

HOUSING APPLICATION FORM



**249 Lewisham Way
Brockley
London
SE4 1XF**

NAME:

ADDRESS:

OFFICE USE

SOURCE :

PROPERTY SIZE:

POINTS AWARDED

HOUSING NEED:

CO-OPERABILITY:

SUBTOTALS:

TOTAL:

INITIALLED BY:

Brockley Tenants Co-operative Ltd

Brockley Tenant's Co-operative Ltd provides affordable accommodation to those on low incomes and who are in urgent housing need and who are willing to actively participate in the running of the Co-operative.

We currently manage around 162 general needs properties, (as at November 2013). These are located in the Borough of Lewisham in the Lewisham, Brockley, New Cross and Deptford areas.

Our properties are a mixture of flats and houses converted from Victorian or Edwardian houses. The greatest numbers are flat conversions.

On average, approximately 8 properties become available for letting each year, although this number can vary from year to year and all applicants requiring two or more bedrooms must first register with Lewisham Council. The Co-operative also accepts referrals from local agencies and our own transfer cases.

We select people who have housing need and whom we hope we will be able to help within a reasonable period of time. We therefore have a short waiting list to reflect the low turnover of our properties. Unfortunately, it is not possible for the Co-operative to assist everyone.

Brockley Tenant's Co-operative Ltd is an Equal Opportunities organisation and all applicants for housing will not receive less favourable treatment on the grounds of race, colour, nationality, ethnicity, national status, disability, religion, age or HIV status.

Please note that completing this application form does not guarantee that you will be offered accommodation.

WHY COMPLETE THIS HOUSING APPLICATION FORM?

The purpose of completing this form is to allow Brockley Tenant's Co-operative Ltd to determine your housing need in relation to that of other applicants.

This form will help Brockley Tenant's Co-operative Ltd to assess the size and type of accommodation to suit your housing needs.

PLEASE NOTE THAT WE TREAT THE INFORMATION YOU PROVIDE TO US IN THIS FORM AS CONFIDENTIAL.

HOW TO COMPLETE THIS FORM

- 1. Firstly read all the information included in this pack.**
- 2. Read the application form and fill it in carefully, completing all sections.**
- 3. If you need assistance in completing this form, please contact Brockley Tenant's Co-operative Ltd on 020 8691 5898 or, alternatively, visit our offices Monday ~ Friday between 10:00am - 1.30 pm & 2.30 pm - 3:30pm at :-**

**249 Lewisham Way
Brockley
London SE4 1XF**

- 4. Please ensure you have available proof of ID for yourself and other members of your household and your Lewisham Council registration number, (if applicable), as these documents will be required when you have been made an offer of tenancy.**

Acceptable proof of ID: UK/EU passport, full UK driver's licence, full birth certificate, medical card, national insurance card and benefit books.

Without this proof, the Co-operative will not be able to offer you housing.

~ Question 1

ABOUT YOU

Have you applied to the Co-operative before? Yes No

If yes please explain.....

Do you own any property inside or outside of the UK ? Yes No

If yes, please provide address

Do you rent your current home? Yes No

If yes, please provide the name and address of your landlord.

Applicant

Title ~Mr/Mrs/Miss/Ms

Surname

First Name

Please supply other names you have used or may be known by i.e. maiden name.

Sex (please tick)
M F

Date of Birth Age

Present Address

Post Code:

Telephone Numbers
Home:
Work:
Mobile:
Email:

Joint Applicant

Title ~ Mr/Mrs/Miss/Ms

Surname

First Name

Please supply other names you have used or may be known by i.e. maiden name.

Sex (please tick)
M F

Date of Birth Age

Present Address

Post Code:

Telephone Numbers
Home:
Work:
Mobile:
Email

OFFICAL USE ONLY

ACCEPTABLE PROOF OF IDENTITY

PASSPORT

BIRTH CERT.

DRIVERS LICENCE

BENEFIT BOOKS

NATIONAL INSURANCE NO.

TENANCY AGREEMENT

Application No.

~ Question 2 WHO ELSE WILL BE LIVING WITH YOU?

Please list everyone who lives with you **now** and will be rehoused with you.

First Name	Surname	Date of Birth	Relationship to applicant	Male / Female	Pregnant?	If pregnant Date Due
					Yes <input type="checkbox"/>	
					Yes <input type="checkbox"/>	
					Yes <input type="checkbox"/>	
					Yes <input type="checkbox"/>	
					Yes <input type="checkbox"/>	
					Yes <input type="checkbox"/>	

ADDITIONAL PEOPLE TO BE REHOUSED WITH YOU

Please provide details of those members of your current household who are not **currently living** with you but will be rehoused with you. Please continue on a separate sheet if necessary.

Full Name	Date of Birth	Relationship to applicant	Male / Female	Child visiting under access arrangement Yes / No	Current Address

Do you have legal access to children not currently living with you? Yes No

Members of your current household NOT being rehoused with you

Please provide details of those members of your current household who will not be rehoused with you. Please continue on a separate sheet if necessary.

Full Name	Date of Birth	Relationship to Applicant	Male / Female	Please explain why they will not be rehoused with you

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~Question 3

YOUR CURRENT HOME

Date you moved to your current address

Please describe the type of home you live in. e.g. 2 bed flat with garden, 1 bed first floor flat etc. by ticking the relevant boxes.

House

Flat

Maisonette

Bungalow

More about your home ~

Please indicate by ticking the boxes.

A. Total number of bedrooms in your current home. 1 2 3 4+

B. What floor level is your home on? Basement Ground 1st 2nd 3rd+

C. Is there a lift?

D. Is there a garden?

Do you have to share facilities within your home with anyone who is not part of your household? Yes No

If yes, please explain.

Please provide the name and contact number for your housing officer, if you have one.

How would you describe your present accommodation?

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Are there any reasons why you have to move from your present accommodation and when do you have to move?

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.....

~ Question 4

HOUSING HISTORY

Applicant ~ Please provide FULL information on addresses of where you have lived for the past five years.

Continue on a separate sheet if necessary.

Previous Address	Dates to/from	Status e.g. tenant	If you rented this accommodation please state your landlord's name and address

OFFICIAL USE ONLY

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Joint Applicant Please provide the addresses of the joint applicant for the last 5 years, if different from the applicant's details.

Previous address	Date to/from	Status eg. <i>tenant</i>	Please provide the name and address of the landlord

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Does the joint applicant currently have his/her name on another tenancy? Yes No
 If yes, please specify

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~ Question 5 **INCOME & EMPLOYMENT**

PLEASE TICK THE BOXES THAT APPLY TO THE APPLICANT & JOINT APPLICANT.

	APPLICANT	JOINT APPLICANT
Please supply your National Insurance No.	<input type="text"/>	<input type="text"/>

Are you:

~ Self-employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
~ Employed in full-time work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
~ Employed in part-time work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please supply the employer's details: ~

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~A Student? Yes No Yes No

~ Retired? Yes No Yes No

~ Government Training Scheme? Yes No Yes No

Please specify.....

Long term sick/ disabled? Yes No Yes No

Are you in receipt of state benefits? Yes No Yes No

If yes, please specify which benefits

Please advise us of your weekly income after deduction of tax & National Insurance.

~ Question 6 OTHER HOUSING APPLICATIONS

Have you been accepted or contacted by any other Housing Association or Councils with a view to being housed? Yes No

If yes, please specify.

~ Question 7 MEDICAL HISTORY

Do you or any member of your household have a disability or medical condition that might affect the type of housing needed? Yes No

If no, go to question 8

If yes, please specify.

Do you or any member of your household need to use a wheelchair? Yes No

Please provide us with the name and address of your G.P.

~ Question 8 ADDITIONAL INFORMATION

Is there any other information you wish to give that would be helpful to the Co-operative in considering your application?

Have you ever been a member of a housing co-operative? Yes No

If yes, please give details below of what you did, your involvement, officer posts held, for how long and what the Co-op achieved. (You may continue on a separate sheet).

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Please tell us why you wish to be a member of this Co-operative. Describe what you believe is different about a co-op compared to a private landlord, a council or housing association. What would you be able to bring to the co-op? What would you expect to get from it? (You may continue on a separate sheet).

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Please describe any experience you may have had in any community or voluntary organisations or voluntary work. Give details of what you did, why you did it, what you enjoyed about it, what you achieved and how it was organised. Examples of this could be Tenant or Residents Associations, clubs that you have been involved in running, or self-help organisations. If you have not done any of this please describe what you would like to do in the future and what has prevented you from being involved in the past. (You may continue on a separate sheet).

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Give us some idea of why co-operatives would be your preferred housing option. What do you think are the advantage and disadvantages? What would you do to ensure that this co-op worked well?

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.....

~Question 12 **DECLARATION OF INTEREST**

You must answer the following questions.

ARE YOU OR ANY MEMBER OF YOUR HOUSEHOLD:

Employed by Brockley Tenant's Co-operative Ltd? Yes No

Related to any employee of Brockley Tenant's Co-operative Ltd? Yes No

Related to any member of the Co-operative's committees? Yes No

A contractor or related to a contractor that is currently working for the Co-operative? Yes No

If you have answered yes to any of the above questions, please provide details in the box below.

Please tell us how you found out about Brockley Tenants' Co-operative Ltd:

From an existing or ex-tenant/member? From a referral agency or other organisation?

From internet or other listings? From the Co-op's office? Other?

REFERENCES

Please supply details of two references, one of which must be from your previous landlord. The second reference must state by what relationship the applicant is known, eg: employer, personal, etc.

Reference from Landlord	Second Reference
Name:	Name: State Relationship:
Address:	Address:
Tel No:	Tel No:
Email:	Email:

DATA PROTECTION

Information supplied may be used for registered purposes under the terms of the Data Protection Act.

The Co-operative is under a duty to protect public funds it administers, and to this end may use the information you provided on this form for the prevention and detection of fraud.

We may also share this information with other bodies administering public funds solely for these purposes.

By signing this section I / we give the Co-operative permission to release or check medical, housing benefit, rent history, conduct of previous tenancies or other information, concerning my/ our application for housing.

Applicant
Name
Signature
Date

Joint Applicant
Name
Signature
Date

DECLARATION

I / We declare that all the facts that I / we have set out in this application are true.

I / We fully understand that a false statement made knowingly or recklessly by me/us may result in the loss of any tenancy that may be granted to me / us by Brockley Tenant's Co-operative Ltd.

I / We undertake to notify the Co-operative of any change in my / our circumstances as declared in this application.

I / We authorise Brockley Tenant's Co-operative Ltd to make such enquiries as are reasonably necessary to confirm any details given.

I / We authorise the Co-operative to approach my / our landlord, employer or other agencies for any information they need relating to my / our application for housing. I/We have provided two references with this application towards this purpose.

I / We declare that all the facts that I / we have set out in this application are true.

Applicant
Name
Signature
Date

Joint Applicant
Name
Signature
Date

ETHNIC IDENTITY

What is your ethnic group? Choose one section from (a) to (e) then tick the appropriate box to indicate your cultural background.

(a) White

- British
- Irish
- Any other White background please specify,.....

(d) Black or Black British

- Caribbean
- African
- Any other Black background, please specify,.....

(b) Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background please specify,.....

(e) Chinese or other ethnic group

- Chinese
- Any other, please specify,.....
.....

(c) Asian or Asian British

- Indian
- Pakistani
-

(f) Gypsy/Romany/Irish Traveller

Bangladeshi

Any other Asian background, please specify,.....

THE FOLLOWING QUESTIONS MUST BE ANSWERED ~

Is your stay subject to immigration control? Yes No

Are you an Asylum Seeker? Yes No

YOU MUST PROVIDE EVIDENCE OF YOUR IMMIGRATION OR ASYLUM STATUS