



Office Use Only

Name	
HNR No	
Date	

Housing Needs Register & Low Cost Home Ownership Application Form

Housing Services,
Town Hall, The Parade, Epsom, Surrey KT18 5BY
Telephone number: 01372 732000
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 732000.

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

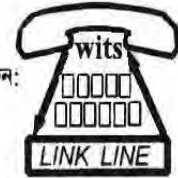
ਜੇਕਰ ਤੁਹਾਨੂੰ ਆਪਣੀ ਜ਼ਬਾਨ 'ਚ ਅਨੁਵਾਦ ਚਾਹੀਦਾ ਹੈ, ਤਾਂ ਕ੍ਰਿਪਾ ਕਰਕੇ ਰਾਬਤਾ ਕਰੋ:

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

SECTION 1 – IMPORTANT INFORMATION ABOUT THIS APPLICATION FORM

This is an application form to join Epsom & Ewell Borough Council's Housing Needs Register to be considered for:

- Housing Association general needs rented accommodation
- Housing Association sheltered or designated elderly accommodation
- Low Cost Home Ownership (you will also need to register with Catalyst Housing Group)

When returning your application form please ensure that all sections of this form are fully completed or if they are not applicable, please state so.

Along with your application form you **MUST** provide one form of documentation from each of the categories listed below:

- Photographic **proof of identity** for all the main applicant(s)
- **Evidence of right to reside in the UK** for all the main applicant(s) if they are not British Citizens
- **Proof of residence & parental responsibility** for any dependant child(ren) who live with you, if applicable
- **Proof of residence for any adults** who live with you, if applicable
- **Proof of current address**
- **Proof of income**
- Valuation for any property currently owned, if applicable
- Proof that you no longer own a property, if applicable

All documents provided must be **originals, up to date and valid**. Where it is a joint application please provide documents for both applicants. You must provide proof of identity & residence for any adult members of your household who will live with you. A full list of acceptable documents is listed below. All original documentation will be returned by recorded delivery.

If you do not fill in the application form properly or provide the required documentation it will not be processed and it will be returned to you. The date the form is later received by us will be the date we use as your registration date.

Please note that due to an increase demand in applicants applying to join the Housing Needs Register it will take 8-12 week to process your application.

Please note that the Housing Needs Register is a waiting list and if you are homeless, threatened with homelessness or have a more immediate housing problem you should seek advice from the Duty Housing Officer or arrange a Housing Options appointment.

SECTION 2 - DOCUMENTATION TO BE PROVIDED WITH YOUR APPLICATION

If you do not fill in the application form properly or provide the required documentation it will **not** be processed and it will be returned to you. The date it is later received by us will be the date we use as your registration date.

You **MUST** provide one form of documentation from each of the categories listed below. Please tick to show what you have included. All original documentation will be returned by recorded delivery.

DOCUMENTS TO BE PROVIDED FOR ALL APPLICATIONS	DOCUMENTS TO BE PROVIDED, IF APPLICABLE
Proof of identity for all main applicants	Proof of residence & parental responsibility for any dependant child(ren) who live with you
<ul style="list-style-type: none"> <input type="checkbox"/> Passport <input type="checkbox"/> Picture Driving Licence <input type="checkbox"/> UK Border Agency Immigration documents & visa <input type="checkbox"/> Birth certificate <u>plus</u> a photograph signed and verified by a professional such as GP or Social Worker. <input type="checkbox"/> EU Identity Card <input type="checkbox"/> Workers registration documents 	<ul style="list-style-type: none"> <input type="checkbox"/> Full Birth certificate <u>and</u> Child Benefit award letter <input type="checkbox"/> Full Birth certificate <u>and</u> Child Tax Credit award letter <input type="checkbox"/> Full Birth certificate <u>and</u> Bank statement showing Child Benefit payment
Proof of Address	Proof of identity & residence for any adult members of your household who will live with you
<ul style="list-style-type: none"> <input type="checkbox"/> Tenancy agreement <input type="checkbox"/> Mortgage statement <input type="checkbox"/> Recent utility Bill 	<ul style="list-style-type: none"> <input type="checkbox"/> Recent official letter/document showing name and address <input type="checkbox"/> Passport etc – as above
Proof of earning/income/benefits	Previous Home Ownership, if applicable
<ul style="list-style-type: none"> <input type="checkbox"/> Your last 3 pay slips if you are paid monthly <input type="checkbox"/> Your last 5 pay slips if you are paid weekly <input type="checkbox"/> Latest accounts or tax assessment if you are self employed <input type="checkbox"/> Benefit award letter <input type="checkbox"/> Working and/or Child Tax Credit award letter <input type="checkbox"/> Bank statement showing benefit payments. <input type="checkbox"/> Pensions statements <input type="checkbox"/> Maintenance payments 	Current home ownership, if applicable
	<ul style="list-style-type: none"> <input type="checkbox"/> Land Registry documents showing sale of property <input type="checkbox"/> Solicitors letter confirming sale & any equity
	Proof/evidence of right to reside in the UK for any household member
Proof of capital, savings and investments.	<ul style="list-style-type: none"> <input type="checkbox"/> Passport with visa endorsements <input type="checkbox"/> UK Border Agency Immigration documents & visa <input type="checkbox"/> EU Identity Card <input type="checkbox"/> Workers registration documents
<ul style="list-style-type: none"> <input type="checkbox"/> Savings book/Bank statement <input type="checkbox"/> Saving certificates <input type="checkbox"/> Share certificates/dividends 	

SECTION 3 - INFORMATION ABOUT HOUSING IN THIS BOROUGH

There are no council houses in Epsom and Ewell as the stock was transferred to Rosebery Housing Association in February 1994. Low cost rented housing, or 'affordable housing', is provided by a number of different housing associations, the largest of which is Rosebery Housing Association.

The Council has nomination rights to a percentage of the housing association vacancies. When a property becomes available, it will be advertised through the Council's choice based letting system, Epsom and Ewell Home Choice.

Epsom and Ewell Home Choice is a way of allocating Housing Association properties that gives applicants more choice over where they want to live. Every week we will advertise any vacancies on the HomeChoice 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 and interested in. The successful applicant will be the person with the highest points/band for the property they have bid for, who meets the property criteria.

In addition to our own local Home Choice scheme we are working in partnership with three other local authorities - Mole Valley, Reigate & Banstead and Tandridge on East Surrey Home Choice. Up to 10% of all social rented homes that become available each year will be advertised through East Surrey Home Choice and will be available to our applicants for inter-borough moves.

East Surrey Home Choice works in much the same way as Epsom & Ewell Home Choice. Available properties will be advertised on our website www.eebc-homechoice.org.uk, but instead of using points to select applicants it will use 'bands' and waiting time.

Once your completed form and documents are received your application will be assessed and, if eligible, points will be awarded accordingly for Epsom and Ewell Home Choice and your application will also be placed in the appropriate band for East Surrey Home Choice. If you are accepted on to the Housing Needs Register we will send you your logon details and an information guide on how to use Home Choice. More information on how applications are prioritised can be obtained from the Council's Housing Allocation Policy which can be found on www.epsom-ewell.gov.uk.

If you are interested in low cost home ownership you will also be required to register with Catalyst Housing Group, who are the local Homebuy agents for Surrey. You can contact them on 0845 601 7729 or online at www.catalysthomebuy.org.uk. More details about the available options and schemes are available on this website.

Please be aware that the Housing Needs Register is a waiting list and is generally unable to assist with rehousing quickly or in emergencies. As a result, if you have a more urgent housing problem you may wish to seek advice on your alternative housing options.

SECTION 4 - YOUR PERSONAL DETAILS

Please give details of the main and joint applicant.

	Applicant	Joint Applicant
Title	<input type="text"/>	<input type="text"/>
First Name	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>
Marital Status	<input type="text"/>	<input type="text"/>
Relationship to other applicant	<input type="text"/>	<input type="text"/>
National Insurance No.	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>
Current Address	<input type="text"/>	<input type="text"/>
Post Code	<input type="text"/>	<input type="text"/>
Date moved in	<input type="text"/>	<input type="text"/>
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"/>
Email Address	<input type="text"/>	<input type="text"/>

SECTION 5 - HOUSEHOLD DETAILS

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 parental responsibility and who live you the majority of the time).

First Name Surname Date of Birth Sex Relationship to applicants

First Name	Surname	Date of Birth	Sex	Relationship to applicants

Are you or anyone to be rehoused with you pregnant?

Yes No

If yes who is pregnant?

When is the baby due?

Are all the persons named in Section 5 living with you now?

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	Relationship to applicants	Reason not living with you

SECTION 6 - YOUR CURRENT HOUSING STATUS

Please tick the box that best describes your current housing status. The box you tick will help us assess your priority. Details will be confirmed during a home visit before you are offered accommodation.

Epsom & Ewell Borough Councils' Deposit Bond Guarantee Scheme	<input type="checkbox"/>	Housing Association Short Term Accommodation	<input type="checkbox"/>	Housing Association Tenant	<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"/>	<table border="1"> <tr><td> </td></tr> </table>		

SECTION 7 – TYPE OF PROPERTY YOU CURRENTLY LIVE IN

Please provide details below of the type accommodation you and your **PROPOSED** 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"/>	<input type="text"/>	
If you live above the ground floor please state which level you live on.				<input type="text"/>	

SECTION 8 – WHO DO YOU CURRENTLY LIVE WITH

Do you share accommodation with anyone that is not included on your application? Yes No

Name	Male/Female	Relationship to you
<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"/>

SECTION 9 – ROOMS YOU HAVE USE OF

Please complete the table below to tell us about the rooms you and your **PROPOSED** household have the right to use.

Rooms	Total rooms in property								How many 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="text"/>	<input type="checkbox"/>
Living Room/s	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Kitchen/s	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Bathroom/s	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
WC	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>

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

Room	Who Sleeps In These Rooms	Relationship To You	Approx. Dimensions
Bedroom1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedroom 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedroom 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedroom 4	<input type="text"/>	<input type="text"/>	<input type="text"/>
Living Room	<input type="text"/>	<input type="text"/>	<input type="text"/>
2nd Living/ Dining Room	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 10 – CONDITION OF CURRENT ACCOMMODATION

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

Does the property you live in lack facilities such hot water, heating, kitchen or bathroom? Please give details below

Yes

No

Is the property you live in a poor state of repair or in a poor condition? Please give details below

Yes

No

Is the property you live in overcrowded? Please give details below

Yes

No

If you have answered yes to any of these questions we will require an Environment Health report under the Housing Health & Safety Rating System (HHSRA).

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SECTION 11 – COST OF YOUR CURRENT ACCOMMODATION

How much is your full rent/mortgage?

£

Per Week/Month

Landlords/Lenders Name & Address

Telephone Number

SECTION 12 – PETS

Do you have any pets?

Yes

No

If yes please provide details below

(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).

Type of Animal

Number

Type of Animal	Number

SECTION 13 - YOUR PREVIOUS ACCOMMODATION

Please list below your previous addresses for the past 5 years and the tenure (e.g. council or housing association tenant, owner occupier, private tenant, Lodger Tied). Please start with the most recent. **Both joint applicants must complete this section.** If you have been a housing association or council tenant in this time, we will contact your landlord to establish that the tenancy was conducted in a satisfactory way.

Main Applicant

Address	Date From	Date To	Tenure	Reason for Leaving

Joint Applicant

Address	Date From	Date To	Tenure	Reason for Leaving

SECTION 14 – CURRENT OR PREVIOUS PROPERTY OWNERSHIP

Do you or anyone in your household currently own or have a legal interest in a property in the UK or abroad?

Yes

No

Address

Date of purchase

What is the current monthly mortgage

Please provide written mortgage statement

What is the current valuation of the property

Please provide written evidence of current valuation of property

Number of years left on your mortgage

Mortgage amount outstanding

Please state if you have mortgage arrears

£
£
£
£

Have you or anyone in your household previously owned or had a legal interest in a property in the UK or abroad? Please provide written evidence of transfer/sale

Yes

No

Address

	£
	£

Date of purchase

Date property sold/transferred

How much was the property sold for?

How much capital was received following the sale?

Was the legal interest transferred to someone else?

Land Registry website www.landreg.gov.uk

SECTION 15 – REASON WHY YOU ARE APPLYING FOR REHOUSING

Please indicate the reason why you are applying for rehousing.

Financial (if you are having difficulty paying rent/mortgage)	<input type="checkbox"/>	No fixed address (If you have no permanent address or stay at various locations for periods of less than 1 month)	<input type="checkbox"/>
Leaving Institution/Care (e.g. prison, hospital, care, armed forces)	<input type="checkbox"/>	Improve quality of accommodation (to have better quality accommodation)	<input type="checkbox"/>
Medical Reason (If your current home is unsuitable because of a medical condition)	<input type="checkbox"/>	Disrepair (If your home needs major repairs or is unfit to be lived in)	<input type="checkbox"/>
Employment (If you want to be nearer to, or take up employment in the borough)	<input type="checkbox"/>	Property not large enough (If your home is too small for your family)	<input type="checkbox"/>
To give or receive care/support	<input type="checkbox"/>	Different area (If you want to move to different area of the borough)	<input type="checkbox"/>
Newly formed family (If you have recently become a family and need to move to a new home together)	<input type="checkbox"/>	Harassment /Domestic Abuse (If you are in fear of harassment or violence)	<input type="checkbox"/>
Sharing with other relatives (If you currently live with your family and want to move into your own home)	<input type="checkbox"/>	Current tenancy has ended (If you have been asked to leave your current home)	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>		

SECTION 16 - TYPE OF HOUSING REQUIRED

Please indicate below the type of housing you are applying for.

Housing Association General Needs rented	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sheltered/Warden Assisted Housing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Designated Elderly Housing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Low Cost Home Ownership/ Homebuy (you will also need to register with Catalyst Housing Group)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mutual Exchange Only (Existing Social Housing tenants wanting to advertised on Homechoice)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

SECTION 17 – SOCIAL OR WELFARE CIRCUMSTANCES

Do you need to move on welfare or hardship grounds?

You need to move in order to give or receive care or take up employment. If <u>YES</u> please provide supporting documentation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
You need to move due to domestic violence, racial harassment or crime? If <u>YES</u> please provide full details i.e. police reports.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently in the care of Surrey Social Services under section 20 of the Children Act 1989.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a Care Leaver	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you or the joint applicant a member of the armed forces?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you have answered any of these questions please provide details below.

SECTION 18 – MEDICAL CIRCUMSTANCES

Please state if anyone in your household has a medical condition which may affect your housing?

Is your current accommodation affecting your health or the health of a member of your household?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If yes we will send you a self assessment medical form which you will need to fill in.

The information given on this medical form will help the Council Officers and /or the Council's Medical Adviser to assess your priority for housing and the type of accommodation that is required. Where the information you have provided relates to minor ailments, a Council Officer may carry out the assessment. The Council's Medical Adviser will assess information of a more serious nature and provide a recommendation.

You will need a separate form for each person in your household whose health is affected by your accommodation. If you require more than one form, please tell us how many you need.	
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Do you or anyone in your household have any of the following?

Physical disability	<input type="checkbox"/>	Learning disability	<input type="checkbox"/>	Visual impairment	<input type="checkbox"/>
Total or partial deafness	<input type="checkbox"/>	Drug dependency	<input type="checkbox"/>	Alcohol dependency	<input type="checkbox"/>
Mental Health problem	<input type="checkbox"/>	Registered Disabled	<input type="checkbox"/>		
Other (Please Describe)	<input type="checkbox"/>				

Do you expect your/their health needs to:

Increase	<input type="checkbox"/>	Decrease	<input type="checkbox"/>	Stay the same	<input type="checkbox"/>
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SECTION 19 – HOUSING ADAPTATIONS

Do you or any member of your household need a property adapted to meet medical needs? An Occupational Therapist assessment will be required prior to being nominated.

Adaptation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Family Member
Level access wheel chair accessible	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Stair lift	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Adapted kitchen	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Ground floor only	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Level access shower	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Extra room for live-in carer	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Ramps	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Ceiling hoist	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Hand/grab rails	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Parking bay	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Storage area for mobility scooter	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Extra space for specialised medical equipment	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>

Is your current accommodation adapted? If so please provide details below.

Yes

No

Do you or any member of your household use a wheelchair? If yes please give name below.

Yes

No

When is the wheelchair used?

All the time Inside the home Outdoors the home Only occasionally

SECTION 20 – HOUSING SUPPORT NEEDS

Do you require help to maintain your tenancy? For example, budgeting, claiming welfare benefits, employment or training advice. Please give details below.

Yes

No

Are you or any member of your household in contact with any organisations listed below?

Organisations	Name of Family Member	Name, Address & Contact Number
School		
School		
Solicitor		
GP		
Health Visitor		
Community Drug & Alcohol Team		
Community Mental Health Team		
Probation Service		
Youth Offending Team		
Leaving & After Care Team		
Connexions Service		
SCC Children Services		
SCC Adult Social Care		
Occupational Therapist		
District Nurse		
Home Carer		
Meals on Wheels		
Care Manager		
Other		

SECTION 21 – SHELTERED OR WARDEN ASSISTED HOUSING

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

Name of Sheltered Scheme	
John Gale Court – West Street, Ewell Village	YES <input type="checkbox"/> NO <input type="checkbox"/>
Norman Colyer Court – Court Ward	YES <input type="checkbox"/> NO <input type="checkbox"/>
Tomlin Court – Hook Road, Epsom	YES <input type="checkbox"/> NO <input type="checkbox"/>
Mathias House – West Street, Epsom	YES <input type="checkbox"/> NO <input type="checkbox"/>
Bartlett House – The Avenue, Worcester Park	YES <input type="checkbox"/> NO <input type="checkbox"/>
Designated Elderly	YES <input type="checkbox"/> NO <input type="checkbox"/>
General Needs Only	YES <input type="checkbox"/> NO <input type="checkbox"/>

Do you want to nominate someone to act on your behalf?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I/We are happy for the Council to discuss my/our application with the person named below.		
Name	<input type="text"/>	
Address	<input type="text"/>	
Contact Number	<input type="text"/>	
Do you require assistance with bidding for a property on Home Choice?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes we will need you to complete an addition form to find out more about your housing preferences.		

SECTION 22 – YOUR EMPLOYMENT, INCOME, BENEFITS & SAVINGS

Please give details of all income for the main and joint applicant.

Employment Details	Applicant		Joint Applicant	
Employers name & address	<input type="text"/>		<input type="text"/>	
Your job title	<input type="text"/>		<input type="text"/>	
How long have you worked there	<input type="text"/>		<input type="text"/>	
Permanent or temporary Contract	<input type="text"/>		<input type="text"/>	
Hours worked per week	<input type="text"/>		<input type="text"/>	
Gross earnings (before tax)	£	Per Week/Month/Year*	£	Per Week/Month/Year*
Welfare Benefit Details				
Income Support/Job Seekers Allowance	£	Per Week/Month/Year*	£	Per Week/Month/Year*
Incapacity Benefit/ESA	£	Per Week/Month/Year*	£	Per Week/Month/Year*
Child Benefit	£	Per Week/Month/Year*	£	Per Week/Month/Year*
Working Tax Credit	£	Per Week/Month/Year*	£	Per Week/Month/Year*
Child Tax Credit	£	Per Week/Month/Year*	£	Per Week/Month/Year*
Child Benefit	£	Per Week/Month/Year*	£	Per Week/Month/Year*
DLA Care	£	Per Week/Month/Year*	£	Per Week/Month/Year*
DLA Mobility	£	Per Week/Month/Year*	£	Per Week/Month/Year*
Attendance Allowance	£	Per Week/Month/Year*	£	Per Week/Month/Year*
Carers Allowance	£	Per Week/Month/Year*	£	Per Week/Month/Year*
Housing Benefit	£	Per Week/Month/Year*	£	Per Week/Month/Year*
Other Please specify	£	Per Week/Month/Year*	£	Per Week/Month/Year*
Pensions Details				
State Pension/Pension Credit	£	Per Week/Month/Year*	£	Per Week/Month/Year*
Employment Pension	£	Per Week/Month/Year*	£	Per Week/Month/Year*
Other Pension	£	Per Week/Month/Year*	£	Per Week/Month/Year*
Savings				
Please provide details of savings, investments and capital to nearest £.	£ <input type="text"/>			

SECTION 23 - YOUR LOCAL CONNECTION WITH THE BOROUGH

What is your local connection with Epsom & Ewell. Please give details below.

I/We have live in the borough 6 out of last 12 months or 3 out of the last 5 years. Please give address and dates below	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I/We have previously live in the borough. Please give address and dates below	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I/We currently work in the borough. Please give employment details below	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I/We have a close family relative (mother, father, brother, sister or adult child) who has lived in the borough more than 5 years. Please give name, address, length of residence and relationship below	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I/We need to live in the borough for some other special reason. Please give details below	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I/We have no local connection with the borough.	Yes <input type="checkbox"/>	

SECTION 24 - RENT ARREARS, NUISANCE & BREACH OF TENANCY

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

Rent arrears or breach of tenancy agreement	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Nuisance or annoyance to neighbours or illegal or immoral use of the Property	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Deterioration in the condition of the property	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Deterioration in the condition of the furniture provided by the landlord	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tenancy obtained by false statement	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Premium received or paid in connection with a Mutual Exchange	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>

If you have answered **YES** to any of these questions please provide a documentation 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 rent arrears or 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

£

SECTION 25 - CRIMINAL CONVICTIONS & ANTI SOCIAL BEHAVIOUR

Have you or any other member of your household been convicted of a criminal offence. If yes please give details below.

Yes

No

Have you or any other member of your household served a prison sentence in the last five years. If yes please state below the details of your offence, where you were in prisoned and the length of your sentence.

Yes

No

Do you or any other member of your household have a Probation Officer? If yes please give details below.

Yes

No

If you have answered yes to any of the questions above, please give details below

Have you or any other member of your household had any action taken against you/ them for Anti Social Behaviour. If yes please give details below.

Yes

No

SECTION 26 – ELIGIBILITY - RESIDENCE AND IMMIGRATION STATUS IN THE UK

The government does not allow everybody to apply for social housing. In order to assess your eligibility for inclusion on the Housing Needs Register, please answer the following questions. Please note if you are not a British Citizen you will be asked to provide proof of your immigration status and we may need to check your immigration status with the Home Office UK Boarder Agency.

Are you or any member of household a British Citizen who is habitual resident in the UK, Channel Islands, Isle of Man or Republic of Ireland? If NO please give details below. Yes No

Name(s) of Person

Please give details

Have you or any member of household lived outside the UK in the last 5 years? If YES please give details below. Yes No

Name(s) of Person

Please give details and dates

Are you or any member of your household a national of the European Economic Area? If YES so give details below Yes No

Name(s) of Person

Nationality

Are you or any member of your household a person from abroad who are subject to immigration control within the meaning of the Asylum & Immigration Act 1996? If so please state details & any conditions/restrictions below.

Yes No

Name(s) of Person	Immigration Status

SECTION 27- ANY ADDITION INFORMATION YOU WOULD LIKE TO PROVIDE IN SUPPORT OF YOUR APPLICATION

SECTION 28 – 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. Please 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"/>			

SECTION 29 - HOUSING 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 HomeChoice, www.eebc-homechoice.org.uk.

Choice based lettings or CBL is a way of allocating social housing that gives 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, who meets the property criteria.

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 HomeChoice
- Your "effective" date
- The number of bedrooms you are entitled to

Available properties are advertised from midnight Thursday through to midnight the following Wednesday and applicants can place up to three bids per week. They are advertised in the following ways:

- Via www.eebc-homechoice.org.uk
- In a newsletter available from the Housing Services
- On display in the Reception area at Town Hall
- On our property information line 01372 732666

Please note that the Housing Needs Register is a waiting list and if you are homeless, threatened with homelessness or have a more immediate housing problem you should seek advice from the Duty Housing Officer or arrange a Housing Options appointment.

SECTION 30 – DECLARATION & AUTHORISATION

Change of Circumstances

You must notify Housing Services in writing of any changes of circumstances that may affect your application. For example, you may change your name or have a baby, or someone living with you may move out. If a change happens please complete a change of circumstances form. If you move address, you will be required to complete a new application form as we will need to reassess your application. If you do not advise us of change of circumstances, it may have a detrimental effect on your application. Advising another Council department will not be sufficient.

I/we will advise Housing Services in writing of any changes in circumstances which occur whilst my/our application is registered.

Data Protection, Collecting and Sharing Information

All personal data held on computer is subject to the Data Protection Act 1998 and treated with confidentiality. You have a legal right to see your file and correct any inaccuracies. We will be happy to copy your file for you, but we will charge a fee to cover the cost of administration (£10 per file).

I/We give my/our permission for Housing Services to record and store my/our personal information in accordance with the Data Protection Act 1998.

I/we give consent to the council to process sensitive personal data held about me/us as necessary, for example health information.

In order to verify and assess my/our application and prevent and detect fraud I/We authorise Epsom & Ewell Borough Council to make enquiries and share information relevant to my/our housing application.

I understand that this will involve contracting and information sharing with the Social Housing providers and support agencies, Citizens Advice Bureaux, Local Authorities, Social Services, the Police and Probation Services, Solicitors, current/former landlords or agents, the Benefit Agency (DWP), Doctors and other health professionals including the Primary Care Trusts. This may also include making enquiries with credit checking agencies and the Land Registry.

Declaration & Authorisation

I/we declare that the information I/we have given on this form is correct.

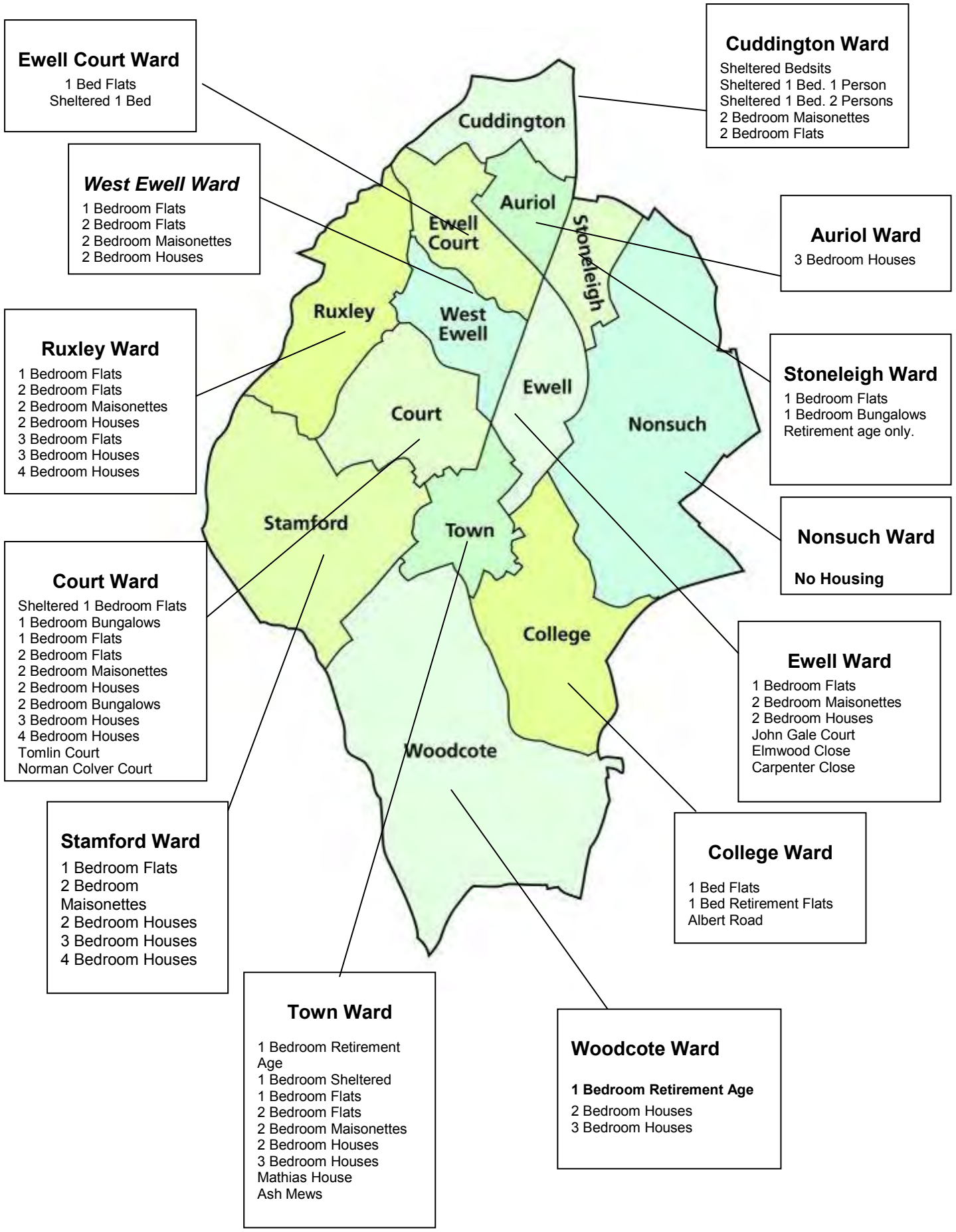
I/we understand that it is an offence to knowingly or recklessly make a statement, which is false, or withhold relevant information.

I/we also understand that I/we may be liable for prosecution if any information is subsequently found to have been false or withheld. This could result in my/our application being cancelled, any offer of nomination to a property being withdrawn and/or prosecution and a fine of up to £5,000.

Before signing and returning this form please ensure that you have fully completed all sections and provided all of the information and documents requested. If not the form will be not be processed and will be returned to you.

Name	Signature	Date
Address		

SECTION 31- WHERE THE HOUSING ASSOCIATION PROPERTIES ARE LOCATED



SECTION 32 – CHECK LIST - HAVE YOU PROVIDED ALL THE DOCUMENTS

Have you filled in the application form properly and provide the required documentation. If you haven't it will **not** be processed and it will be returned to you. The date it is later received by us will be the date we use as your registration date.

You **MUST** provide one form of documentation for each category listed below. **Please tick to show what you have included.** All original documentation will be returned by recorded delivery.

DOCUMENTS TO BE PROVIDED FOR <u>ALL</u> APPLICATIONS	DOCUMENTS TO BE PROVIDED, IF APPLICABLE
Proof of identity for all main applicants	Proof of residence & parental responsibility for any dependant child(ren) who live with you
<ul style="list-style-type: none"> <input type="checkbox"/> Passport <input type="checkbox"/> Picture Driving Licence <input type="checkbox"/> UK Border Agency Immigration documents & visa <input type="checkbox"/> Birth certificate plus a photograph signed and verified by a professional such as GP or Social Worker. <input type="checkbox"/> EU Identity Card <input type="checkbox"/> Workers registration documents 	<ul style="list-style-type: none"> <input type="checkbox"/> Full Birth certificate <u>and</u> Child Benefit award letter <input type="checkbox"/> Full Birth certificate <u>and</u> Child Tax Credit award letter <input type="checkbox"/> Full Birth certificate <u>and</u> Bank statement showing Child Benefit payment
Proof of Address	Proof of identity & residence for any adult members of your household who will live with you
<ul style="list-style-type: none"> <input type="checkbox"/> Tenancy agreement <input type="checkbox"/> Mortgage statement <input type="checkbox"/> Recent utility Bill 	<ul style="list-style-type: none"> <input type="checkbox"/> Recent official letter/document showing name and address <input type="checkbox"/> Passport etc – as above
Proof of earning/income/benefits	Previous Home Ownership, if applicable
<ul style="list-style-type: none"> <input type="checkbox"/> Your last 3 pay slips if you are paid monthly <input type="checkbox"/> Your last 5 pay slips if you are paid weekly <input type="checkbox"/> Latest accounts or tax assessment if you are self employed <input type="checkbox"/> Benefit award letter <input type="checkbox"/> Working and/or Child Tax Credit award letter <input type="checkbox"/> Bank statement showing benefit payments. <input type="checkbox"/> Pensions statements <input type="checkbox"/> Maintenance payments 	<ul style="list-style-type: none"> <input type="checkbox"/> Land Registry documents showing sale of property <input type="checkbox"/> Solicitors letter confirming sale & any equity
	Current home ownership, if applicable
	<ul style="list-style-type: none"> <input type="checkbox"/> Two valuations <u>and</u> mortgage statement
Proof of capital, savings and investments.	Proof/ evidence of right to reside in the UK for any household member
<ul style="list-style-type: none"> <input type="checkbox"/> Savings book/Bank statement <input type="checkbox"/> Saving certificates <input type="checkbox"/> Share certificates/dividends 	<ul style="list-style-type: none"> <input type="checkbox"/> Passport with visa endorsements <input type="checkbox"/> UK Border Agency Immigration documents & visa <input type="checkbox"/> EU Identity Card <input type="checkbox"/> Workers registration documents

Please return this form and the required documentation to:

Housing Services,
Town Hall, The Parade, Epsom, Surrey KT18 5BY
Telephone number: 01372 732000
contactus@epsom-ewell.gov.uk
www.epsom-ewell.gov.uk

For Office Use Only	
Name	
Address	
HNR No.	
Date Received	Complete Yes / No
Date Logged	
Date Returned if not complete	
Date Received fully completed	
Date Processed	

If you would like a copy of this document in **large print**, on tape or in Braille, please contact Housing Services on 01372 732000.

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

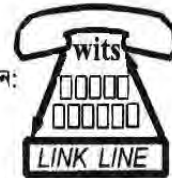
ਜੇਕਰ ਤੁਹਾਨੂੰ ਆਪਣੀ ਜ਼ਬਾਨ 'ਚ ਅਨੁਵਾਦ ਚਾਹੀਦਾ ਹੈ, ਤਾਂ ਕ੍ਰਿਪਾ ਕਰਕੇ ਰਾਬਤਾ ਕਰੋ:

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 رابطہ کریں۔



01483 750548

Housing Services,
Town Hall, The Parade, Epsom, Surrey KT18 5BY
Telephone number: 01372 732000
contactus@epsom-ewell.gov.uk
www.epsom-ewell.gov.uk