

Kurmanji: Heke ji ber ku hun nikanin bi Îngîlîzî bixwînin an binivîsin, ji bo tijekirina vê formê ji we re alîkarî divê, wê gavê ji kerema xwe qutîka li kêlekê îşaret bikin, nav, navnîşan û hejmara telefona xwe li pêşîya vê formê binivîsin û wê bidin resepsiyona Civic Centre.

Pashto: که تاسی په انگلیسي ژبه لیک لوست نشی کولای او د دی فورمی د ډکولو لپاره مرستی ته ضرورت لری، نو لاندې ورکړل شوي بکس کې د ✓ نښه وکړی. پر دی سربره خپل نوم، پته او د تلیفون نمره د فورمی په مخ ولیکی او د ښاروالی د استقبال ځای ته یې وروگرځوی.

Nepalese: यदि यो फाराम भर्न तपाईंलाई सहयोग चाहिन्छ किनकि तपाईं अंग्रेजीमा पढ्न वा लेख्न असमर्थ हुनुहुन्छ भने कृपया सँगैको कोष्ठमा चिन्ह लगाउनुहोस्, फारामको अगाडिपट्टि तपाईंको नाम, ठेगाना र टेलिफोन नम्बर लेख्नुहोस् र त्यसलाई नागरिक केन्द्रको स्वागत कक्षमा फर्काइदिनुहोस्।

Cantonese: 如果你不會讀寫英文，需要幫助填寫這份表格，請在一邊的方格畫勾，遂在表格前頁寫上你的姓名、地址和電話號碼，然後到市政廳(Civic Centre)交給接待處。

Polish: Jeśli potrzebują Państwo pomocy w wypełnieniu tego formularza, gdyż nie potrafia Państwo czytać lub pisać w języku angielskim, proszę zaznaczyć pole obok, podać swoje imię, nazwisko, adres i numer telefonu na pierwszej stronie formularza i złożyć go w recepcji siedziby władz lokalnych (Civic Centre).

Urdu: اگر یہی نہ پڑھ یا لکھ سکنے کے باعث، اگر آپ کو یہ فارم پُر کرنے میں مدد درکار ہو تو براہ کرم دیے گئے خانے میں نشان لگائیں اور فارم کے سامنے اپنا نام، پتہ اور فون نمبر لکھ کر اسے سوک سینٹر کے استقبالیے پرواپس کر دیں۔



Working in partnership with:



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

Kurmanji: Ev, formeke serilêdana xani ye, ji bo bêtir agahiyê ji kerema xwe li paşiyê binêrin.
Pashto: دا د هستوګنځای د لاس ته راوړو فورمه ده، د لا زیاتو معلوماتو لپاره لطفاً د پاپی بل مخ ته پام وکړی.
Nepalese: यो एउटा बसोबास आवेदन फाराम हो, कृपया बप विवरणका लागि पछिस्तिर हेर्नुहोस्।
Cantonese: 這是一份申請房屋表格，請看閱背頁以詳細節。
Polish: Jest to formularz wniosku o mieszkanie. Dalsze informacje podane są na odwrocie.
Urdu: یہ درخواست فارم ہاؤسنگ کے لیے ہے۔ مزید تفصیلات کے لیے براہ کرم اس کی پشت ملاحظہ ہو۔

1 About you

1a. Personal Details

	You	Your partner
Title	<input type="text"/>	<input type="text"/>
First Name	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Any other surname you have used	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Address	<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"/>
Postcode	<input type="text"/>	<input type="text"/>
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"/>
National Insurance No.	<input type="text"/>	<input type="text"/>
Are you or your partner a keyworker? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what is your job title <input type="text"/>		
Are you, or anyone you would like to be housed with, related to an Ashford Borough Council employee or Councillor? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If you have answered yes to the above question please tell us who you are related to and your relationship to them	<input type="text"/>	

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. You will need to complete the following sections of the form; 1, 2, 3, 5, 7, 9, 12, 13, 14, 15, 16 (10 & 11 are optional)
 A housing waiting list applicant – anyone else who is seeking access to social housing. You will need to complete all of the form except 11 (10 is optional)

1b. Your current tenancy

Please tick **one** box below to show your current housing situation

Tenant of housing association/trust	*	<input type="checkbox"/>
Tenant of private landlord	*	<input type="checkbox"/>
Hostel, refuge, bed & breakfast		<input type="checkbox"/>
Prison		<input type="checkbox"/>
Tied or services tenancy	*	<input type="checkbox"/>
Armed forces accommodation		<input type="checkbox"/>
Tenant of Local Authority	*	<input type="checkbox"/>
Temporary accommodation	*	<input type="checkbox"/>
No fixed abode (NFA)		<input type="checkbox"/>

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

Owner/Occupier	<input type="checkbox"/>
Lodger with friends or family	<input type="checkbox"/>
Hospital or nursing home	<input type="checkbox"/>

*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	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes please provide a copy of your notice
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Would you like your letters sent to an address other than the one given above:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes please give details:

16 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:

17 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. Where the applicant is a tenant of a Local Authority or Registered Social Landlord their property details and contact information may be used for the purpose of helping to find suitable mutual exchange partners. If you are privately renting and have completed Section 2B, this information may be forwarded to the Private Sector Housing Section to see if they can assist in any way.

18 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
- 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
- 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.

15 Any Additional Information

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

1c. Family details

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

	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)
1				/ /		Applicant	
2				/ /			
3				/ /			
4				/ /			
5				/ /			
6				/ /			

Work Status (choose one code only)

- | | | | | | |
|---|---------------------|---|------------------------|---|----------------------------|
| 1 | Full-time work | 4 | Job Seeker | 7 | Full-time student |
| 2 | Part-time work | 5 | Retired | 8 | Long term sick or disabled |
| 3 | Government training | 6 | Housewife/Househusband | 9 | Child under 16 |

Is anyone listed above not living with you at the moment? Yes No

If 'Yes' what is their name and current address?

Name	<input type="text"/>	Address	<input type="text"/>
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Are they: a lodger? an owner? a tenant? other?

If you have ticked 'tenant' please give the name and address of their landlord

Please say why you are living apart

Pregnancy

Are you, or any of the people mentioned in question 1b pregnant? Yes No

If 'Yes' who is pregnant? Name:

When is the baby due? Date:

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

Housing Act 1996 Section S161–162

If you are subject to immigration control, we may not be able to accept your application.

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).

2 About Your Current Home

2a. What type of property do you live in?

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

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

House Flat/Maisonette Bungalow

Caravan or mobile home Bedsit Hostel

Hospital or nursing home Prison or remand centre Hotel

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

Other (please give details)

Name of person(s) who sleep in each room and their relationship to you				
Bedroom	Your Property	Relationship to you	Your partners property (if living separately at the moment)	Relationship to your partner
One				
Two				
Three				
Four				
Five				
Other room				

2b. About your current home

What type of heating do you have at your property? No heating

Gas central heating Electric Solid fuel Oil central heating

Storage heaters Fixed gas fires Freestanding fires (gas/electric/oil) Don't know

Do you have heating in every room? Yes No Is your property insulated? Yes No

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

3 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.

12 Learning, Listening and Visiting You

Please consider these questions for yourself and other members of your household:

Writing to you, do you use any of the following: Audio Braille Large print

Listening to you face to face:

Do you use an induction loop Yes No Do you use a British sign interpreter Yes No

Listening to you on the telephone, do you use a textphone or typetalk Yes No

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

Please knock loudly Please give me a little longer to answer the door

Please use the front door Please use the side door Please use the back door

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

Listening and learning

Can you read English? Yes No

Do you have problems with understanding letters and forms in English? Yes No

Do you know an adult or another member of your household who can read English? Yes No

Can you speak English? Yes No

Do you know an adult or another member of your household who can speak English? Yes No

Do you need an interpreter when we speak to you or visit you at your property? Yes No

What is your country of origin?

13 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 No

If yes, please give details and dates

14 Criminal Act

Have you, or any other applicant, been convicted of a criminal act? Yes No

If yes, please give details and dates

11 Language

Please tick a box to indicate your first language

Main Code	Sub Code	First Language
ALB		Albanian/Shqip
ARA	ARAA	Arabic (Any other)
ARA	ARAG	Arabic (Algerian)
ARA	ARAI	Arabic (Iraq)
ARA	ARAM	Arabic (Morocco)
ARA	ARAS	Arabic (Sudan)
ARA	ARAY	Arabic (Yemen)
BNG	BNGA	Bengali (Any other)
BNG	BNGC	Bengali (Chittagong/Noakhali)
BNG	BNGS	Bengali (Sylheti)
BUL		Bulgarian
CHI	CHIA	Chinese (Any other)
CHI	CHIC	Chinese (Cantonese)
CHI	CHIH	Chinese (Hokkien/Fujianese)
CHI	CHIK	Chinese (Hakka)
CHI	CHIM	Chinese (Mandarin/Putonghua)
CZE		Czech
ENG		English
FIN		Finnish
FRN		French
GER		German
GRE	GREA	Greek (Any other)
GRE	GREC	Greek (Cyprus)
GUJ		Gujarati
HGR		Hungarian
HIN		Hindi
ITA	ITAA	Italian (Any other)
ITA	ITAN	Italian (Napoletan)
ITA	ITAS	Italian (Sicilian)
JPN		Japanese
KUR	KURA	Kurdish (Any other)
KUR	KURM	Kurdish (Kurmanji)
KUR	KURS	Kurdish (Sorani)
LIT		Lithuanian
LTV		Latvian
MLM		Malayalam
NEP		Nepali

Main Code	Sub Code	First Language
PAT		Pashto/Pakhto
PNJ	PNJA	Panjabi (Any other)
PNJ	PNJG	Panjabi (Gurmukhi)
PNJ	PNJM	Panjabi (Mirpuri)
PNJ	PNJP	Panjabi (Pothwari)
POL		Polish
POR	PORA	Portuguese (Any other)
POR	PORB	Portuguese (Brazil)
PRS	PRSA	Farsi/Persian (Any other)
PRS	PRSD	Dari Persian
PRS	PRST	Tajiki Persian
RME		Romani/English Romanes
RMI		Romani (International)
RMN	RMNM	Romanian (Moldova)
RMN	RMNR	Romanian (Romania)
RUS		Russian
SCB	SCBB	Bosnian
SCB	SCBC	Croatian
SCB	SCBS	Serbian
SHO		Shona
SLO		Slovak
SOM		Somali
SPA		Spanish
SWA	SWAA	Swahili (Any other)
SWA	SWAC	Comorian Swahili
SWA	SWAK	Swahili (Kingwana)
SWA	SWAM	Swahili (Brava/Mwiini)
SWA	SWAT	Swahili (Bajuni/Tikuu)
SWE		Swedish
TAM		Tamil
TGL	TGLF	Filipino
TGL	TGLG	Tagalog
THA		Thai
TRI		Traveller Irish/Shelta
TUR		Turkish
URD		Urdu
VIE		Vietnamese

If your first language is not above, please state it here

If English is not your first language, would you like details of English language classes? Yes No

4 Previous Addresses

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

Full address:	<input type="text"/>	From	<input type="text"/> / <input type="text"/> / <input type="text"/>	To	<input type="text"/> / <input type="text"/> / <input type="text"/>
Who was the Landlord/Owner?	<input type="text"/>				
Why did you leave?	<input type="text"/>				
Full address:	<input type="text"/>	From	<input type="text"/> / <input type="text"/> / <input type="text"/>	To	<input type="text"/> / <input type="text"/> / <input type="text"/>
Who was the Landlord/Owner?	<input type="text"/>				
Why did you leave?	<input type="text"/>				
Full address:	<input type="text"/>	From	<input type="text"/> / <input type="text"/> / <input type="text"/>	To	<input type="text"/> / <input type="text"/> / <input type="text"/>
Who was the Landlord/Owner?	<input type="text"/>				
Why did you leave?	<input type="text"/>				
Full address:	<input type="text"/>	From	<input type="text"/> / <input type="text"/> / <input type="text"/>	To	<input type="text"/> / <input type="text"/> / <input type="text"/>
Who was the Landlord/Owner?	<input type="text"/>				
Why did you leave?	<input type="text"/>				

Continue on a separate sheet if necessary.

Your Partner

Full address:	<input type="text"/>	From	<input type="text"/> / <input type="text"/> / <input type="text"/>	To	<input type="text"/> / <input type="text"/> / <input type="text"/>
Who was the Landlord/Owner?	<input type="text"/>				
Why did you leave?	<input type="text"/>				
Full address:	<input type="text"/>	From	<input type="text"/> / <input type="text"/> / <input type="text"/>	To	<input type="text"/> / <input type="text"/> / <input type="text"/>
Who was the Landlord/Owner?	<input type="text"/>				
Why did you leave?	<input type="text"/>				
Full address:	<input type="text"/>	From	<input type="text"/> / <input type="text"/> / <input type="text"/>	To	<input type="text"/> / <input type="text"/> / <input type="text"/>
Who was the Landlord/Owner?	<input type="text"/>				
Why did you leave?	<input type="text"/>				
Full address:	<input type="text"/>	From	<input type="text"/> / <input type="text"/> / <input type="text"/>	To	<input type="text"/> / <input type="text"/> / <input type="text"/>
Who was the Landlord/Owner?	<input type="text"/>				
Why did you leave?	<input type="text"/>				

Continue on a separate sheet if necessary.

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? Yes No

If yes, please give the date and details below

5 Health and Welfare

5a. Disability

Are you or a member of your household registered disabled? Yes No If No go to 5b

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

Do they receive Disability Living Allowance? Yes No If Yes at which rate

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

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.

5b. Medical circumstances

Have you or anyone who is to be rehoused with you 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

10

10a. 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

10b. Religion (This section is optional)

You Buddhist Christian Hindu Jewish

Partner Buddhist Christian Hindu Jewish

You Muslim Sikh Other No religion

Partner Muslim Sikh Other No religion

10c. Sexuality (This section is optional)

You Bisexual Gay Heterosexual Lesbian Other

Partner Bisexual Gay Heterosexual Lesbian Other

9b. Reason for rehousing and type of property you are interested in

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

Flat/Maisonette	<input type="checkbox"/>	House	<input type="checkbox"/>	Sheltered Housing	<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"/>		

Please tell us why you are applying to us for rehousing?

9c. Borough of choice

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

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="checkbox"/>	Other, please state	<input type="text"/>				

9d. Sheltered housing for applicants over 50 years of age

Sheltered schemes offer a safe and secure environment in which you can enjoy independence with the company of others when you wish. Eligibility for Sheltered Housing is assessed on a need and support basis. The schemes are listed below – please tick the ones you would like to be considered for:

Askes Court – Singleton	<input type="checkbox"/>	Little Hill – Tenterden	<input type="checkbox"/>
Baxendale – Willesborough	<input type="checkbox"/>	Luckley House – Wye	<input type="checkbox"/>
Cotton Hill House – Hamstreet	<input type="checkbox"/>	Monypenny – Rolvenden	<input type="checkbox"/>
Danemore – Tenterden	<input type="checkbox"/>	Oakleigh House – Ashford	<input type="checkbox"/>
Downland Court – Ashford Town	<input type="checkbox"/>	Pym House – Charing	<input type="checkbox"/>
East Stour Court – Ashford	<input type="checkbox"/>	Summer Leeze – Willesborough	<input type="checkbox"/>
Farrow Court – Stanhope	<input type="checkbox"/>	Beaver Court – South Ashford	<input type="checkbox"/>
Gerlach House – Kennington	<input type="checkbox"/>	Leslie Chalk – Ashford Town	<input type="checkbox"/>
Would you like to be sent a brochure about sheltered housing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Or are you interested in a Haven Bungalow?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

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 Council's Monitoring Centre who can contact the appropriate person or organisation on your behalf.

6 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.

6a. Receiving support

Do you or anyone on the application need support for any of the following reasons? You can tick more than one box

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"/>	Other (please state)	<input type="text"/>		

Do you or anyone on the application receive any of the following support? You can tick more than one box

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="checkbox"/>	Other (please specify)	<input type="text"/>		

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

6b. 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).

7 Employment and Financial Information

7a. Employment details : You Your partner

Are you working? Yes No 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/Job title

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.

7b. Savings You Your 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.

8 Benefits

Do you or your partner receive any benefits? Yes No If yes please tell us which ones

	You	Your partner
Child benefit	<input type="checkbox"/>	<input type="checkbox"/>
Job seekers allowance	<input type="checkbox"/>	<input type="checkbox"/>
State pension	<input type="checkbox"/>	<input type="checkbox"/>
Incapacity benefit	<input type="checkbox"/>	<input type="checkbox"/>
Disability living allowance	<input type="checkbox"/>	<input type="checkbox"/>
Carers allowance	<input type="checkbox"/>	<input type="checkbox"/>
Income support	<input type="checkbox"/>	<input type="checkbox"/>

Other - please give details

Would you be interested in employment advice? Yes No

9 Housing Choice

9a. Areas of choice and local connection

Please write a '1' in the box to indicate your first area of choice (making one choice does not restrict you in any way). Please also tick any boxes that you have a local connection with. For a local connection you or your partner must meet one or more of the following criteria:

- Have lived in the Parish for the previous 5 years or more.
- Have lived in the Parish for a total of 7 years out of the previous 10 years
- 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
- 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
- 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)

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	*	<input type="checkbox"/>

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

Area Connection

Area Connection

Continue at section 15, Any additional information if necessary