



APPLICATION FOR HOUSING

This form is available in large print

Please complete this form and ensure sign the declaration before sending to our office.
Please use block capitals.

Part 1: Personal Details

A. About you

Title _____ First name _____ Surname _____

Date of Birth _____ National Insurance No. _____

Address _____

Telephone Number (Daytime) _____ (Mobile) _____

E-mail _____

When did you move into this address? _____

B. About your partner

Title _____ First name _____ Surname _____

Date of Birth _____ National Insurance No. _____

Address (if different from above) _____

Telephone Number (Daytime) _____ (Mobile) _____

E-mail _____

When did they move into this address? _____

C. Your next of kin details (NOT the person detailed at B. above)

Name _____

Address _____

Telephone Number _____ **Relationship to you** _____

D. Your partner's next of kin details (NOT the person detailed at A. above)

Name _____

Address (if different from above) _____

Telephone Number _____ **Relationship to your partner** _____

E. Please tell us where you have lived during the last three years

Address _____

Date you moved in _____ Date you moved out _____

Were you:- (Please tick one box✓)

A private tenant	<input type="checkbox"/>	A lodger	<input type="checkbox"/>	A council tenant	<input type="checkbox"/>
Living with friends or relatives	<input type="checkbox"/>	In accommodation that came with your job	<input type="checkbox"/>	A housing association tenant	<input type="checkbox"/>
An owner or joint owner	<input type="checkbox"/>	Other (Please give details)	<input type="checkbox"/>	_____	

Why did you leave this address? _____

Address _____

Date you moved in _____ Date you moved out _____

Were you:- (Please tick one box✓)

A private tenant	<input type="checkbox"/>	A lodger	<input type="checkbox"/>	A council tenant	<input type="checkbox"/>
Living with friends or relatives	<input type="checkbox"/>	In accommodation that came with your job	<input type="checkbox"/>	A housing association tenant	<input type="checkbox"/>
An owner or joint owner	<input type="checkbox"/>	Other (Please give details)	<input type="checkbox"/>	_____	

Why did you leave this address? _____

Address _____

Date you moved in _____ Date you moved out _____

Were you:- (Please tick one box✓)

A private tenant	<input type="checkbox"/>	A lodger	<input type="checkbox"/>	A council tenant	<input type="checkbox"/>
Living with friends or relatives	<input type="checkbox"/>	In accommodation that came with your job	<input type="checkbox"/>	A housing association tenant	<input type="checkbox"/>
An owner or joint owner	<input type="checkbox"/>	Other (Please give details)	<input type="checkbox"/>	_____	

Why did you leave this address? _____

If you are in private rented accommodation, please enclose a landlords reference. If you have lived at your current address for less than 3 years please enclose references from your previous landlords to cover a three year period.

F. Please tell us where your partner has lived during the last three years (if different from E)

Address _____

Date you moved in _____ Date you moved out _____

Were you:- (Please tick one box✓)

A private tenant	<input type="checkbox"/>	A lodger	<input type="checkbox"/>	A council tenant	<input type="checkbox"/>
Living with friends or relatives	<input type="checkbox"/>	In accommodation that came with your job	<input type="checkbox"/>	A housing association tenant	<input type="checkbox"/>
An owner or joint owner	<input type="checkbox"/>	Other (Please give details)	<input type="checkbox"/>	_____	

Why did you leave this address? _____

Address _____

Date you moved in _____ Date you moved out _____

Were you:- (Please tick one box✓)

A private tenant	<input type="checkbox"/>	A lodger	<input type="checkbox"/>	A council tenant	<input type="checkbox"/>
Living with friends or relatives	<input type="checkbox"/>	In accommodation that came with your job	<input type="checkbox"/>	A housing association tenant	<input type="checkbox"/>
An owner or joint owner	<input type="checkbox"/>	Other (Please give details)	<input type="checkbox"/>	_____	

Why did you leave this address? _____

Address _____

Date you moved in _____ Date you moved out _____

Were you:- (Please tick one box✓)

A private tenant	<input type="checkbox"/>	A lodger	<input type="checkbox"/>	A council tenant	<input type="checkbox"/>
Living with friends or relatives	<input type="checkbox"/>	In accommodation that came with your job	<input type="checkbox"/>	A housing association tenant	<input type="checkbox"/>
An owner or joint owner	<input type="checkbox"/>	Other (Please give details)	<input type="checkbox"/>	_____	

Why did you leave this address? _____

If your partner is in private rented accommodation, please enclose a landlords reference. If your partner has lived at their current address for less than 3 years please enclose references from their previous landlords to cover a three year period.

G. Please list below all other people who will be living with you

Full Name	Date of Birth	Sex (M/F)	Their Relationship to you (for example, husband, partner, son/daughter)	Do they live with you all the time (Yes/No)

If you have children who do not live with you all the time, please enclose confirmation details of any shared care arrangements, either from a Solicitor, or other appropriate source.

H. Are you, or is anyone applying for housing with you, pregnant?

Yes No If yes what date is the baby due? ____ / ____ / ____ (N.B. If you are pregnant, we will not take this into account until your baby is born and we receive a copy of the birth certificate.)

I. Do you, or anyone applying for housing with you, have rent or mortgage arrears from any of your previous addresses detailed?

Yes No

If yes, do you have a repayment agreement that has been maintained for at least one year?

Yes No

If yes, please provide a reference from your former landlord or mortgage provider confirming the above.

J. Have you, or anyone applying for housing with you, had any enforcement action taken against you for anti social behaviour within the last two years?

Yes No

If yes, when was this action taken and what form did it take? (e.g. ASB order, injunction, possession)

Please provide confirmation of the above from a Solicitor or other appropriate source.

K. Have you, or anyone applying for housing with you, ever been convicted of a criminal offence, or are any charges pending at present?

Yes No

If yes, please state the nature of the offence

Please provide confirmation of the above from a Solicitor, Probation Officer, or other appropriate source.

If you give false or misleading information or fail to disclose relevant information requested at I, J, or K above, you will be disqualified from being considered for housing.

If you accept an offer of housing and it is subsequently discovered that you have given false or misleading information or failed to disclose relevant information requested at I, J or K above, Colne Housing Society may take enforcement action to end the tenancy.

Part 2: Your Current Home

A. Where you live now

(Please tick one box ✓)

Do you live in a:-

House Bungalow Flat Hostel Other

(If Other please give details) _____

If you live in a flat, which floor is it on?

Ground First Second Third Fourth Floor Or Above

HOW MANY ROOMS ARE THERE IN YOUR PRESENT HOME?

Living Room(s)	Bedsitting Room	Bedroom(s)	Kitchen(s)	Bathroom(s)	W/C's

IF YOU LIVE IN TIED ACCOMMODATION (I.E. ACCOMMODATION THAT IS PROVIDED FOR YOUR WORK), OR YOU LIVE IN A CARE OR FOSTER HOME, HAVE YOU BEEN GIVEN A LETTER OR NOTICE REQUIRING YOU TO LEAVE YOUR HOME?

Yes *(please provide a copy)* No

When are you expected to leave? _____

B. The facilities in your home

PLEASE INDICATE WHETHER YOU SHARE THE FOLLOWING FACILITIES WITH ANOTHER HOUSEHOLD (i.e. with people who would not be re-housed with you)

	Yes	No
Bath or Shower Room	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>
Lounge	<input type="checkbox"/>	<input type="checkbox"/>

C. Which of the following best describes your current situation?

- Owner Occupier Please go to Question D
- Tenant Please go to Question E
- Lodger Please go to Questions E and F
- Living with Friends/Relatives Please go to Question F

D. Owning your home

Do you have a mortgage? Yes No

If yes, what are your monthly repayments? £ _____

Do you have any arrears? Yes No

If yes, is, or has Court action being taken against you? Yes No

(please include evidence of pending Court Action or existing Court Order)

How many months behind are your payments? £ _____

How much is still outstanding on your mortgage? £ _____

What is the estimated value of your home? £ _____

E. Renting your home

PLEASE WRITE THE NAME AND ADDRESS OF YOUR LANDLORD

Name _____ Telephone Number _____

Address _____

How much is your rent? £ _____ weekly monthly

Are there any arrears? Yes No

If yes, is, or has Court action being taken against you? Yes No

(Please include evidence of pending Court action or existing Court Order)

How much rent do you owe? £ _____

How long does your tenancy last? Six Months A year Other

Is your tenancy likely to be renewed? Yes No Do not Know

F. Living with friends or relatives

PLEASE GIVE DETAILS OF THE RELATIVES OR FRIENDS YOU LIVE WITH AND THEIR RELATIONSHIP TO YOU

PLEASE DO NOT INCLUDE ANYBODY WHO YOU WISH TO BE HOUSED WITH YOU.

Name	Age	Sex (M/F)	Relationship To You (for example, brother, sister, mother, father, friend)

Do you have to share a bedroom – other than with your partner? Yes No

If Yes, who do you share a bedroom with?

Name	Age	Sex (M/F)	Relationship To You (for example, brother, sister, mother, father, friend)

Part 3: Your Income

What is your total income?

£ _____ per week

Do you have any savings?

Yes No

If Yes Please State How Much

£ _____

A. Please give details of any of the following benefits received by your household

	Amount Per Week		Amount Per Week
Child Benefit	£ _____	Private Pension	£ _____
Income Support/ Job Seekers Allowance	£ _____	Working Families Tax Credit	£ _____
State Pension/Pension Credit	£ _____	Disability Living Allowance	£ _____
Attendance Allowance	£ _____		
Other (<i>Please State</i>)	_____		

B. Are you or your partner working?

Yes No

If yes, please tell us the following:

Your Occupation _____ Employer Name _____
Employer Address _____

Salary _____

Your Partner's Occupation _____ Employer Name _____
Employer Address _____

Salary _____

C. Do you wish to receive information about shared ownership schemes?

Yes No

D. Do you wish to receive information about key worker schemes?

Yes No

Part 4: Special Needs/Medical Needs

A. Do you, or does anyone applying for housing with you, have a medical condition which is being made worse because of where you currently live?

Yes No

IF YOU HAVE ANSWERED YES PLEASE COMPLETE THIS SECTION. IF NO PLEASE GO TO PART 5.

DESCRIBE THE NATURE OF YOUR MEDICAL CONDITION AND/OR DISABILITY

DESCRIBE HOW YOUR MEDICAL CONDITION AND/OR DISABILITY IS AFFECTED BY YOUR PRESENT HOUSING CIRCUMSTANCES

Do you, or does anyone in your household need to use a wheelchair indoors? Yes No

Do you, or does anyone in your household need to use a wheelchair outside? Yes No

Do you, or does anyone in your household need to use walking Sticks/frame? Yes No

Can you climb stairs? With Difficulty Not At All Easily

Do you have to climb stairs to the bathroom/toilet in your present accommodation? Yes No

Do you need help with day to day needs such as dressing, bathing or cooking? Yes No

If, yes state what help is required _____

Do you have regular carers to help you with this? Yes No

IS ANY OTHER ORGANISATION HELPING YOU AT PRESENT?

Are there any organisations who are working with you, such as Social Services, the Health Authority or a voluntary group? If so, please write the name of the organisation and the name and telephone number of the person you deal with.

Organisation: _____

Contact Name: _____

Telephone Number: _____

Can we contact the above person/organisation to discuss relevant information about your housing application?

Yes No

***Please Attach Any Medical Evidence From Your Doctor, Hospital Specialist, Social Worker etc, That Confirms How Your Housing Circumstances Are Making Your Medical Condition Worse, And/Or How A Move To Alternative Accommodation Will Improve Your Medical Condition.
NB - We Cannot Award Medical Points Without This Evidence.***

Part 5: What Type Of Home Do You Need?

Sheltered flat for those aged 55 and over with the services of a Scheme Manager. These have communal areas such as lounges and laundry rooms.

Yes

No

A house, bungalow or flat suitable for wheelchair users or with special features for people with disabilities

Yes

No

A self-contained home where you can live independently **without** stairs

Yes

No

Other type of accommodation (please detail) _____

Part 6: Where Do You Want To Live?

PLEASE TICK THE AREAS YOU WOULD LIKE TO BE CONSIDERED FOR. PLEASE TICK AS MANY AREAS AS POSSIBLE AS THIS GIVES US THE GREATEST CHANCE OF BEING ABLE TO HELP YOU.

SHELTERED HOUSING SCHEMES FOR RETIRED PERSONS AGED 55+

Colchester Area	Alderman Howe Lodge, Highwoods 1 & 2 bed flats	<input type="checkbox"/>
	New Farm Lodge, Stanway 1 bed flats, 2 bed bungalows	<input type="checkbox"/>
	Orchard Lodge, Tiptree 1 bed flats	<input type="checkbox"/>
Maldon Area	Knights Close, Tolleshunt Knights 1 & 2 bed bungalows	<input type="checkbox"/>
	Colne House, Heybridge 1 bed flats	<input type="checkbox"/>
	Priors Court, Southminster 1 bed bungalows	<input type="checkbox"/>
Tendring Area	John King Court, Brightlingsea 1 bed flats	<input type="checkbox"/>
	Coppins Road, Clacton 1 bed bungalows	<input type="checkbox"/>
	Ironside Walk, Manningtree 1 bed flats	<input type="checkbox"/>
	Ironside Walk Extra Care, Manningtree ** 1 bed flats	<input type="checkbox"/>

** NB – Please complete Part 7

Part 7: Personal Care

You should complete this section if you are applying for the Society's Extra-Care Sheltered Scheme at 26 – 41 Ironside Walk, Manningtree (formerly known as Foundry Court). It will help us decide whether we can provide an appropriate level of care for you.

*Note – **Personal Care** is assistance with personal tasks, for example bathing, washing, dressing, help getting in/out of bed. You will need to have at least 4 hours personal care per week to qualify for this scheme.*

A. Please answer these questions

1. Do you have a Social Worker? YES / NO

If so, what is their name? _____

Where do they work? _____

What is their telephone number? _____

2. Do you currently receive any personal care?
This can be from professional carers or family or friends. YES / NO

If YES, please go to PART TWO.

If NO, please go to PART THREE.

B. If you are already receiving some personal care, please answer these questions

3. Who provides your care? _____

4. How many hours of personal care do you receive each week? _____

5. How many times per day do they come? _____

6. What do they do for you? _____

7. Do you receive Direct Payments from Social Services to pay for this care?
YES / NO / NOT SURE

Part 9: Ethnic Monitoring

Colne Housing Society is committed to a policy of treating all applicants for housing equally and considers applications for accommodation from any person(s) in the community irrespective of their race, colour, ethnic or national origin, religion, gender, sexual orientation, physical disability, appearance or marital status.

The purpose of this section is to help us to discover the extent to which racial discrimination prevents households gaining equal access to housing association accommodation. The statistical evidence gathered from this section will be used to help us to combat racial discrimination by improving the equality of our services.

If you do not wish to answer these questions, you have the option to refuse. If so, please tick the appropriate box.

HOW WOULD YOU DESCRIBE YOUR ETHNIC ORIGIN

PLEASE TICK

White British	<input type="checkbox"/>
White Irish	<input type="checkbox"/>
White Other	<input type="checkbox"/>
Mixed White & Black Caribbean	<input type="checkbox"/>
Mixed White & Black African	<input type="checkbox"/>
Mixed White & Asian	<input type="checkbox"/>
Mixed Other	<input type="checkbox"/>
Asian/British Indian	<input type="checkbox"/>
Asian/British Pakistani	<input type="checkbox"/>
Asian/British Bangladeshi	<input type="checkbox"/>
Asian/British Other	<input type="checkbox"/>
Black British Caribbean	<input type="checkbox"/>
Black British African	<input type="checkbox"/>
Black British Other	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Other Ethnic Group	<input type="checkbox"/>
Refused	<input type="checkbox"/>

Part 10: Declarations

Are you related to any member of the Society's staff or committee?

Yes

No

If yes, please state name of person and your relationship to them.

I/WE HEREBY DECLARE THAT ALL THE INFORMATION GIVEN ON THIS FORM IS TRUE AND I/WE WILL NOTIFY COLNE HOUSING SOCIETY OF ANY CHANGE IN MY/OUR CIRCUMSTANCES, WHICH MAY AFFECT MY/OUR APPLICATION.

I/WE ALSO UNDERSTAND THAT IF I/WE GIVE FALSE OR MISLEADING INFORMATION OR FAIL TO DISCLOSE INFORMATION RELEVANT TO MY/OUR HOUSING APPLICATION I/WE MAY DISQUALIFY MYSELF/OURSELVES FROM BEING CONSIDERED FOR HOUSING.

I/WE ALSO UNDERSTAND THAT IF I/WE ACCEPT AN OFFER OF HOUSING AND IT IS SUBSEQUENTLY DISCOVERED THAT I/WE HAVE GIVEN FALSE OR MISLEADING INFORMATION OR FAILED TO DISCLOSE INFORMATION RELEVANT TO MY/OUR HOUSING APPLICATION, COLNE HOUSING SOCIETY MAY TAKE ENFORCEMENT ACTION AGAINST ME/US IN ORDER TO END MY/OUR TENANCY.

APPLICANT'S SIGNATURE _____

PARTNER'S SIGNATURE _____

DATE _____

Part 11: When You Have Completed This Form

Remember we can deal with your application more quickly if we get all the information we ask for. Please remember, it is your responsibility to provide the information requested. **We will not do this for you.** Use the tick boxes below to check that you have enclosed all required documentary evidence.

	Enclosed	To Follow
Shared care arrangements for children	<input type="checkbox"/>	<input type="checkbox"/>
Landlords reference/s (private tenants only)	<input type="checkbox"/>	<input type="checkbox"/>
Notice to quit from landlord or employer (if in tied accommodation)	<input type="checkbox"/>	<input type="checkbox"/>
Court action/judgements	<input type="checkbox"/>	<input type="checkbox"/>
Doctor/Specialist/Health Professional Reports	<input type="checkbox"/>	<input type="checkbox"/>
Police reports	<input type="checkbox"/>	<input type="checkbox"/>

Please return this form to:
Colne Housing Society Limited
Digby House
Riverside Office Centre
Causton Road
Colchester
Essex CO1 1RJ

List of Other Housing Organisations

<u>Name of Association</u>	<u>Address</u>	<u>Telephone Number And Website Address</u>
Anchor Trust Sheltered Housing only	The Granary Park Old Barnes Swafham Bulbeck Cambridge CB5 0NA	08456 031139 www.anchor.org.uk
Chelmsford Borough Council	Civic Centre Duke Street Chelmsford Essex CM1 1JE	01245 606606 www.chelmsfordbc.gov.uk
Colchester Borough Council	Housing Division PO Box 887 Town Hall Colchester Essex CO1 1ZG	01206 282565 01206 282569 www.colchester.gov.uk
Estuary Housing Association	Centre Place Prospect Close Southend on Sea Essex SS1 2JD	01702 614321 www.estuary.co.uk
Guinness Trust	Anglia Area Greenwood House 91 London Road Chelmsford Essex CM2 OPP	01245 496773 www.guinesstrust.org.uk
Hanover Housing Association (for those over 55 years of age only)	8 Moores Walk High Street St Neots Cambridgeshire PE19 1DB	01480 475069 www.hanover.org.uk
John Grooms Housing Association (Disabled Adapted properties only)	50 Scrutton Street London EC2A 4PH	020 7452 2000 www.johngrooms.org.uk

<u>Name of Association</u>	<u>Address</u>	<u>Telephone Number And Website Address</u>
Maldon District Council	Princes Road Maldon Essex CM9 5DL	01621 854477 www.maldon.gov.uk
Moat Housing Group	The Square, Holloway Road, Heybridge Maldon Essex CM9 4LH	01621 841180
Ogilvie Charities	The Gate House 9 Burkitt Road Woodbridge Suffolk IP12 4JJ	01394 388746
Salvation Army Housing Association	Sophia House 214-218 High Road Tottenham London N15 4NP	01277 240 610 www.saha.org.uk
Sanctuary Housing Association 1 & 2 bed flats, Colchester only	4 Websters Court Websters Way Rayleigh Essex SS6 8JQ	01473 213342 www.sanctuary-housing.co.uk
Shaftsbury Housing Association	90C Broomfield Road Chelmsford Essex CM1 1SX	01245 495944 www.shaftesburyhousing.org.uk
Springboard Housing Association	2a Cloughton Road Plaistow London E13 9PN	020 8548 2500
Tendring District Council	Housing Services Department Town Hall Station Road Clacton on Sea Essex CO15 1SE	01255 425501 www.tendringdc.gov.uk

www.housingcare.org

This site aims to help older people make decisions about where to live, and any support or care they need.

FOR OFFICE USE ONLY

Name	Applicant Key
Points Award	Accepted on List (Date)
No of Bedrooms	No in Household
Pets?	YES/NO	Ground Floor Property Only?	YES/NO
Adapted Property Only?	YES/NO	Walking Sticks?	YES/NO
Wheelchair User	YES/NO	Needs assessment completed?	YES/NO
If Yes, Full or Partial Use?	FULL/PARTIAL		

Areas Selected

SHELTERED HOUSING SCHEMES FOR RETIRED PERSONS AGED 55+

Colchester District

Alderman Howe Lodge	<input type="checkbox"/>	New Farm Lodge	<input type="checkbox"/>
Orchard Lodge	<input type="checkbox"/>		

Tendring District

John King Court	<input type="checkbox"/>	Ironside Walk	<input type="checkbox"/>
Coppins Road	<input type="checkbox"/>	Ironside Walk Extra Care	<input type="checkbox"/>

Maldon District

Colne House	<input type="checkbox"/>	Priors Court	<input type="checkbox"/>
Knights Close	<input type="checkbox"/>		



We will make every effort to provide information in alternative formats on request including tape, large print and translations.

Colne Housing Society Limited Digby House Riverside Office Centre
Causton Road Colchester C01 1RJ

Telephone 01206 244700 Facsimile 01206 760403

E-mail : info@colnehousing.co.uk

Website: www.colnehousing.co.uk

Chief Executive: Mark Powell Davies BA FCIH

Registered with the Housing Corporation (LH1651) and under the Industrial & Provident Societies Act 1965 (20799R) with exempt charitable status



Certificate No: FS34876

