



HOUSING APPLICATION

PLEASE USE BLOCK CAPITALS
TO COMPLETE THIS FORM

MAIN APPLICANT

Title:

First Names:

Surname:

Date of Birth:

Marital Status:

National Insurance Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Address:

Postcode:

Date you moved into this property:

Home Tel No:

Mobile No:

Email Address:

ABOUT THE HOME YOU LIVE IN NOW

- In your current home are you:
- Housing Association tenant
 - Private tenant
 - Owner Occupier or with a mortgage
 - Shared ownership
 - Council tenant
 - With family / friends
 - Tied tenancy
 - In residential care
 - Lodger
 - In temporary accommodation
 - In hospital
 - In prison
 - Armed Forces accommodation
 - In a hostel
 - Other (give details of other below)

You must complete all sections of this form
and return it to:

Ribble Valley Housing Waiting List
Onward Homes, Renaissance Court,
2 Christie Way, Manchester, M21 7QY
or contact our Contact Centre on 0300 555 0600
Email: customerservices@onward.co.uk
Please ensure correct postage is paid when posting.

Application No:
(for office use only)

JOINT APPLICANT

Title:

First Names:

Surname:

Date of Birth:

Relationship to Main Applicant:

National Insurance Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Address:

Postcode:

Date you moved into this property:

Home Tel No:

Mobile No:

Email Address:

REASONS YOU WANT TO BECOME A TENANT

- Need a smaller property
- Taking work in the area
- Living apart from family
- Losing home with job
- Mortgage repossession
- Overcrowding
- Asked to leave by family/friends
- Split up from partner
- Neighbourhood problems
- To receive support
- Cannot afford present housing
- Eviction Order
- Victim of crime or fear of crime
- Health (give details of health reasons below)
- Other (give details of other below)

YOUR HOUSEHOLD

Please give details of both people who currently live with you and those requiring rehousing but do not currently live with you. Please provide details below of their current address if different to yours:

Surname	First Name	Male or Female	Date of Birth	Relationship	Requires Rehousing	
					Yes	No

YOUR FAMILY CIRCUMSTANCES

- Employed in the borough for more than 18 hours per week or provide or receive support in Ribble Valley.
- If your family is forced to live apart, that is of parents and children are split up.
- If you are living in general needs and want to move to sheltered.
- Children living above ground floor.
- Move on from supported accommodation/care leavers.
- Details of any pets.
- Any member of the Armed Forces should contact the Housing Team directly.

LOCAL CONNECTION

If you currently live outside Ribble Valley do you have any local connection to the Ribble Valley?

Yes No

If yes, why do you want to move to this area?

To be nearer work

To give/receive support

Education/training

Please provide full name and address of your local connection:

Local connection is defined as:

- currently living in the borough, paying Council Tax and have done so continually for a minimum of 12 months;
- currently permanently employed in the borough for a minimum of 12 months and are employed for a minimum of 18 hours per week paid or unpaid; or
- persons who at least one of the adult applicants have next of kin who have lived in the borough continually for a minimum of 5 years. Next of kin for the purposes of this clause shall be defined as mother, father, brother, sister or adult children.

WHAT TYPE OF HOUSING DO YOU CURRENTLY LIVE IN?

House

Flat

Bedsit

Maisonette

Bungalow

Caravan

Other

How many bedrooms are there in your present home?

1 2 3 4 5 6+

If flat/maisonette, what floor level is this on?

Basement

Ground

First

Is there a lift? Yes No

The condition of your present home

You share the following facilities:

Kitchen Yes No

Bathroom or shower and toilet Yes No

Hot water supply Yes No

Adequate means of heating Yes No

Property in in serious disrepair (EHO report required 0 – 15); Yes No

Property is in moderate disrepair Yes No

SELF-ASSESSMENT MEDICAL QUESTIONNAIRE

If your health is at risk by living in your present accommodation – we will need to see evidence in support of this such as a letter from your GP.

Please indicate the level of risk you consider your current property presents:

Low Risk Slight Risk Medium Risk High Risk Chronic Risk

Do you have mobility problems and have to use stairs / aged over 70 years

Please complete if you have indicated that you have medical reasons for needing rehousing:

Name of person for whom medical priority is being claimed:

First Name:	<input type="text"/>	GP Name:	<input type="text"/>
Surname:	<input type="text"/>	Surgery:	<input type="text"/>
Date of Birth:	<input type="text"/>	Address:	<input type="text"/>
			<input type="text"/>
			<input type="text"/>

Are you registered disabled? Yes No If yes, what is your registration n°:

Please state all relevant medical conditions you wish to be considered and how long you have had the condition:

CONDITION	WHEN DIAGNOSED

Who is your Consultant?

.....
 Have you recently been in hospital in relation to this condition? Yes No

Have you had any time off work during the last 12 months due to this condition? Yes No

If yes, state how many times:

duration: weeks months

If you do not work, are you retired? Yes No

Do you receive any of the following allowances:

Retirement Pension	<input type="checkbox"/>	Pension Credit	<input type="checkbox"/>
Disability Living Allowance	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>
Attendance Allowance	<input type="checkbox"/>	

Do you currently receive support to deal with your daily living needs? Yes No

<i>Please tick as appropriate</i>	Family	Friend	Care Agency	District Nurse	Warden	Other
Shopping						
Personal care						
Getting up / Going to bed						
Household chores						
Other (specify)						

If you require support **YOU MUST SUPPLY** details of close relatives living in the Ribble Valley

Name	Address	Telephone No	Relationship to you

MOBILITY

Is your mobility inside your home:	Is your mobility outside your home:	Do you have difficulty with stairs / steps:
Very good <input type="checkbox"/>	Very good <input type="checkbox"/>	Severe <input type="checkbox"/>
Good <input type="checkbox"/>	Good <input type="checkbox"/>	Moderate <input type="checkbox"/>
Reasonable <input type="checkbox"/>	Reasonable <input type="checkbox"/>	Slight <input type="checkbox"/>
Poor <input type="checkbox"/>	Poor <input type="checkbox"/>	No <input type="checkbox"/>
Very poor <input type="checkbox"/>	Very poor <input type="checkbox"/>	

Are you supplying any additional information to support your application eg doctor/social worker letter:
 Yes No

In your opinion why is your present accommodation unsuitable for your needs?

.....

Please note that should you ask your GP to support your application that is not done at the request of an officer of Ribble Valley Borough Council. However we may, in certain circumstances, wish to contact your GP for further clarification.

Would you have any objections? Yes No

Signed:

TYPE OF ACCOMMODATION YOU WOULD ACCEPT

Please tick which of the following accommodation you would accept, if offered.

Please note that normally we offer houses only to applicants who have children living with them on a permanent basis and your family circumstances will determine the type of accommodation you may be offered:

- A house
- A bungalow
- A flat
- A bedsit flat

For a flat or a bedsit, you would accept:

- Any floor
- Ground floor only
- * First floor or above

* NB: First floor flats would not normally be offered to families with children under 8 years of age.

NOMINATION TO LANDLORD

Do you wish to be considered for nomination for rehousing to any housing association development of your choice within the Ribble Valley?

Yes No

Do you wish to be considered for nomination to any private landlord within the Ribble Valley?

Yes No

Are you transferring from:

- a housing association? Yes No

Have you:

- a spare bedroom and are requesting a smaller property? Yes No
- an additional empty bedroom in your present home? Yes No
- been left in the property on death of original tenant? Yes No or
- your move would lead to an improved use of our housing? Yes No

TYPE OF TENURE YOU WOULD ACCEPT

In addition to properties for rent, Ribble Valley Borough Council also deals with homes for sale of a shared ownership/rent to mortgage basis. Would you consider shared ownership? YES / NO

For schemes of this type, you will need to be working. Please provide details of your employment:

Type of Employment	Employer's Name	Employer's Address	Employer's Contact Number

DESCRIPTION

(please indicate preferred areas)

VILLAGES

- Barrow
- Billington
- Chatburn
- Chipping
- Clayton-le-Dale
- Gisburn
- Grindleton
- Hurst Green
- Mellor
- Newton/Dunsop Bridge
- Read
- Ribchester
- Sabden
- Tosside
- Waddington
- West Bradford
- Whalley

CLITHEROE

- Bolland Prospect / Pendle Road
- Central Areas *(Castle View)
- Elsewhere Low Moor
- Henthorn
- Peel Street/Brotherton Meadows/Bayley Fold
- * Pendle Court
- * St Ann's Court
- Standen Road Estate/Highfield Road
- Turner St (Queen's Rd / Queen's Close)
- Waterloo

LONGRIDGE

- Fairsnape/Jeffrey/Parlick
- Kestor/Beech
- * Park House
- * Towneley House
- Wellbrow Drive
- Windsor Avenue/Queen's Road

* Sheltered Accommodation only

INCOME

Please give details of all income by ticking below:

- Work full time
- Work part time
- Wholly from benefits
- Partly from benefits
- Occupational pension
- State pension

ADDRESS HISTORY

Please list your previous addresses **within the past 5 years:**

Address:

Date moved in:

Date moved out:

Please provide landlords/owners details:

Name:

Address:

Telephone:

Reason for leaving:

Address:

Date moved in:

Date moved out:

Please provide landlords/owners details:

Name:

Address:

Telephone:

Reason for leaving:

Address:

Date moved in:

Date moved out:

Please provide landlords/owners details:

Name:

Address:

Telephone:

Reason for leaving:

CRIMINAL CONVICTIONS

Do you or does anyone living in your household have any criminal convictions that are unspent?

Yes No

If no, go to **OTHER DETAILS** section below

- Arson
- Criminal damage
- Sexual offences
- Drug use of dealing drugs
- Murder/manslaughter
- Violence/assault/grievous bodily harm
- Serious driving offences
- Burglary/robbery/theft/
handling stolen goods
- Other

Please provide names of offender(s):

Date(s) of conviction(s):

Conviction(s) where convicted and sentence:

OTHER DETAILS

Have you or anyone who wants to be rehoused with you, been evicted by a Council, Housing Association or other landlord for any reason?

Yes No

If yes, were the reasons

Rent arrears?

Anti-social behaviour?

Damage to property?

Other (please state)

Are you or anyone in your household wishing to be rehoused, the subject of an Anti-Social Behaviour Order (ASBO) or injunction

Yes No

If yes, please state:

Do you or a joint applicant have rent arrears?

Yes No

If yes, how much are the arrears?

£

Do you have a payment plan in place?

Yes No

If yes, please give details:

eg £5 per week for 12 months

ADVOCATE OR NEXT OF KIN DETAILS

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

Yes No

Is your advocate or next of kin to be the first contact and deal with your application?

Yes No

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

Title:

First Names:

Surname:

Address:

Postcode:

Home Tel No:

Mobile No:

Relationship to you:

Signed:

(Main Applicant)

Signed:

(Advocate)

Correspondence name and address, if different than current address:

Postcode:

Correspondence address description

(eg friend, solicitor, postal address etc)

EQUAL OPPORTUNITIES

Ribble Valley Borough Council strive to be an equal opportunities employer and provider of services. To help us monitor the success of the equal opportunities policy, it will help if you can provide the information below for all household members included on this form. We will only use this information to monitor, develop and improve our housing policy.

A. What is your ethnic group?

Please tick one box only for each person.

	You	Joint Applicant
White		
British/Welsh/Scottish/Northern Irish	<input type="checkbox"/>	<input type="checkbox"/>
Irish	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
<i>(please provide details)</i>		

Mixed

White and Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>	<input type="checkbox"/>
Other Mixed Background	<input type="checkbox"/>	<input type="checkbox"/>
<i>(please provide details)</i>		

Asian or Asian British

Indian	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
Other Asian Background	<input type="checkbox"/>	<input type="checkbox"/>
<i>(please provide details)</i>		

Black or Black British

Black British	<input type="checkbox"/>	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
African	<input type="checkbox"/>	<input type="checkbox"/>
Somalian	<input type="checkbox"/>	<input type="checkbox"/>
Nigerian	<input type="checkbox"/>	<input type="checkbox"/>
Other African	<input type="checkbox"/>	<input type="checkbox"/>
<i>(please provide details)</i>		

Other Ethnic Group

Arab	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>
Yemeni	<input type="checkbox"/>	<input type="checkbox"/>
Gypsy	<input type="checkbox"/>	<input type="checkbox"/>
Traveller*	<input type="checkbox"/>	<input type="checkbox"/>
Others	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

* Traveller is defined as a specific ethnic group who may belong to a variety of racial backgrounds. For this reason if you consider yourself to be a traveller, you may also tick another category which indicates your racial background.

B. Please describe your sexuality

	You	Joint Applicant
White		
Bi-Sexual	<input type="checkbox"/>	<input type="checkbox"/>
Gay man	<input type="checkbox"/>	<input type="checkbox"/>
Gay woman/Lesbian	<input type="checkbox"/>	<input type="checkbox"/>
Heterosexual (straight)	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
<i>(please provide details)</i>		

C. Please describe your religion

	You	Joint Applicant
White		
Bahai	<input type="checkbox"/>	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	<input type="checkbox"/>
Christian *	<input type="checkbox"/>	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	<input type="checkbox"/>
Jain	<input type="checkbox"/>	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>
Sikh	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

* Includes Church of England, Catholic, Protestant and all other Christian denominations

D. Do you or anyone in your family have a disability?

Under the Equality Act 2010, a person is considered to have a disability if he/she has a physical or mental impairment which has substantial and long term effect on his/her ability to carry out normal day to day activities.

	You	Joint Applicant
Do you meet this definition of disability?	<input type="checkbox"/>	<input type="checkbox"/>

DECLARATION & CONSENT STATEMENT

How we will use your information

In order to provide the best and most appropriate service we need you to provide some detailed information about yourself. We begin the process of collecting information about you, and if appropriate your family, when you apply to us either directly or through one of our letting partners.

Because the information you provide is personal, we are committed to complying with Data Protection legislation.

We will make every effort to keep your personal information safe, accurate, up to date and will keep it for no longer than is necessary.

In order to process your application to be included on the housing register, Ribble Valley Borough Council will use the information you provide in this form, and information from any other supporting evidence you send. If your application is successful we will also use this information to setup your tenancy.

When we assess your application we may check the information you've provided to ensure the accuracy of the information that you have supplied (or information that someone else has given us about you) against other information we already have. We may request information from, and pass information to, other bodies such as:

- other Housing Associations;
- Local Authority Departments;
- the Police and other emergency services;
- the Probation and Prison services;
- local health professionals and GPs;
- Social Security agencies;
- Benefits Agency;
- your former landlords,
- your solicitor(s);
- your mortgage provider;
- utility providers;
- Land Registry; and
- voluntary sector support agencies.

The Council is under a duty to protect public funds and to prevent or detect crime. To that end we may share your information with, or obtain information about you, from:

- Government departments (HM Revenue and Customs, Department for Works and Pensions)
- Other local authorities

We will also share your information where we have a legal obligation to do so, or where we believe that by doing so we can provide you with a better standard of service.

We will not provide your personal information to anyone else, or use that information for any other purpose, unless the law allows or requires us to do so.

We will only keep your information for as long as it is required. The retention period is either dictated by law or by our information retention policies. Once your information is no longer required it will be destroyed securely and confidentially.

For further information on how your personal information is used, how we maintain the security of your information, and your rights to access the information we hold about you, please visit <http://www.ribblevalley.gov.uk/privacynotice> or contact our Data Protection Officer (email: data.protection@ribblevalley.gov.uk, tel no: 01200 425111)

Signed:
(Main Applicant)

Signed:
(Joint Applicant)

Date:

Date:

Please return this form to:

Ribble Valley Housing Waiting List
Onward Homes, Renaissance Court,
2 Christie Way,
Manchester, M21 7QY

Checklist

- Area all areas of this form filled in?
- Have you provided a reference?
- Have you provided proof of ID?
- Have you provided proof of address?

**PLEASE ENSURE CORRECT POSTAGE IS PAID
FAILURE TO DO SO WILL RESULT IN
YOUR APPLICATION NOT BEING RECEIVED.**

REFERENCE

Please note that we will not accept any application forms that do not have this personal reference completed. Ideally we would like this to be completed by your current landlord or a person in a professional capacity. If the reference is completed by your current landlord, please provide tenancy dates, rent account details and conduct of tenancy ie any history of ASB etc.

Name of Applicant:

Address of Applicant:

Referee's Comments:



Signed (*Referee*)

Current Address:

Contact Telephone Number:

Please note that we may contact you for further information.