



Choice Based Lettings Housing Application Form

Please complete this form if you would like to apply for housing with Ashford Borough Council or with a Housing Association with property in the Borough

Ashford Borough Council, Housing Services, Civic Centre, Tannery Lane, Ashford, Kent TN23 1PL

Bengali এটি একটি হাউজিং এপ্লিকেশন ফরম (আবেদনপত্র), দয়া করে আরো বিস্তারিত তথ্যের জন্য পেছনের পৃষ্ঠায় দেখুন।

French Voici un formulaire de demande de logement, prière de voir au verso pour plus de détails.

Malayalam ഇതു പാർപ്പിടസംബന്ധമായ ഒരു അപേക്ഷാഫോറമാണ്. കൂടുതൽ വിവരങ്ങൾക്കു് ദയവായി മറുപുറം നോക്കുക.

Tamil இது வீட்டுக்கான விண்ணப்பப் படிவம். தயவுசெய்து இதன் பின்னால் பார்த்தீர்களானால் மேலதிக விபரங்களைக் காணலாம்.

1. About you

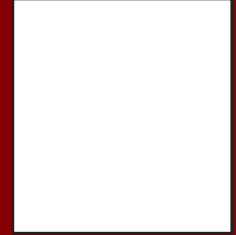
Please tick a box to tell us if you are either:

A transfer applicant – a tenant of Ashford Borough Council or of a Housing Association and in a property in the Ashford Borough.

A housing waiting list applicant – anyone else who is seeking access to social housing.

2. Personal Details

Please attach a passport sized photograph of both the main and joint applicant



| | You | Your Partner / Joint applicant |
|-------------------------|--|--|
| Title | <input type="text"/> | <input type="text"/> |
| First Name | <input type="text"/> | <input type="text"/> |
| Surname | <input type="text"/> | <input type="text"/> |
| Any other surnames used | <input type="text"/> | <input type="text"/> |
| Surname | <input type="text"/> | <input type="text"/> |
| Gender * | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender |
| Date of Birth | <input type="text" value=" / /"/> | <input type="text" value=" / /"/> |
| Address | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| | <input type="text" value="Postcode"/> | <input type="text" value="Postcode"/> |

3. Would you like your letters sent to an address other than the one given above:

Yes

No

If yes, please state the address

4. Are you, or your partner subject to immigration control? Yes No

If yes, you will need to provide us with a copy of your status papers. We will only be able to accept your application if:

- You have refugee status, or
- You have been granted exceptional leave to remain and not subject to a 'no recourse to public funds' condition, or
- You have been granted indefinite leave to remain, not subject to any limitation or condition (settled status), unless you have obtained leave on the basis of a sponsorship undertaking and have been resident in the UK for less than five years (unless your sponsor has died).

5. Equal opportunities

Please tick [] the boxes that apply to you and your partner (if you have one). The Council wants to treat everybody equally. The information below is to help us make sure this happens.

White

You: British Irish Any other background

Partner: British Irish Any other background

Mixed

You: White & Black Caribbean White & Black African White & Asian Any other mixed background

Partner: White & Black Caribbean White & Black African White & Asian Any other mixed background

Asian or Asian British

You: Indian Pakistani Bangladeshi Any other Asian background

Partner: Indian Pakistani Bangladeshi Any other Asian background

Black or Black British

You: Caribbean African Any other Black background

Partner: Caribbean African Any other Black background

Chinese or other ethnic group

You: Chinese Other ethnic background

Partner: Chinese Other ethnic background

Travelling community

You: Traveller Gypsy/Roma Traveller Irish Heritage New Traveller

Partner: Traveller Gypsy/Roma Traveller Irish Heritage New Traveller

6. Religion (this section is optional)

You: Buddhist Christian Hindu Jewish

Partner: Buddhist Christian Hindu Jewish

You: Islamic Sikh Other No religion

Partner: Islamic Sikh Other No religion

7. Sexuality (this section is optional)

You: Bisexual Gay Heterosexual Lesbian Other

Partner: Bisexual Gay Heterosexual Lesbian Other

8. Your Nationality

Please tick [] the box that applies to you and your partner if you have one.

| | | | | |
|----------|---|--|--|------------------------------------|
| You: | <input type="checkbox"/> UK National resident in the UK | <input type="checkbox"/> UK National returning from residence overseas | | |
| Partner: | <input type="checkbox"/> UK National resident in the UK | <input type="checkbox"/> UK National returning from residence overseas | | |
| You: | <input type="checkbox"/> Czech Republican | <input type="checkbox"/> Estonian | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Latvian |
| Partner: | <input type="checkbox"/> Czech Republican | <input type="checkbox"/> Estonian | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Latvian |
| You: | <input type="checkbox"/> Lithuanian | <input type="checkbox"/> Polish | <input type="checkbox"/> Slovakian | <input type="checkbox"/> Slovenian |
| Partner: | <input type="checkbox"/> Lithuanian | <input type="checkbox"/> Polish | <input type="checkbox"/> Slovakian | <input type="checkbox"/> Slovenian |
| You: | <input type="checkbox"/> Bulgarian | <input type="checkbox"/> Romanian | <input type="checkbox"/> Other European Economic Area (EEA)* country | |
| Partner: | <input type="checkbox"/> Bulgarian | <input type="checkbox"/> Romanian | <input type="checkbox"/> Other European Economic Area (EEA)* country | |
| You: | <input type="checkbox"/> Any other country | <input type="checkbox"/> Question refused | | |
| Partner: | <input type="checkbox"/> Any other country | <input type="checkbox"/> Question refused | | |

* EEA countries are: Austria, Belgium, Cyprus, Denmark, England, France, Germany, Greece, Ireland, Italy, Luxembourg, Malta, Netherlands, Portugal, Spain, Sweden, Iceland, Lichtenstein, Norway, Switzerland.

9. What is your first language? You Your Partner

10. What is your preferred language? You Your Partner

| 11. Contact details | You | Your Partner |
|---------------------|----------------------|----------------------|
| Home Tel. No. | <input type="text"/> | <input type="text"/> |
| Work Tel. No. | <input type="text"/> | <input type="text"/> |
| Mobile Tel. No. | <input type="text"/> | <input type="text"/> |
| Email Address | <input type="text"/> | <input type="text"/> |

12. National Insurance Number You Your Partner

13. What type of property do you live in?

If you are not currently living together please answer for the main applicant

Please tick one box below to show the type of property you live in:

| | | | |
|---|--|--|------------------------------------|
| <input type="checkbox"/> House | <input type="checkbox"/> Flat/Maisonette | <input type="checkbox"/> Bungalow | <input type="checkbox"/> Hotel/B&B |
| <input type="checkbox"/> Caravan or mobile home | <input type="checkbox"/> Sheltered Accommodation | <input type="checkbox"/> Bedsit | <input type="checkbox"/> Hostel |
| <input type="checkbox"/> Hospital or nursing home | <input type="checkbox"/> Prison or remand centre | <input type="checkbox"/> Supported Accommodation | |

If ticked Flat or Bedsit, which floor level? Do you have the use of a lift? Yes/No

Do you have a combined kitchen & living room? Yes/No

Other (please give details)

How many bedrooms are there in your current property? How much rent do you pay per month? £

13.

Do you and everybody who will be moving with you currently have the **sole** use of:

a bathroom? Yes No a toilet? Yes No a living room? Yes No

a garden? Yes No a kitchen? Yes No

Do you have public transport within 1.5 miles of your current home? Yes No

14. Current tenancy

Please tick one box below to show your current housing situation

| | | You | Partner |
|--|----------------------------------|--------------------------|--------------------------|
| Tenant of housing association/trust | * | <input type="checkbox"/> | <input type="checkbox"/> |
| Tenant of private landlord | * | <input type="checkbox"/> | <input type="checkbox"/> |
| Hostel, refuge, bed & breakfast/Hotel | | <input type="checkbox"/> | <input type="checkbox"/> |
| Prison - If known, please advise us of your release date | <input type="text" value="/ /"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tied or services tenancy | * | <input type="checkbox"/> | <input type="checkbox"/> |
| Armed forces accommodation | | <input type="checkbox"/> | <input type="checkbox"/> |
| Tenant of Local Authority | * | <input type="checkbox"/> | <input type="checkbox"/> |
| Temporary accommodation | * | <input type="checkbox"/> | <input type="checkbox"/> |
| No fixed abode (NFA) | | <input type="checkbox"/> | <input type="checkbox"/> |

If NFA please provide details of where you sleep, wash and where your belongings are kept.

Owner/Occupier (including shared ownership)

Lodger with friends or family

Hospital or nursing home

* If you have ticked any of the boxes marked with an * please give the name and address of your landlord (if your landlord is a Housing Association please also provide a contact telephone number)

Has your landlord given you notice to vacate? Yes No If yes please provide a copy of your notice

If yes, what date does your notice end on?

Are you in rent arrears? If you answer yes, please tell us how much and why Yes No

15. Family details (You)

Please list below all the people that live with you now including yourself and indicate those that will be moving with you.

Please tick if this person will be moving with you

| Title (Mr/Mrs/ Miss/Ms) | First Name | Last Name | Date of Birth | Are they male or female? | Relationship to you | *Work Status (choose one code using key below) | ✓ |
|-------------------------|------------|-----------|---------------|--------------------------|---------------------|--|---|
| | | | / / | | Applicant | | |
| | | | / / | | | | |
| | | | / / | | | | |
| | | | / / | | | | |
| | | | / / | | | | |
| | | | / / | | | | |

(Your Partner) if not currently living with you.

Please list below all the people that need to be rehoused – including yourself

Please tick if this person will be moving with you

| Title (Mr/Mrs/ Miss/Ms) | First Name | Last Name | Date of Birth | Are they male or female? | Relationship to you | *Work Status (choose one code using key below) | ✓ |
|-------------------------|------------|-----------|---------------|--------------------------|---------------------|--|---|
| | | | / / | | Applicant | | |
| | | | / / | | | | |
| | | | / / | | | | |
| | | | / / | | | | |
| | | | / / | | | | |
| | | | / / | | | | |

***Work Status** (choose one code only)

- | | | |
|---|---------------------|------------------------------|
| 1 Full-time work (30hrs or more per week) | 5 Retired | 8 Long term sick or disabled |
| 2 Part-time work (less than 30hrs per week) | 6 Not seeking work | 9 Child under 16 |
| 3 Government training | 7 Full-time student | 0 Other |
| 4 Job Seeker | | |

16. Please tell us why you are applying to us for rehousing? (tick one box only)

- | | |
|--|---|
| <input type="checkbox"/> Being decanted from my current home | <input type="checkbox"/> Left home country as refugee |
| <input type="checkbox"/> Discharge from prison or from longstay hospital or other institution eg. care placement | <input type="checkbox"/> Loss of tied accommodation |
| <input type="checkbox"/> End of Assured Shorthold tenancy | <input type="checkbox"/> Eviction or repossession |
| <input type="checkbox"/> Current home unsuitable because of overcrowding | <input type="checkbox"/> Under-occupation |
| <input type="checkbox"/> Current home unsuitable because of poor condition | <input type="checkbox"/> Can't afford rent or mortgage |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> (Non-violent) relationship breakdown with partner |
| <input type="checkbox"/> Asked to leave by family or friends | <input type="checkbox"/> Racial harassment |
| <input type="checkbox"/> Other problems with neighbours | <input type="checkbox"/> To move nearer to family/friends/school |
| <input type="checkbox"/> To move nearer to work | <input type="checkbox"/> To move to accommodation with support |
| <input type="checkbox"/> To move to independent accommodation | <input type="checkbox"/> Health or disability |
| <input type="checkbox"/> Leaving HM Forces | <input type="checkbox"/> Other - If you have ticked other, please tell us why |

17. Pets

Do you have any pets?

Yes No

If yes please state the type(s) and number of pets you have

Please note that all sheltered housing and some housing associations operate a no pets policy within their flats.

18. Are you, or anyone you would like to be housed with, related to an Ashford Borough Council employee or Councillor?

Yes No

If you have answered yes to the above question please tell us who you are related to and your relationship to them

19. Income and Employment

You

Partner

Benefits - Please provide details of any benefits you receive.

| | Start Date | Amount | Paid (weekly, monthly, annually) | Start Date | Amount | Paid (weekly, monthly, annually) |
|-----------------------------|----------------------|----------------------|----------------------------------|----------------------|----------------------|----------------------------------|
| Child benefit | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Job seekers allowance | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| State pension | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Incapacity benefit | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Disability living allowance | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Carers allowance | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Income support | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other - please give details | <input type="text"/> | | <input type="text"/> | | | |

20. Employment details

You

Partner

Are you working? Yes No

Yes No

Would you be interested in employment advice? Yes No

If yes, are you Full-time Part-time

Full-time Part-time

Are you a student? Yes No

Yes No

Employers name & address

 Postcode

Postcode

Nature of employment/ College course

Start date of employment/College course

Employers Telephone Number

Can we contact you at work? Yes No

Yes No

What is your gross annual salary? £

£

If you are employed we will need to see your two most recent pay slips and a copy of your P60 for the previous financial year.

21. Savings

You

Partner

Do you have any savings or investments?

Yes No

Yes No

Please state the total amount of savings or investments you have?

£

£

Have you sold a property or had your name removed from the deeds of a property within the last six years?

Yes No

Yes No

How much money did you receive?

£

£

Please provide independent written confirmation of this, either from your solicitor or in the form of a final financial completion statement.

If you still own a property, what is the current market value?

£

£

If you have a mortgage how much do you owe?

£

£

Health and Welfare

22. Disability

Yes No

Are you or a member of your household registered disabled?

If Yes please state the person's name and their Disability Reference Number

Do you or any of your family members require any of the following facilities? Please tick

Accommodation suitable for a wheelchair user

Level Access

Ground floor accommodation

Downstairs toilet

Any other adaptations

Level Access Shower

Please provide details

Please tell us who needs these facilities

Do you or any of your family members have difficulty getting up and down stairs?

Yes No

If you have answered yes to any of the above questions please contact the Occupational Therapy Bureau on 0845 330 2967 to arrange a home visit, which will assist us with making a correct assessment of your application.

23. Medical Circumstances

Do you, or anyone who is to be rehoused with you, have a medical condition that is made worse by the current accommodation?

Yes No

Name of person

Please state the name of the medical condition, if known and give details of how it is made worse by your present housing:

Please provide details of any medication taken for this condition:

Name and address of General Practitioner

24. Pregnancy

Are you, or any of the people mentioned in question 15 pregnant?

Yes No

If 'Yes' who is pregnant?

Expected date of delivery:

We need independent confirmation of your expected date of delivery – which includes your name and address

25. Learning, Listening and Visiting You

Please consider these questions for you and your partner:

Writing to you:

Do you use any of the following?

| | | You | | Partner | |
|-------|--------------------------|-------------|--------------------------|-------------|--------------------------|
| Audio | <input type="checkbox"/> | Braille | <input type="checkbox"/> | Audio | <input type="checkbox"/> |
| | | | | Braille | <input type="checkbox"/> |
| | | Large Print | <input type="checkbox"/> | Large Print | <input type="checkbox"/> |

Listening to you face to face:

Do you use an induction loop?

| | | | | | | | |
|-----|--------------------------|----|--------------------------|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|-----|--------------------------|----|--------------------------|

Do you use a British sign interpreter?

| | | | | | | | |
|-----|--------------------------|----|--------------------------|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|-----|--------------------------|----|--------------------------|

Listening to you on the telephone:

Do you use a textphone or typetalk?

| | | | | | | | |
|-----|--------------------------|----|--------------------------|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|-----|--------------------------|----|--------------------------|

If we visit you at your property do you have any special requirements?

Please knock loudly

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

Please give me a little longer to answer the door

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

Please use the front door

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

Please use the side door

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

Please use the back door

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

I require another person present during home visits
e.g. a support worker (I understand I have to arrange this myself)

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

Listening and learning

Can you read English?

| | | | | | | | |
|-----|--------------------------|----|--------------------------|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|-----|--------------------------|----|--------------------------|

Do you know an adult or another member of your household who can read English?

| | | | | | | | |
|-----|--------------------------|----|--------------------------|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|-----|--------------------------|----|--------------------------|

Do you have problems with understanding letters and forms in English?

| | | | | | | | |
|-----|--------------------------|----|--------------------------|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|-----|--------------------------|----|--------------------------|

Can you speak English?

| | | | | | | | |
|-----|--------------------------|----|--------------------------|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|-----|--------------------------|----|--------------------------|

Do you know an adult or another member of your household who can speak English?

| | | | | | | | |
|-----|--------------------------|----|--------------------------|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|-----|--------------------------|----|--------------------------|

If English is not your first language, would you like details of English Language classes?

| | | | | | | | |
|-----|--------------------------|----|--------------------------|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|-----|--------------------------|----|--------------------------|

Do you need an interpreter when we speak to you or visit you at your property?

| | | | | | | | |
|-----|--------------------------|----|--------------------------|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|-----|--------------------------|----|--------------------------|

26. Sex Offenders Act

Have you, or any other applicant, been convicted under the Sex Offenders Act 1997 and placed on the Sex Offenders Register?

| | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

If yes, please give details and dates

27. Criminal Act

Have you, or any other applicant, been convicted of a criminal act?

| | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

If yes, please give details and dates

28. Previous Adresses

When did you move to your present address? You / / Your Partner / /

Please give all the addresses you have lived at during the last 10 years starting with the most recent.

You

* See Tenancy type choices at 14

Full address:

From: / / To: / /

Who was the Landlord/Owner? Tenancy Type*:

Why did you leave?

Full address:

From: / / To: / /

Who was the Landlord/Owner? Tenancy Type*:

Why did you leave?

Full address:

From: / / To: / /

Who was the Landlord/Owner? Tenancy Type*:

Why did you leave?

Full address:

From: / / To: / /

Who was the Landlord/Owner? Tenancy Type*:

Why did you leave?

Continue on separate sheet if necessary

Partner

Full address:

From: / / To: / /

Who was the Landlord/Owner? Tenancy Type*:

Why did you leave?

Full address:

From: / / To: / /

Who was the Landlord/Owner? Tenancy Type*:

Why did you leave?

Full address:

From: / / To: / /

Who was the Landlord/Owner? Tenancy Type*:

Why did you leave?

Full address:

From: / / To: / /

Who was the Landlord/Owner? Tenancy Type*:

Why did you leave?

29. Have you or your partner ever had action taken against you for breach of tenancy, such as a Notice of Seeking Possession, Notice to Quit, Injunction or Anti-Social Behaviour Order?

You: Yes No Your Partner: Yes No If yes, please give the date and details below

Areas of choice and local connection

Please write a '1' in the box to indicate your first area of choice. Tick ✓ the boxes to indicate any other areas that you would like to live in. (Your choices will not restrict you in any way in the future because we operate a choice based lettings scheme. Your choices do however help to inform future developments).

| | | |
|---|---|--|
| <input type="checkbox"/> Aldington * | <input type="checkbox"/> Godmersham * | <input type="checkbox"/> Ruckinge * |
| <input type="checkbox"/> Appledore * | <input type="checkbox"/> Great Chart | <input type="checkbox"/> Sevington |
| <input type="checkbox"/> Ashford Town | <input type="checkbox"/> Hamstreet * | <input type="checkbox"/> Shadoxhurst * |
| <input type="checkbox"/> Bethersden * | <input type="checkbox"/> Hastingleigh * | <input type="checkbox"/> Smarden * |
| <input type="checkbox"/> Biddenden * | <input type="checkbox"/> High Halden * | <input type="checkbox"/> Smeeth * |
| <input type="checkbox"/> Bilsington * | <input type="checkbox"/> Hothfield * | <input type="checkbox"/> South Ashford |
| <input type="checkbox"/> Boughton Aluph * | <input type="checkbox"/> Kenardington * | <input type="checkbox"/> South Willesborough |
| <input type="checkbox"/> Brabourne * | <input type="checkbox"/> Kennington | <input type="checkbox"/> Stanhope |
| <input type="checkbox"/> Brook * | <input type="checkbox"/> Kingsnorth | <input type="checkbox"/> Stone * |
| <input type="checkbox"/> Challock * | <input type="checkbox"/> Little Chart * | <input type="checkbox"/> St Michaels |
| <input type="checkbox"/> Charing | <input type="checkbox"/> Mersham * | <input type="checkbox"/> Tenterden |
| <input type="checkbox"/> Charing Heath | <input type="checkbox"/> Molash * | <input type="checkbox"/> Warehorne * |
| <input type="checkbox"/> Chilham * | <input type="checkbox"/> Newenden * | <input type="checkbox"/> Westwell * |
| <input type="checkbox"/> Crundale * | <input type="checkbox"/> Newtown | <input type="checkbox"/> Willesborough |
| <input type="checkbox"/> Eastwell * | <input type="checkbox"/> Old Wives Lees * | <input type="checkbox"/> Wittersham * |
| <input type="checkbox"/> Egerton * | <input type="checkbox"/> Pluckley * | <input type="checkbox"/> Woodchurch * |
| | <input type="checkbox"/> Rolvenden * | <input type="checkbox"/> Wye With Hinxhill * |

If you have ticked in any boxes marked with an * please state whether you have a connection to that area.

For a local connection, you or your partner must meet one or more of the following criteria:

- a) Have lived in the Parish for the previous 5 years or more.
- b) Have lived in the Parish for a total of 7 years out of the previous 10 years
- c) Have been employed within the Parish for the previous two years in either a full-time job or part-time job of 10 hours per week or more
- d) Need to move into the Parish or an adjoining Parish to take up full-time employment where the role is pertinent to the local community
- e) Need to return to the parish to give or receive support to or from an immediate family member (an immediate family means a parent or parents, a child or children, or a sibling or siblings)

If you have ticked any boxes please state the nature of your connection

| | | | |
|------|----------------------|------------|----------------------|
| Area | <input type="text"/> | Connection | <input type="text"/> |
| Area | <input type="text"/> | Connection | <input type="text"/> |

Please provide any additional information at section 38. Include details of any ways that you participate in community activities in the rural areas.

31. Type of property you are interested in?

What type of housing are you ideally interested in? (tick as many boxes as relevant)

- | | | |
|--|--|---|
| <input type="checkbox"/> Flat/Maisonette | <input type="checkbox"/> House | <input type="checkbox"/> Sheltered Housing (C2) |
| <input type="checkbox"/> Haven Bungalow (C1)* | <input type="checkbox"/> Bungalow | <input type="checkbox"/> Caravan site accommodation |
| <input type="checkbox"/> Low cost home ownership | <input type="checkbox"/> Private landlord rented | <input type="checkbox"/> Supported Housing |

* A haven bungalow would provide you with an alarm call facility should you need help at any time of the day or night. The alarm is linked to the Councils monitoring centre who can contact the appropriate person or organisation on your behalf.

32. Borough of choice

Which other borough's would you be interested in being housed in?

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Ashford only | <input type="checkbox"/> Canterbury | <input type="checkbox"/> Dartford |
| <input type="checkbox"/> Dover | <input type="checkbox"/> Gravesham | <input type="checkbox"/> Maidstone |
| <input type="checkbox"/> Medway | <input type="checkbox"/> Sevenoaks | <input type="checkbox"/> Shepway |
| <input type="checkbox"/> Swale | <input type="checkbox"/> Thanet | <input type="checkbox"/> Tonbridge & Malling |
| <input type="checkbox"/> Tunbridge Wells | <input type="text"/> | Other, please state |

33. About the home you currently live in

Name of person(s) who sleep in each room and their relationship to you

| Bedroom | At your Property | Relationship to you | At your partners property (if living separately at the moment) | Relationship to your partner |
|------------|------------------|---------------------|--|------------------------------|
| One | | | | |
| Two | | | | |
| Three | | | | |
| Four | | | | |
| Five | | | | |
| Other room | | | | |

34. Can you afford to heat your home?

Yes No

How much is your overall heating bill each month?

£

Is your current home in substantial disrepair?

Yes No

Would you like an Environmental Health Officer to visit your property?

Yes No

35. Receiving and Giving Support

CareFirst/NHS Number:

If you have an Adult Social Care or NHS assessment, please give the name, address and telephone number of your Care Co-ordinator below. If you have your 'Person Held Record' (the yellow file), this should include these details.

36. Receiving Support

Do you or anyone on the application need support for any of the following reasons?

You can tick more than one box

- | | | |
|---|---|--|
| <input type="checkbox"/> Mental health problems | <input type="checkbox"/> Drug/alcohol misuse | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Learning disabilities | <input type="checkbox"/> Physical disabilities |
| <input type="checkbox"/> Sensory disabilities | <input type="checkbox"/> Young person | <input type="checkbox"/> Leaving care |
| <input type="checkbox"/> Refugee | <input type="checkbox"/> Isolated with no support | <input type="checkbox"/> Literacy |

Other (please state)

Do you or anyone on the application receive any of the following support?

You can tick more than one box

- | | | |
|---|--|--|
| <input type="checkbox"/> Social worker | <input type="checkbox"/> Health visitor | <input type="checkbox"/> Community psychiatric nurse |
| <input type="checkbox"/> Occupational therapist | <input type="checkbox"/> Support/resettlement worker | <input type="checkbox"/> Special needs housing officer |
| <input type="checkbox"/> Probation service | <input type="text"/> Other (please state) | |

Please give the name, address and phone numbers of all the support you have ticked.

If you have a support need but do not have any of the services listed above, would you like to be referred to another agency that may be able to support you where you are or offer support if the council is able to find you somewhere to live?

Yes No

Will you need assistance or support with bidding for properties via the choice based lettings scheme?

Yes No

37. Giving Support

Do you or anyone on the application need to give support to someone else?

Yes No

If yes please provide the name, address and relationship to the person who receives your support and the reason you need to support them (please provide supporting documentation/information).

38. Vulnerable Person Information

Please provide contact details of anyone who helps you or anyone that you wish to act on your behalf:

Name

Organisation/Relationship to you

Address

Postcode

Telephone number

Does anyone in your household:

- Use a wheelchair indoors and outdoors all the time?
- Use a wheelchair some of the day, and/or cannot manage steps or stairs at all?
- Have restricted mobility and can only manage 1 or 2 steps or stairs?

Do you or anyone on your application have a special housing need because of any of the following?

- | | |
|--|---|
| <input type="checkbox"/> Issue with literacy | <input type="checkbox"/> Isolated – no support |
| <input type="checkbox"/> Permanent physical disability | <input type="checkbox"/> Learning disability |
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Hearing impairment |
| <input type="checkbox"/> Mental health problems | <input type="checkbox"/> Age related physical infirmity |
| <input type="checkbox"/> Young person leaving care | <input type="checkbox"/> Ex-offender |
| <input type="checkbox"/> Issue with alcohol | <input type="checkbox"/> Issue with drug misuse |
| <input type="checkbox"/> May need help bidding and have no one to help | <input type="checkbox"/> Age related mental infirmity |
| <input type="checkbox"/> Experiencing violence or harassment | <input type="checkbox"/> English is not my first language |

Any other, please give details:

Our properties are advertised on the web and on digital TV on a regular basis. If you (or an individual working on your behalf) will not be able to access our property list via any of these methods, please tell us why:

39. Armed Forces Applicants

Are you a serving member of the armed forces?

Yes No

Have you previously served as a member of the Armed Forces?

Yes No

If you answered yes to the question above, please state your date of discharge:

40. Any Additional Information

Please provide us with any additional information that you think would be relevant to your application

A large, empty rectangular box with a thin black border, intended for the applicant to provide additional information relevant to their application. The box is currently blank.

41. Are you or your partner a *keyworker?

Yes No

If yes please give details:

* A keyworker is a person whose job is essential to the borough or community (a further definition is contained in the Allocations Policy).

42. Statement of Applicant

I/We wish to be included on the Housing Register. I/We also confirm that the particulars given on this application are correct and that I/We will notify Housing Services of any changes in circumstances affecting this application. I/We understand that if re-housed on the basis of false information that has been supplied, Ashford Borough Council will take action to repossess the property.

| | |
|-------------|---------|
| Print Name: | Signed: |
| Print Name: | Signed: |

43. Data Protection Act

Information contained on this form may be used by any of Ashford Borough Council's partner organisations and shared with other bodies for the prevention and detection of fraud.

44. Authorisation

I/We authorise Ashford Borough Council to seek and obtain further information from other parties relevant to this application. I/We understand that this may include a credit check using a credit referencing agency and that this information will be used to verify the information I/We have provided you with, including address history. The information we receive will not be used in any way that is incompatible with the purpose for which it is being disclosed.

| | |
|-------------|---------|
| Print Name: | Signed: |
| Print Name: | Signed: |

Date:

Please ensure that you submit the following with your application:

- 2 documents as proof of identity for yourself and your partner, eg birth certificate, passport or driving licence (one of the documents must contain photo identification)
- A passport sized photograph for the main applicants
- Proof of identity for each person that wishes to be housed with you, eg birth certificate, passport or driving licence
- Proof of address eg utility bill, bank statement, tenancy agreement etc
- Proof that any children you wish to be housed with you are resident at your address, a recent copy of your Child Benefit letter should be acceptable.
- Proof of pregnancy showing estimated due date
- Your two most recent pay slips and your P60 if you are employed or proof of benefits if you are not employed
- If you currently own property we will need to see information relating to the amount of financial interest you have in the property. Confirmation of your outstanding mortgage and a valuation of the property would be acceptable.
- If you have owned property within the last six years we will need to see a copy of the financial statement relating to the sale of the property

If for any reason you are unable to complete this form yourself or provide us with any of the information requested please telephone 01233 330688 for further advice and assistance.

If you need assistance to complete this form because you are unable to read or write in English then please tick the adjacent box, write your name, address and telephone number on the front of the form and return it to the Civic Centre reception

আপনি যদি এ ফর্ম পূরণ করার জন্য সহায়তা চান যেহেতু আপনি ইংরেজী পড়তে বা লিখতে পারেন না, তাহলে পাশের বাক্সে টিক চিহ্ন দিন, ফর্মের সামনের দিকে আপনার নাম, ঠিকানা ও টেলিফোন নাম্বার লিখুন এবং সিভিক সেন্টারের রিসেপশনে দিন।

Si vous avez besoin de l'assistance pour remplir ce formulaire parce que vous êtes incapable de lire ou d'écrire en anglais, prière de cocher la case à côté, il vous faut écrire nom, adresse et numéro de téléphone sur le recto du formulaire et le retourner à la réception du Centre Civique.

ഇംഗ്ലീഷ് ഭാഷയിൽ എழுതാനോ വായിക്കാനോ വശമില്ലാത്തതിനാൽ, ഈ അപേക്ഷാഫോറം പൂരിപ്പിക്കാൻ സഹായം ആവശ്യമുണ്ടെങ്കിൽ, ദയവായി ഇതോടു തൊട്ടു കിടക്കുന്ന അറയിൽ, അടയാളം ഇടുക. താങ്കളുടെ പേര്, മേൽവിലാസം, ടെലിഫോൺ നമ്പർ, എന്നീ വിവരങ്ങൾ ഈ അപേക്ഷാഫോറത്തിന്റെ മുമ്പുവശത്തേഴുതിയിട്ടു്, ദയവായി സിവിക് സെന്ററിൽ സന്ദർശകരെ സ്വീകരിക്കുന്ന സ്ഥലത്തേക്കു് (സിവിക് സെന്റർ റിസെപ്ഷൻ) തിരിച്ചയയ്ക്കുക.

உங்களுக்கு ஆங்கிலம் வாசிக்கவோ எழுதவோ தெரியாத காரணத்தால் உங்களுக்கு இந்தப் படிவங்களை நிரப்ப இயலாது உதவி தேவைப்படின் தயவுசெய்து அடுத்துள்ள பெட்டிக்குள் அடையாளமிட்டு விண்ணப்பத்தின் முன்பக்கத்தில் உங்கள் பெயர் முகவரி மற்றும் தொலைபேசி இலக்கம் என்பனவற்றை எழுதி சிவிக் மையத்தின் வரவேற்பாளரிடம் கொடுக்கவும்



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Housing
South East

WEST KENT

Downland
HOUSING ASSOCIATION