- If you have a partner are they subject to immigration control? YES NO
- Are you habitually resident in the Common Travel Area? YES NO
- If you have a partner are they habitually resident in the Common Travel Area?. YES NO

The Common Travel Area is the UK, Channel Islands, Isle of Man and Republic of Ireland.

24. DECLARATION, DATA PROTECTION AND AUTHORISATION

It is a requirement that we maintain and store all housing applications. The law states that we must obtain your permission to do this. Please read & sign the following.

1. I/We give my/our permission for Epsom & Ewell Borough Council to record and store my/our personal information.

2. I/We give my/our permission for Epsom & Ewell Borough Council to pass on my/our personal information to Citizens Advice Bureaux, Housing Associations & other Local Authorities, including Social Services teams.

3. I/We certify the particulars and information given on this application are true to the best of my/our knowledge and undertake to notify Epsom and Ewell Borough Council of any significant changes in circumstances, which affect the answers given. I/We understand that any offer of housing made as a result of deception will be cancelled and any tenancy granted will be terminated forthwith. I/We authorise Epsom and Ewell Borough Council to make any enquiries considered necessary to verify the information given in connection with this application.

4. I /We authorise Epsom & Ewell Borough Council to make any enquires considered necessary to verify the information given in connection with this application. I understand the council may check this information with other sources as allowed by the law.

Evidence of your right to reside in the UK if you are NOT a British Citizen (e.g. passport and other relevant documents from the Home Office)

Signed (Main Applicant).....Date

Signed (Joint Applicant)Date.....

IMPORTANT NOTE TO APPLICANTS

- Under Section 171 of the 1996 Housing Act it is a criminal offence for an applicant to knowingly or recklessly make a false statement or withhold information reasonably required by the Council. An applicant also has a duty to notify the Council of any material changes in facts, which occur. These offences are subject to fines of up to £5,000.
- All the information you provide us with will be treated as confidential. For this reason, if you wish to know the progress of your application you will be asked to quote your personal registration number. We will not discuss your application in detail with any individual who is not included on the application.
- You have the right to see all the information provided by yourself and other information that is not confidential under the Freedom of Information Act.

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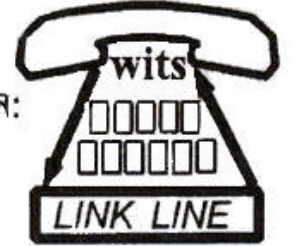
ਜੇਕਰ ਤੁਹਾਨੂੰ ਆਪਣੀ ਜ਼ਬਾਨ 'ਚ ਅਨੁਵਾਦ ਚਾਹੀਦਾ ਹੈ, ਤਾਂ ਕ੍ਰਿਪਾ ਕਰਕੇ ਸੰਪਰਕ ਕਰੋ:

જો તમને પોતાની ભાષામાં ભાષાંતર જોઈએ છે, તો મહેરબાની કરીને સંપર્ક સાધો:

Se necessitar de uma tradução, contacte por favor:

যদি আপনার নিজের ভাষায় অনুবাদ চান তাহলে অনুগ্রহ করে যোগাযোগ করুন:

اگر آپ کو ترجمہ اپنی زبان میں چاہئے تو براہ مہربانی رابطہ کریں۔



01483 750548

FOR OFFICIAL USE ONLY

Date Received	
New Application Reference	
Change of circumstances	
HNR No.	
Date complete	

Housing Services

Town Hall, The Parade, Epsom, Surrey KT18 5BY

tel 01372 732434 web www.epsom-ewell.gov.uk

last updated 20 June 08 - Housing - HNR LC Application Form – Ref: 736