

# HOUSING APPLICATION FORM FOR RENTED ACCOMMODATION

This form is available in other formats and languages. If you need assistance please contact the Housing Advice Section of Eastleigh Borough Council on 023 8068 8165

Are you already registered with us? Yes  No

**Please read the accompanying guidance notes when completing this form.**

## APPLICANT'S DETAILS

**What is your name and address?**

Applicant Name: Mr/Mrs/Ms/Miss (Please delete) \_\_\_\_\_

Joint Applicant Name: Mr/Mrs/Ms/Miss (Please delete) \_\_\_\_\_

Applicant D.O.B. \_\_\_/\_\_\_/\_\_\_\_ N.I. No.: \_\_\_\_\_

Joint Applicant D.O.B. \_\_\_/\_\_\_/\_\_\_\_ N.I. No.: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Date moved to this address: \_\_\_\_\_

Tel Numbers: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mobile: \_\_\_\_\_

Are you willing to be contacted by text message? Yes  No

**If you do not want correspondence sent to the above address, where should it be sent?**

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone number: \_\_\_\_\_

*THE DETAILS YOU PROVIDE ON THIS FORM WILL BE HELD ON COMPUTER RECORDS FOR USE BY THE HOMECHOICE REGISTER GROUP.*

The Eastleigh Homechoice Register group consists of Eastleigh Borough Council, Atlantic Housing Limited, Swaythling Housing Society, Hyde Housing Association, Saxonweald, Downland, Twynham, Raglan, Places for People, HVHS, A2, Housing 21 and any other Association who may join the group.

**PLEASE INFORM US IF YOU MOVE OR YOUR CIRCUMSTANCES CHANGE OTHERWISE YOU MAY MISS OUT ON HOUSING OPPORTUNITIES.**

**Please return form to:**  
Housing Advice Section,  
Eastleigh Borough Council, Civic Offices,  
Leigh Road, Eastleigh, Hampshire, SO50 9YN  
Telephone: 023 8068 8165

**OR: If you are already a housing association tenant in the Eastleigh Borough, return this form to your landlord.**

OFFICE USE ONLY	
REFERENCE NUMBER	
ADVISER	

## SECTION 1:

# You and the people who want to be rehoused

### 1 Who needs to be housed with you?

Title e.g. Mr/Mrs/ Ms/Miss	Forename	Surname or family name	Date of Birth	Relationship eg Son, Daughter, Partner	Do they live with you now?	
					YES	NO
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

**(YOU ARE REQUIRED TO SUPPLY COPIES OF YOUR CHILD BENEFIT PROOF (either child benefit book or a letter from child benefit) FOR ANY CHILDREN BEFORE REGISTRATION). A bank statement must detail your name and address.**

If there is a child expected, please state when.

Month

Year

Who is expecting the child?

- 2 The property adverts are displayed at different locations around the Borough, on the telephone hotline, and on the internet. The Guidance Notes tell you how to access these adverts. If you think you will need help finding the adverts and submitting vouchers, please tell us why.

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- 3 Are you or any persons applying with you asylum seekers?

YES  NO

Are you or any persons applying with you subject to immigration control?

YES  NO

## SECTION 2:

### Where you live now

#### 4 What facilities do you have? (Please tick)

(Only tick the shared boxes if you share with people who are NOT included on this form)

- Do you have the use of kitchen facilities?  Sole use  Shared  None
- Do you have the use of a bath or shower?  Sole use  Shared  None
- Do you have the use of a toilet?  Sole use  Shared  Outside only
- Do you have the use of a living room?  Sole use  Shared  None
- Do you have a water supply?  Yes  No
- Do you have an electricity supply?  Yes  No

#### 5 Please state the number of bedrooms in your home.

How many bedrooms are there in the property you live in?

How many bedrooms are used ONLY by your household (those on this form)?

#### 6 Please tick the box which applies to you.

Does your current property fail to meet the Health and Housing Safety Rating System?

Yes  No

If yes, please supply a letter confirming this from your Environmental Health Section at your local authority

#### 7 Please tick the box which applies to you.

- |                                                                             |                                                               |
|-----------------------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Owner Occupier/Buying with mortgage                | <input type="checkbox"/> Living with friends                  |
| <input type="checkbox"/> Tenant of a Local Authority or Housing Association | <input type="checkbox"/> Living in bed and breakfast          |
| <input type="checkbox"/> Private tenant with resident landlord              | <input type="checkbox"/> Living in supported accommodation    |
| <input type="checkbox"/> Private tenant where landlord is not resident      | <input type="checkbox"/> Living in a mobile home/caravan/boat |
| <input type="checkbox"/> Living in a hostel                                 | <input type="checkbox"/> Of no fixed residence                |
| <input type="checkbox"/> Living with parents/family                         | <input type="checkbox"/> Prison                               |
|                                                                             | <input type="checkbox"/> Tied accommodation                   |
|                                                                             | <input type="checkbox"/> Other (please specify)               |
- \_\_\_\_\_

**If you are a tenant of a Housing Association or council who is your landlord?**

## SECTION 3:

### Your needs

#### 8 Please tick any box that applies to you. (It may be that these do not apply to you).

Do you or any person applying with you have special housing needs because of any of the following:

Who is affected?

- |                                                                                                                                                                                                                                                                                              |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| <input type="checkbox"/> A diagnosed mental illness or disorder                                                                                                                                                                                                                              | _____ |
| <input type="checkbox"/> A physical disability                                                                                                                                                                                                                                               | _____ |
| <input type="checkbox"/> A learning disability                                                                                                                                                                                                                                               | _____ |
| <input type="checkbox"/> Chronic or progressive medical conditions (eg. MS, HIV/AIDS)                                                                                                                                                                                                        | _____ |
| <input type="checkbox"/> Infirmity due to age                                                                                                                                                                                                                                                | _____ |
| <input type="checkbox"/> Person suffering from, or the need to recover from the effects of violence (including racial attacks) or threats of violence, or physical, emotional or sexual abuse                                                                                                | _____ |
| <input type="checkbox"/> Need for adapted housing where the current home cannot be adapted to meet needs                                                                                                                                                                                     | _____ |
| <input type="checkbox"/> Need improved heating (on medical grounds)                                                                                                                                                                                                                          | _____ |
| <input type="checkbox"/> Want sheltered housing                                                                                                                                                                                                                                              | _____ |
| <input type="checkbox"/> Need ground floor accommodation (on medical grounds)                                                                                                                                                                                                                | _____ |
| <input type="checkbox"/> Applicants who are living in supported housing in the Borough, who no longer need it and are ready to move in to more independent accommodation                                                                                                                     | _____ |
| <input type="checkbox"/> Need to move to a particular locality in the district of the local housing authority, where failure to meet that need would cause hardship, to themselves or others. This will include the need to be near friends/relatives or medical facility on medical grounds | _____ |
| <input type="checkbox"/> Those living in temporary or insecure accommodation in the Borough (excluding homeless accepted applicants living in Atlantic Housing temporary accommodation in the Borough, and RSL tenants who have an introductory or probationary tenancy).                    | _____ |

**Applicants will be required to provide written evidence from a relevant professional who confirms the medical welfare issue, and how a move to alternative accommodation will improve the household's circumstances. In cases involving violence police support is required.**

**9 Only complete question 9 if you are a tenant of a Housing Association living in the Borough of Eastleigh.**

- |                                                                                                        |                              |                             |
|--------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| Is your home required for redevelopment?                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you under occupying your home?                                                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have dependent children aged 16 or under and are occupying a flat above ground floor level?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you living in a property, not entitled to succeed to a tenancy and living in 'use and occupation'? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**9A Are you homeless?**

Have you been accepted as homeless by a local authority?  Yes  No

If yes, which one? *(Please provide a copy of your decision letter)*

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## SECTION 4:

### Local connection

10 Please tick any box that applies to you. (It may be that these do not apply to you).

Do you have a local connection with Eastleigh?  Yes  No  
*(If yes, please tick relevant connection)*

Applicant or member of applicant's household resides or has resided in  
the Borough for;  6 out of the last 12 months  
 3 out of the last 5 years

*(Please supply previous address details)*

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Applicant or member of applicant's household work in  
the Borough?  Yes  No  
*(Please supply employer details)*

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Applicant or member of applicant's household has close  
family living in the Borough who have done so for at  
least 5 YEARS?  Yes  No  
*(Close family includes parents, children, siblings).*  
*(Please supply family names and addresses)*

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Other special reason  Yes  No  
If so, what?

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## SECTION 5:

### Where you would like to live

**11 Where in the Borough would you prefer to live?**

*(Please indicate all areas where you would like to live by putting a tick in the box)*

- |                          |             |                          |                 |                          |               |
|--------------------------|-------------|--------------------------|-----------------|--------------------------|---------------|
| <input type="checkbox"/> | Bishopstoke | <input type="checkbox"/> | Chandler's Ford | <input type="checkbox"/> | Hedge End     |
| <input type="checkbox"/> | Botley      | <input type="checkbox"/> | Eastleigh       | <input type="checkbox"/> | Horton Heath  |
| <input type="checkbox"/> | Boyatt Wood | <input type="checkbox"/> | Fair Oak        | <input type="checkbox"/> | Netley        |
| <input type="checkbox"/> | Bursledon   | <input type="checkbox"/> | Hamble-le-Rice  | <input type="checkbox"/> | Townhill Park |
| <input type="checkbox"/> | West End    |                          |                 |                          |               |

**12 Please give details if you think you may not be able to remain in your current property and may become homeless, or tell us anything that is relevant to your application that you have not previously mentioned.**

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## SECTION 6:

### More about you

13 Please tick any box that applies to you. (It may be that these do not apply to you).

Are you receiving support from any agency such as Probation, Community Mental Health Team, Adult/Children Services?

Yes

No

If yes, please provide name and contact details.

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Have you held a tenancy with a Council/Housing Association previously? If so when, where and with whom?

Yes

No

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## SECTION 7:

# Diversity Monitoring Categories (Based on 2001 Census)

We would be most grateful if you could find the time to complete this equal opportunities monitoring form. We would appreciate all questions being answered however you may pass any questions you do not wish to complete.

Eastleigh Borough Council is committed to promoting equality of opportunity for everyone in policy making, service delivery, employment practice, regulation and enforcement. The information you complete will be used to improve the way in which we deliver our services to all residents and visitors. The information is for monitoring purposes only and will have no bearing on your priority for housing. The information you supply is part of our statutory duty under the Race Relations (Amendment) Act 2000 and Disability Discrimination Act 2005 and will be processed in compliance with the Data Protection Act 1998. Please complete this information for the main applicant.

### 14 What is your gender?

Are you:  Female  Male

### 15 What is your ethnic group?

Choose ONE section from A to F, then tick the appropriate box to indicate your cultural background.

#### A WHITE

- British  
 Irish  
 Any other White background,  
please write in

#### B MIXED

- White and Black Caribbean  
 White and Black African  
 White and Asian  
 Any other Mixed background,  
please write in

#### C ASIAN OR ASIAN BRITISH

- Indian  
 Pakistani  
 Bangladeshi  
 Any other Asian background,  
please write in

#### D BLACK OR BLACK BRITISH

- Caribbean  
 African  
 Any other Black background,  
please write in

#### E CHINESE OR OTHER ETHNIC GROUP

- Chinese  
 Any other  
please write in

#### F GYPSY / TRAVELLER

- Romany  Welsh Traveller  
 English Traveller  Irish Traveller  
 Scottish Traveller  Traveller  
 Gypsy  New Age Traveller  
 Showpeople

## 16 Disability

Do you consider yourself to be a disabled person?  Yes  No

Under the Disability Discrimination Act 1995 a person is considered to have a disability if he/she has a physical or mental impairment which has a sustained and long-term, adverse effect on his/her ability to carry out normal day to day activities.

## 17 Age

Date of birth

Or alternatively use the following age banding.

Under 16

16 - 24

25 - 44

45 - 64

65 - 74

75 +

## 18 Religion/Belief

What is your religious belief?

Christian

Muslim

Buddhist

Sikh

Hindu

Jewish

No religion

Other religious beliefs (please specify)

## 19 Sexual Orientation

How would you define your sexual orientation?

Heterosexual

Bisexual

Gay man

Lesbian

## SECTION 8:

### Declaration

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**20 Are you or any person on this form connected to Eastleigh Borough Council or one of the Housing Associations operating in the Borough?**

- |                                                  |                                                                       |
|--------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> As an employee          | <input type="checkbox"/> As a councillor or committee member          |
| <input type="checkbox"/> Relative of an employee | <input type="checkbox"/> Relative of a councillor or committee member |

*If any of the above boxes are ticked, please complete the details below.*

Name of employee/member \_\_\_\_\_

Organisation \_\_\_\_\_

**21 All the information you have given us is kept in confidence and we will not discuss your application with anyone, even relatives, without your permission. Please give the names, addresses and telephone numbers of anyone you are happy for us to discuss your application with.**

_____
_____
_____
_____
_____
_____
_____

**22 I/We hereby declare that the information given above is true and I/we undertake to notify the Homechoice Register Group of any change that may occur, as this may affect the priority of the application. I/We understand that any incorrect statement could cancel my/our application. If a tenancy is granted on the basis of incorrect information, I/we may be evicted and the property repossessed.**

**\* NOTE: Please read the Data Protection Statement on Back Cover.**

You

Sign \_\_\_\_\_

Date \_\_\_\_\_

Joint applicant

Sign \_\_\_\_\_

Date \_\_\_\_\_

## **\* DATA PROTECTION STATEMENT**

**“The information you give will be held by Eastleigh Borough Council and will be shared with other members of the Eastleigh Homechoice Housing Register. It may also be shared with external agencies eg. Social Services or other support agencies and government bodies. The information may be used for administration, checking information you have provided, providing advice, research or managing your application and / or tenancy. By signing and returning this form, you consent to us processing personal and sensitive data for the purposes noted above”.**

**eastleigh**homechoice

Housing Advice Section,  
Eastleigh Borough Council,  
Civic Offices, Leigh Road,  
Eastleigh, Hampshire, SO50 9YN  
Telephone: 023 8068 8165