

Office use only
Points Assessment

Case summary

Accepted

Details of points awarded

Areas

Exceptional points

Property type

Total Points

Refused

Reason for refusal

Appeal

Date received

Date considered

Signature

Outcome

Date

Applicant informed

Offers

Address	Date	Authorised

Housing Application

Housing Application

Please ensure you complete all sections on this form. If you do not complete all sections, we will be unable to process your application.



For Office Use Only:

Date: Application ref:
 Date accepted:

Applicant

Title: Mr/Mrs/Miss/Ms:
 Surname:
 Previous names:
 First name:
 Sex: M/F:
 Marital Status:
 Date of Birth:
 Age:
 Address:
Postcode:
 Date you began living at this address:
 Tel: Home:
 Work:
 Mobile:
 Email:

National Insurance Number:

Are you an Asylum Seeker?

Yes No

If yes, do you have indefinite leave to stay?

Yes No

Joint Applicant/Partner

Title: Mr/Mrs/Miss/Ms:
 Surname:
 Previous names:
 First name:
 Sex: M/F:
 Marital Status:
 Date of Birth:
 Age:
 Address:
Postcode:
 Date you began living at this address:
 Tel: Home:
 Work:
 Mobile:
 Email:

National Insurance Number:

Are you an Asylum Seeker?

Yes No

If yes, do you have indefinite leave to stay?

Yes No

Tell us where to contact you if you do not wish us to contact you at the above address.

Address:

Postcode:

Details of people who are living with you now

First name	Surname	Sex (M/F)	Date of Birth	Relationship to you	Who is moving with you	Working Full or Part time

Details of people who will be moving with you

First name	Surname	Sex (M/F)	Date of Birth	Relationship to you	Who is moving with you	Working Full or Part time

Do you have any children from a former relationship who will be staying with you regularly?

First name	Surname	Sex (M/F)	Date of Birth	Relationship to you	Who is moving with you	Working Full or Part time

Please give brief details of any access arrangements you have, including the number of days or nights that any child(ren) stay.

Please provide proof of above arrangements from a Solicitor, Social worker or Court

Please read the declaration information below carefully before signing

I understand that the completion of the form does not mean I will be offered housing.

I agree to be interviewed by a member of Caldmore Housing staff.

As far as I am aware the information on this form is true and I will tell Caldmore Housing of any changes.

I understand that Caldmore Housing has the right to regain possession of any home obtained by me if I have given false information.

I understand that any aggression towards members of Caldmore Housing's staff may result in my application being cancelled.

I give permission of a member of Caldmore Housing's staff to contact my current landlord/previous landlord or any other agency for information about my tenancy.

Applicant

Signature

Print

Date

Joint Applicant

Signature

Print

Date

You have the right to check any information you have given to Caldmore Housing.

Next of kin

Name Address

Relationship to you

Tel No.

Equal Opportunities statement

Caldmore Housing is committed to a policy of treating everyone equally, whatever their race, colour or ethnic origin.

In order to ensure equal opportunity with regard to housing we would like you to answer the following question. Your answer will help us make sure that our policy is implemented. If you do not do so your application will not be affected.

Please tick one of the following to describe your ethnic origin, please ask the joint applicant to do likewise. If you wish to describe yourself in any way other than the given categories, please do so in the space provided.

I would describe my ethnic origin as:

	You	Joint applicant		You	Joint applicant
Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>	African	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
Indian	<input type="checkbox"/>	<input type="checkbox"/>	Middle Eastern	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
Other Asian	<input type="checkbox"/>	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	<input type="checkbox"/>
Irish	<input type="checkbox"/>	<input type="checkbox"/>	White and Black Asian	<input type="checkbox"/>	<input type="checkbox"/>
White British	<input type="checkbox"/>	<input type="checkbox"/>	Other mixed origin (Specify)	<input type="text"/>	<input type="text"/>
Other white (specify)	<input type="text"/>	<input type="text"/>			

Declaration

Are you, or the joint applicant, related to anyone who is or has been an employee or Board Member of Caldmore Housing in the last twelve months?

If yes, please give their name and state their relationship to you or the joint applicant

Full name Relationship

Disclosure

Have you or anyone who is moving with you been convicted of a criminal offence in the last six years or have any pending Court appearances?

Yes No

If yes, please give details.

If you have had a probation officer in the last 2 years, please give their name, contact number and full address

Providing this information will not necessarily affect your application for housing but failure to disclose this information will result in your application being withdrawn or action being taken to terminate your tenancy

Are you or anyone living with you, pregnant?

If YES, please give date when the baby is due

Please supply a doctor's note or certificate confirming this.

Please tell us about your present housing

Are you or your partner

You	Partner
-----	---------

Living in tied accommodation?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Living in bed & breakfast accommodation?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Living in a hostel?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Local Authority/Council Tenant?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

The owner/Occupier?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

What is the value of your home?

Have you sold or are you selling your home?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

A Housing Association tenant?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Living with family or friends?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Private tenant?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Landlord's Name and Address

Do you or your partner currently live in a?
(Please tick correct box)

You	Partner
-----	---------

House

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Bungalow

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Maisonette

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Bedsit

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Flat

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If you live in a flat, what floor do you live on?

How many bedrooms are in your property?

How many bedrooms are in your partners property?

Do you or your partner have the following amenities?

Applicant	Yes	No	Shared	Joint Applicant	Yes	No	Shared
Your own kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Your own kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An inside toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	An inside toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Own bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Own bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cold water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us about your reasons for moving

Have you/your partner been given written notice to leave your home? Yes No

If yes, when does this expire? *(Please enclose a copy)*

Have you/your partner been given a Court Order telling you to leave your home? Yes No

If yes, what date do you have to leave by? *(Please enclose a copy)*

Are you/your partner suffering a relationship breakdown? Yes No

Are you or any member of your immediate family suffering any form of harassment, violence or domestic violence? Yes No

Please enclose any copies of supporting letters.

Does the property you/your partner live in require any major repair work? Yes No

Do you or your partner want to move to: *(please tick box)* Yes No

Be nearer place of work

Be nearer children's school

Be nearer to family

Seek independence

Any other information

Please tell us, in as much detail as possible, why you wish to move.

How did you find out about Caldmore Housing?

Please tick appropriate box

Local Council Friends/Relatives

From another Caldmore tenant Citizens Advice Bureau

Other, *please state*

Please give details of other agencies you have approached for help

Are you on any other organisations waiting list?

Please specify

Are you on a Council's waiting list?

Please specify

Has the Council accepted you as homeless? Yes No

Other housing options

Renting a property from Caldmore Housing is only one way of finding an alternative home. We receive a large number of enquiries for housing and we are only able to help a small number of people who contact us. Another option is a **Mutual Exchange**.

If you are a Council tenant or with another Housing Association, you may wish to think about a mutual exchange. An exchange is a straight swap between tenants. You will need permission from your landlord before you can exchange. You can consider a swap with anyone who is a tenant of Caldmore Housing, a tenant of another Housing Association, or a Council tenant, but anyone you swap with **MUST** also have permission of their landlord before the exchange can take place.

Please note: Mutual exchanges are not open to Owners or Private tenants.

Where you want to live now

A leaflet giving details of the Association's properties has been enclosed with this application form. Please list your choices below

Homes for Families or Singles and Couples

What type of property would you be willing to move into?

House [checkbox] Ground Floor Flat [checkbox] Any Flat [checkbox]

How many bedrooms do you need?

One [checkbox] Two [checkbox] Three [checkbox] Four [checkbox] Five [checkbox]

In which areas do you want to live?

[Text input fields for preferred areas]

Pets

Please note the Association only allows tenants to keep pets in certain flats - please ask about our Pet Policy.

Do you have a cat, dog or any other large pet? Yes [checkbox] No [checkbox]

Homes for Older People

Some of Caldmore Housing's homes are for older people. You may, if you are over 55 years of age, prefer to be considered for these homes. Please tell us which of the two types of accommodation you would prefer:

Flat with a piper alarm and mobile warden support if required. [checkbox]

Sheltered schemes with some adaptations and alarms. Communal facilities provided. Warden lives on premises. [checkbox]

Bungalow with piper alarm and mobile warden support if required. [checkbox]

How many bedrooms do you need?

One [checkbox] Two [checkbox]

In which areas do you want to live?

[Text input fields for preferred areas]

Do you or your partner want to move to give or receive care in respect of another relative? Yes [checkbox] No [checkbox]

If YES, please give name, address and details of the support that is to be given or received.

[Text input field for care details]

Are you and your partner frail or elderly and find it difficult to cope in your present home? Yes [checkbox] No [checkbox]

Medical Assessment

When we are assessing your application, if you would like us to take into consideration any medical or disability grounds, please make sure that you complete this section.

Please supply written confirmation wherever possible, from your Doctor, Medical Social Worker, Occupational Therapist, Community Psychiatric Nurse or any other agency in respect of the information you provide.

Name of person affected by illness/disability [Text input field]

Name and address of person's family doctor [Text input field]

Please describe the illness/disability [Text input field]

Why do you consider your present accommodation to be unsuitable? [Text input field]

Do you need a specific type of accommodation? Yes [checkbox] No [checkbox]

Wheelchair adapted [checkbox]

Other e.g. Warden, Alarm System [checkbox]

Ground Floor [checkbox]

Please tell us about your previous housing

Have you or your partner ever applied to Caldmore Housing before for housing? Yes No

If yes, please give the following information

Name of Person	Date	Address applied from

Please give details of all addresses where you and your partner have lived over the last 6 years.

Applicant							
Address	Landlord's contact details	Owner	Lodger	Tenant	From	To	Reason for leaving

Joint Applicant/Partner							
Address	Landlord's contact details	Owner	Lodger	Tenant	From	To	Reason for leaving

Were you, or your partner, forced to leave your home as a result of a Court Order or other official notice?

Applicant Yes No Joint Applicant/ Partner Yes No

If yes, please give details

If you, or your partner held a tenancy at any of these addresses, did you leave with arrears owing?

Applicant Yes No Joint Applicant/ Partner Yes No

If yes, please give details

Income Details

Employment

If you or anyone who will be living with you is in employment, please complete this section

Name	Employers name and address	Weekly take home pay	When did you start employment

Pension and Benefits

If you or anyone who will be living with you is receiving any kind of benefit or pension, please complete the section below

Name	Type of pension or benefit	Weekly amount

Any other Income or Savings

Name	Type of Income or Investment	Weekly amount

Include income from investments or property and maintenance payments.