

APPLICATION FOR HOUSING

OFFICE USE ONLY

NAME:

NUMBER:

ACCEPTANCE ON TO THE HOUSING REGISTER

The Council operates an open Housing Register. Anyone aged 18 years and over can apply to go on the Housing Register.

Please answer **ALL** the questions on the form, they are all relevant to determining your application.

All applicants will be required to provide two separate proofs of identity and two separate proofs of their current address.

Failure to answer all the questions and provide the necessary proofs will lead to a delay in us dealing with your application.

Please see the Housing Application Guide for further information on completing this form.

REGISTRATION

IDENTIFICATION AND VERIFICATION

To ensure applicants are assessed correctly two separate proofs of identity and two separate proofs of your current address are required to confirm the identity and eligibility of all members of the household requiring rehousing.

WHEREVER POSSIBLE PLEASE SUBMIT ONE PIECE OF PHOTO ID FOR EACH APPLICANT.

We must see the original documents – photocopies are not acceptable.

If you are a tenant of a private landlord, council or housing association a reference must be completed by your landlord on the form provided (this does not apply to current Bolsover District Council tenants). If this is not provided your application will not be considered.

For children aged under 16 or over and still in full time education, proof of Child Benefit or Child Tax Credit payment is required, to show that your child(ren) is/are a member of your household.

If you are an EEA National or subject to immigration control we may ask you for further information to determine if you are eligible to go on the housing register.

PROOF OF IDENTITY

- ▶ Valid Passport - any nationality
- ▶ UK Birth Certificate - full or short form acceptable including those issued by UK authorities overseas such as Embassies, High Commissions and HM Forces (must be in current name - any additional changes to name eg. marriage, divorce, must be supplied)
- ▶ Valid UK issued Driving Licence England/Wales/Scotland/Northern Ireland/Isle of Man - photocard only
- ▶ EU National Identity Card (EU countries only)
- ▶ HM Forces ID Card (UK)
- ▶ Adoption Certificate (UK)
- ▶ Marriage/Civil Partnership Certificate
- ▶ Bus pass with photo ID
- ▶ Formal notification of benefit award letter (must have been issued within last 12 months)
- ▶ Child Benefit Acknowledgment letter
- ▶ Disability Blue Badge with photo ID
- ▶ Working Tax/Child Tax Credits (must have been issued within last 12 months)

WHEN COMPLETED PLEASE RETURN THIS FORM TO:

Housing Services, The Arc, High Street, Clowne, Derbyshire S43 4JY

VISIT OR CONTACT US:

Bolsover Contact Centre,
3 Cotton Street, Bolsover
Chesterfield, S44 6HA

Clowne Contact Centre,
The Arc, High Street,
Clowne, Derbyshire
S43 4JY

Shirebrook Contact Centre,
2A Main Street,
Shirebrook NG20 8AW

South Normanton Contact Centre,
The Hub, Shiners Way, South
Normanton DE55 2AA

Opening times: Monday - Friday 9am - 5pm **Telephone:** 01246 242424



PROOF OF ADDRESS

- ▶ Letter from General Practitioner (Doctor) (documentation must be less than 3 months old)
- ▶ Financial Statement e.g. pension, endowment, ISA (documentation must have been issued within last 12 months)
- ▶ Bank/Building Society Statement (documentation must be less than 3 months old)
- ▶ Utility Bill electricity, gas, water, telephone - including mobile phone contract (documentation must be less than 3 months old)
- ▶ TV Licence (must have been issued within last 12 months)
- ▶ Addressed Payslip (documentation must be less than 3 months old)
- ▶ Credit Card Statement (documentation must be less than 3 months old)
- ▶ Mortgage Statement (must have been issued within last 12 months)
- ▶ Rent Statement (documentation must be less than 3 months old)
- ▶ Formal notification of Benefit award letter (documentation must be less than 12 months old)
- ▶ Addressed Insurance Policy documents (must have been issued within last 12 months)
- ▶ Council Tax Statement (UK) (must have been issued within last 12 months)
- ▶ Work Permit/Visa (UK) (must have been issued within last 12 months)

Where it is unclear that a child is a permanent member of the household and lives with the applicant for 3 or more nights a week you will be asked to provide a clear legal agreement for residency arrangements. Acceptable proof will include:

- ▶ Court Order - Access arrangements Court Order - Legal guardianship
- ▶ Child benefit acknowledgment letter
- ▶ Working Tax/Child Tax Credits

Section A - You and Your Household

APPLICANT

Present address:

Post code:

Correspondence address (if different from above):

Post Code:

Length of time at current address:

Mr: Mrs: Miss: Ms:

First Name(s):

Surname:

Date of Birth: / /

National Insurance number:

Single: Divorced:

Married: Widowed:

Separated: Living together:

JOINT APPLICANT

Present address:

Post code:

Correspondence address (if different from above):

Post Code:

Length of time at current address:

Mr: Mrs: Miss: Ms:

First Name(s):

Surname:

Date of Birth: / /

National Insurance number:

Single: Divorced:

Married: Widowed:

Separated: Living together:



Home tel:

Work tel:

Mobile tel:

Email address:

Village/town of origin:

Home tel:

Work tel:

Mobile tel:

Email address:

Village/town of origin:

Have you, your partner / joint applicant ever been known by another name? Yes No

If yes, please give details:

Please list everyone wishing to be rehoused with you (including children):

Full names	Sex (M/F)	Date of birth	Age	Relationship to applicant	Currently living with applicant?		
					Yes	No	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If applicable have all people over the age of 18 and who are not the applicant always lived with you? Yes No

If anyone included in the application lives at a different address number, please enter their details below:

Full name	Address	Reason for living apart
<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"/>	<input type="text"/>	<input type="text"/>

Please give details of anyone who shares your accommodation at present but is not to be rehoused with you:

Full names	Relationship	Date of birth
<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"/>	<input type="text"/>	<input type="text"/>

If you have parental access to children, please give these details and provide proof of access for example, joint residency order, letter from solicitor, letter from ex-partner:

Child's name	Age	Date of birth	Number of days of access each week
<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"/>	<input type="text"/>	<input type="text"/>

Is anyone wishing to be rehoused expecting a baby? Yes No

Name of person: Date of baby due:

Please attach a copy of your certificate confirming pregnancy and provide a copy of the birth certificate when the child is born.



YOUR DETAILS

DETAILS OF THE ACCOMMODATION YOU ARE LIVING IN NOW

Number of bedrooms in the property:

House: Flat:

Bungalow: Maisonette:

If Flat or Maisonette, what floor level is the entrance door to your home?

B&B: Caravan:

Hostel:

Other, please state:

Are you:

Council Tenant:

Owner Occupier:

Staying with Relatives/Friends:

Lodging:

Housing Association Tenant:

Private Tenant:

Tied Tenant:

Landlord's name:

Full address:

Post code:

Other, please state:

Please state whose name the tenancy/occupancy is in:

HM Prison:

Please give your last address prior to being sent to prison:

Post Code:

Give your expected date of release:

If you are an assured shorthold tenant have you been issued with a Section 21 notice? Yes No

Date notice expires:

Reason notice issued (proof required):

If you are in tied accommodation have you been issued with notice to leave? Yes No

Date you have to leave:

JOINT APPLICANT DETAILS

IF ALL DETAILS ARE THE SAME AS APPLICANT PLEASE TICK BOX

Number of bedrooms in the property:

House: Flat:

Bungalow: Maisonette:

If Flat or Maisonette, what floor level is the entrance door to your home?

B&B: Caravan:

Hostel:

Other, please state:

Are you:

Council Tenant:

Owner Occupier:

Staying with Relatives/Friends:

Lodging:

Housing Association Tenant:

Private Tenant:

Tied Tenant:

Landlord's name:

Full address:

Post code:

Other, please state:

Please state whose name the tenancy/occupancy is in:

HM Prison:

Please give your last address prior to being sent to prison:

Post Code:

Give your expected date of release:

If you are an assured shorthold tenant have you been issued with a Section 21 notice? Yes No

Date notice expires:

Reason notice issued (proof required):

If you are in tied accommodation have you been issued with notice to leave? Yes No

Date you have to leave:



Employment

YOUR DETAILS

Please put an **X** in the right box to show your current employment status:

Working full time: Student:
Working part-time: Unable to work:
Unemployed: Carer:
Retired:

Do you work in the Bolsover area? Yes No

You may be asked to provide proof of employment details

a) Number of hours worked:

b) Name of employer:

c) Address of employer:

Post Code:

d) Date employment began:

Do you currently receive any benefits? Yes No

If yes, what benefits do you receive?

Please list all below:

Do you receive universal credit? Yes No

JOINT APPLICANT DETAILS

Please put an **X** in the right box to show your current employment status:

Working full time: Student:
Working part-time: Unable to work:
Unemployed: Carer:
Retired:

Do you work in the Bolsover area? Yes No

You may be asked to provide proof of employment details

a) Number of hours worked:

b) Name of employer:

c) Address of employer:

Post Code:

d) Date employment began:

Do you currently receive any benefits? Yes No

If yes, what benefits do you receive?

Please list all below:

Do you receive universal credit? Yes No

Some key workers living outside the Bolsover District who need to be within the district for work may be entitled to additional priority. If you feel this may apply to you please complete the details below.

Job title: Place of work:

Employment start date:

We may contact you again if we require further details.



ARMED FORCES

Have you or any member of your household spent any time in the armed forces?

From/to

Details

Do you have any close relatives living in the Bolsover District Council area? Yes No

If yes please specify:

Name	Address	Relationship	Date moved into property

If you are currently in a probation hostel, in home office/asylum support accommodation, in hospital, in prison, in a foyer, in a refuge, in a direct access hostel or in a children's home or foster care please give details of when you will be leaving and any arrangements thereafter. Please give details of anyone offering support on Page 11.

Does your property suffer from any disrepair which in your view affects your quality of life? Yes No

If yes please give details:

OTHER PROPERTIES

Do you or your partner own or have a financial interest in any property that you are not living in? Yes No

If yes please give details:

Do you have any pets? Yes No

If yes please tell us what type and how many:



Section B

**YOU MUST LIST ALL PREVIOUS ADDRESSES OVER THE LAST TEN YEARS.
FAILURE TO DO SO WILL RESULT IN YOUR APPLICATION BEING RETURNED.**

YOUR DETAILS

PREVIOUS ADDRESSES IN LAST 10 YEARS

Full address:

Post code:

Date from: Date to:

Month and year must be provided

If Council/Housing Association/Private rented was this your tenancy? Yes No

If yes then please give name and address of landlord below

Name:

Full address:

Post code:

Reason for leaving:

Were you:

Council or Housing Association Tenant:

Staying with friends/relatives (not renting):

Owner occupier: Private Tenant:

1

JOINT APPLICANT DETAILS

PREVIOUS ADDRESSES IN LAST 10 YEARS (IF DIFFERENT FROM YOUR DETAILS)

Full address:

Post code:

Date from: Date to:

Month and year must be provided

If Council/Housing Association/Private rented was this your tenancy? Yes No

If yes then please give name and address of landlord below

Name:

Full address:

Post code:

Reason for leaving:

Were you:

Council or Housing Association Tenant:

Staying with friends/relatives (not renting):

Owner occupier: Private Tenant:

1

Do you have the following facilities in your home?

Hot water supply: Yes No

Inside WC: Yes No

Cooking facilities: Yes No

Do you share any of these facilities with anyone who will not be rehoused with you? Yes No

Have you ever lived in a property owned by Bolsover District Council? Yes No

Do you have the following facilities in your home?

Hot water supply: Yes No

Inside WC: Yes No

Cooking facilities: Yes No

Do you share any of these facilities with anyone who will not be rehoused with you? Yes No

Have you ever lived in a property owned by Bolsover District Council? Yes No



YOUR DETAILS

PREVIOUS ADDRESSES IN LAST 10 YEARS

Full address:

 Post code:

Date from: Date to:

Month and year must be provided

If Council/Housing Association/Private rented was this your tenancy? Yes No

If yes then please give name and address of landlord below

Name:
Full address:
 Post code:

Reason for leaving:

Were you:

Council or Housing Association Tenant: **2**
Staying with friends/relatives (not renting):
Owner occupier: Private Tenant:

JOINT APPLICANT DETAILS

PREVIOUS ADDRESSES IN LAST 10 YEARS

Full address:

 Post code:

Date from: Date to:

Month and year must be provided

If Council/Housing Association/Private rented was this your tenancy? Yes No

If yes then please give name and address of landlord below

Name:
Full address:
 Post code:

Reason for leaving:

Were you:

Council or Housing Association Tenant: **2**
Staying with friends/relatives (not renting):
Owner occupier: Private Tenant:

Full address:

 Post code:

Date from: Date to:

Month and year must be provided

If Council/Housing Association/Private rented was this your tenancy? Yes No

If yes then please give name and address of landlord below

Name:
Full address:
 Post code:

Reason for leaving:

Were you:

Council or Housing Association Tenant: **3**
Staying with friends/relatives (not renting):
Owner occupier: Private Tenant:

Full address:

 Post code:

Date from: Date to:

Month and year must be provided

If Council/Housing Association/Private rented was this your tenancy? Yes No

If yes then please give name and address of landlord below

Name:
Full address:
 Post code:

Reason for leaving:

Were you:

Council or Housing Association Tenant: **3**
Staying with friends/relatives (not renting):
Owner occupier: Private Tenant:



YOUR DETAILS

PREVIOUS ADDRESSES IN LAST 10 YEARS

Full address:

 Post code:

Date from: Date to:

Month and year must be provided

If Council/Housing Association/Private rented was this your tenancy? Yes No

If yes then please give name and address of landlord below

Name:
Full address:

 Post code:

Reason for leaving:

Were you:

Council or Housing Association Tenant: **4**
Staying with friends/relatives (not renting):
Owner occupier: Private Tenant:

JOINT APPLICANT DETAILS

PREVIOUS ADDRESSES IN LAST 10 YEARS

Full address:

 Post code:

Date from: Date to:

Month and year must be provided

If Council/Housing Association/Private rented was this your tenancy? Yes No

If yes then please give name and address of landlord below

Name:
Full address:

 Post code:

Reason for leaving:

Were you:

Council or Housing Association Tenant: **4**
Staying with friends/relatives (not renting):
Owner occupier: Private Tenant:

Full address:

 Post code:

Date from: Date to:

Month and year must be provided

If Council/Housing Association/Private rented was this your tenancy? Yes No

If yes then please give name and address of landlord below

Name:
Full address:

 Post code:

Reason for leaving:

Were you:

Council or Housing Association Tenant: **5**
Staying with friends/relatives (not renting):
Owner occupier: Private Tenant:

Full address:

 Post code:

Date from: Date to:

Month and year must be provided

If Council/Housing Association/Private rented was this your tenancy? Yes No

If yes then please give name and address of landlord below

Name:
Full address:

 Post code:

Reason for leaving:

Were you:

Council or Housing Association Tenant: **5**
Staying with friends/relatives (not renting):
Owner occupier: Private Tenant:



Section C - Health & Social Factors

MEDICAL FACTORS

Please give brief details of any relevant health problems that affect you or any member of your household. A further questionnaire will be issued to ascertain your medical priority. Social problems such as difficulties with neighbours or the dislike of the locality cannot be considered to be medical problems.

Do you consider yourself or any member of your household to be disabled? Yes No

(For a definition of Disabled please see page 14)

Please describe how these medical problems are affected by your present home eg. unable to get upstairs, difficulty using bathroom etc.

Has your present home been provided with adaptations eg. ramp, shower etc? Yes No

If yes please give details:

Do you need to move to give / receive support for health reasons? Yes No

If yes please give details, including name and address of people concerned:



SOCIAL NEEDS FACTORS

Points may be awarded to applicants who may come to harm or whose welfare is at risk in their current accommodation. Please tell us if you or anyone included in your application would qualify for these points and why. We will need you to substantiate all claims before points are awarded.

A large rectangular area with horizontal lines, intended for the applicant to provide details regarding social needs factors.



Section D - General Information

FAILURE TO FULLY COMPLETE THIS PAGE COULD RESULT IN YOUR APPLICATION FOR REHOUSING NOT BEING CONSIDERED.

Have you or a member of your household previously been evicted from a property owned by a local authority, housing association or private landlord? Yes No

If yes please give details of address and reason:

Has a landlord ever started action against you or your household for anti social behaviour? Yes No

If yes please give details:

IMMIGRATION STATUS

Have you resided in the United Kingdom for the past 5 years? Yes No

If no please give details:

CONVICTIONS

Have you or any other person normally residing with you or who will be residing with you, ever been convicted or have any prosecutions pending for any criminal offence? Yes No

If yes please give details:



Nationality

APPLICANT

Have you lived in another country in the last five years?

Yes No

<input type="checkbox"/> Austria	<input type="checkbox"/> Latvia
<input type="checkbox"/> Belgium	<input type="checkbox"/> Lithuania
<input type="checkbox"/> Cyprus	<input type="checkbox"/> Luxembourg
<input type="checkbox"/> Czech Republic	<input type="checkbox"/> Malta
<input type="checkbox"/> Denmark	<input type="checkbox"/> Netherlands
<input type="checkbox"/> Estonia	<input type="checkbox"/> Poland
<input type="checkbox"/> Finland	<input type="checkbox"/> Portugal
<input type="checkbox"/> France	<input type="checkbox"/> Slovakia
<input type="checkbox"/> Germany	<input type="checkbox"/> Slovenia
<input type="checkbox"/> Greece	<input type="checkbox"/> Spain
<input type="checkbox"/> Hungary	<input type="checkbox"/> Sweden
<input type="checkbox"/> Ireland	Other - Where?
<input type="checkbox"/> Italy	<input type="text"/>

When did you come to live in this country?

DD / MM / YYYY

What is your nationality?

JOINT APPLICANT

Have you lived in another country in the last five years?

Yes No

<input type="checkbox"/> Austria	<input type="checkbox"/> Latvia
<input type="checkbox"/> Belgium	<input type="checkbox"/> Lithuania
<input type="checkbox"/> Cyprus	<input type="checkbox"/> Luxembourg
<input type="checkbox"/> Czech Republic	<input type="checkbox"/> Malta
<input type="checkbox"/> Denmark	<input type="checkbox"/> Netherlands
<input type="checkbox"/> Estonia	<input type="checkbox"/> Poland
<input type="checkbox"/> Finland	<input type="checkbox"/> Portugal
<input type="checkbox"/> France	<input type="checkbox"/> Slovakia
<input type="checkbox"/> Germany	<input type="checkbox"/> Slovenia
<input type="checkbox"/> Greece	<input type="checkbox"/> Spain
<input type="checkbox"/> Hungary	<input type="checkbox"/> Sweden
<input type="checkbox"/> Ireland	Other - Where?
<input type="checkbox"/> Italy	<input type="text"/>

When did you come to live in this country?

DD / MM / YYYY

What is your nationality?

Section E

APPLICANT

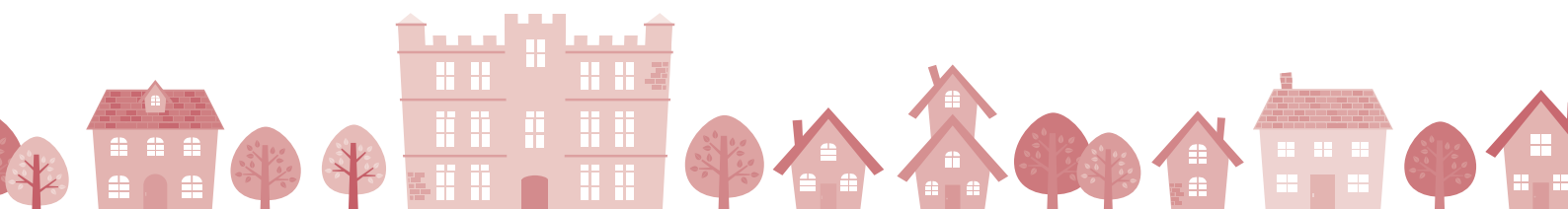
How would you describe your sexuality?

<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Lesbian
<input type="checkbox"/> Bisexual	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Gay	

JOINT APPLICANT

How would you describe your sexuality?

<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Lesbian
<input type="checkbox"/> Bisexual	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Gay	



Equal Opportunities Monitoring Form

This section is not relevant in determining your application, however completion of the relevant details will help us to ensure we are providing a fair service.

APPLICANT

Please tick the appropriate box to indicate your cultural background:

White:

- British
- Irish
- Polish
- Italian
- Other

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Other

Mixed:

- British
- White & Black Caribbean
- White & Black African
- White & Asian
- Other

Black or Black British:

- Caribbean
- African
- Other

Other Ethnic Group

- Chinese
- Gypsy
- Other

Please tick the appropriate box to indicate your religion or beliefs:

- | | |
|------------------------------------|--------------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Jewish | |

JOINT APPLICANT

Please tick the appropriate box to indicate your cultural background:

White:

- British
- Irish
- Polish
- Italian
- Other

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Other

Mixed:

- British
- White & Black Caribbean
- White & Black African
- White & Asian
- Other

Black or Black British:

- Caribbean
- African
- Other

Other Ethnic Group

- Chinese
- Gypsy
- Other

Please tick the appropriate box to indicate your religion or beliefs:

- | | |
|------------------------------------|--------------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Jewish | |

Disability

The definition of Disability in the Disability Discrimination Act 1995 is 'a physical or mental impairment which has substantial and long term adverse effect on a person's ability to carry out normal day to day activities'.

APPLICANT

Do you consider yourself to be disabled? Yes No

If yes, what are your impairments? Please tick all that apply:

- | | |
|------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Speech | <input type="checkbox"/> Long Standing Health Condition eg. Cancer, HIV |
| <input type="checkbox"/> Wheelchair user | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Mental Health condition inc. Depression | <input type="checkbox"/> Other - Please State |
| <input type="checkbox"/> Visual | <input type="checkbox"/> |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> |

JOINT APPLICANT

Do you consider yourself to be disabled? Yes No

If yes, what are your impairments? Please tick all that apply:

- | | |
|------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Speech | <input type="checkbox"/> Long Standing Health Condition eg. Cancer, HIV |
| <input type="checkbox"/> Wheelchair user | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Mental Health condition inc. Depression | <input type="checkbox"/> Other - Please State |
| <input type="checkbox"/> Visual | <input type="checkbox"/> |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> |



YOUR DETAILS

Do you have any special communication needs?

<input type="checkbox"/> Large print	<input type="checkbox"/> Non reader/writer
<input type="checkbox"/> Audio	<input type="checkbox"/> Other (Please state)
<input type="checkbox"/> Help in completing forms	<input type="text"/>

Do you wish to give authorisation for someone to act on your behalf? Please give details:

Name:

Full address:

Post code:

Telephone:

Relationship:

You may withdraw this consent by contacting us.

Please give details of any agencies you or anyone moving are currently working with or receive support from. This could include support workers, social workers, health visitors, doctors, consultants, mental health workers, carers etc.

JOINT APPLICANT

Do you have any special communication needs?

<input type="checkbox"/> Large print	<input type="checkbox"/> Non reader/writer
<input type="checkbox"/> Audio	<input type="checkbox"/> Other (Please state)
<input type="checkbox"/> Help in completing forms	<input type="text"/>

Do you wish to give authorisation for someone to act on your behalf? Please give details:

Name:

Full address:

Post code:

Telephone:

Relationship:

You may withdraw this consent by contacting us.

Please give details of any agencies you or anyone moving are currently working with or receive support from. This could include support workers, social workers, health visitors, doctors, consultants, mental health workers, carers etc.

General Support

NOMINATED PERSON

If you would like to give permission for someone to act on your behalf please give their details below.

Please note, by providing these details you are giving us permission to discuss your re-housing with this person. You may withdraw this consent at any time by contacting us.

Name: Full address:

Post code:

Telephone: Relationship to you:

Agency (if applicable):

SUPPORT NEEDS

PLEASE PROVIDE ANY SUPPORTING LETTERS FROM YOUR SUPPORT WORKER(S).

Please provide details of any agencies you or anyone moving with you, are currently working with or receive support from. This could include support workers, social workers, health visitors, doctors, consultants, mental health workers, carers, family etc. Please provide name, address and contact details.



Declaration

FOR THE ATTENTION OF ALL APPLICANTS

IMPORTANT NOTICE - HOUSING ACT 1996 - S.171 & S.214 - FALSE STATEMENTS

Where a person approaches the Council seeking an allocation of housing or claiming to be homeless or threatened with homelessness, the above Act makes it an offence, punishable with a fine, for a person to make a false statement or to withhold information which is relevant to their claim. For homeless applicants it is also an offence to fail to inform the Council of any material changes in circumstances which may occur between the initial interview and such time as notification of the Council's decision is received.

NATIONAL FRAUD INITIATIVE

NOTIFICATION TO DATA SUBJECTS (HOUSING RENTS)

The Council is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information see www.bolsover.gov.uk/national-fraud-initiative.html or contact the Director of Resources on **01246 242424**.

FOR THE ATTENTION OF ALL APPLICANTS - DECLARATION

The information I provide is accurate. I understand that if I obtain accommodation by providing inaccurate information, the Council may take legal action to recover the property. I agree to inform Bolsover District Council of any change in my/our personal or housing circumstances so that the information held on my application is accurate and true. I understand that if I have knowingly or recklessly not given information on my current circumstances, Bolsover District Council may withdraw an offer of accommodation, cancel my housing application or take legal action against me/us.

You are responsible for the information on this form and must sign the declaration – even if someone else has filled in this form for you. If you have a joint applicant, they must sign the declaration as well. Please read it carefully before you sign and date it.

Use of information and further enquiries:

- ▶ I understand that if I obtain accommodation by providing inaccurate information, the Council may take legal action to recover the property.
- ▶ I understand that by signing this authorisation I am giving permission for Bolsover District Council to make enquiries from my previously landlords and other agencies.
- ▶ I authorise landlords and other agencies to provide information requested by Bolsover District Council
- ▶ I understand that any information given to Bolsover District Council on this form, or from further enquiries, will be used by them in relation to my application for housing, and may be shared with other providers of housing.

Signature of applicant:

Date:

Signature of joint applicant:

Date:

I am an officer or member of Bolsover District Council or have been within the last 10 years.

I am a close relative / close friend of an officer or member of Bolsover District Council.
Please give name of officer/member in the box below.

None of the above apply to me

If you are a relative / close friend of an officer or member, please state their name and the nature of your relationship. (eg. son, daughter etc.)

Name:

Relationship:



All personal information provided to Bolsover District Council will be held and treated in confidence in accordance with the Data Protection Act 1998. It will only be used for the purpose for which it was given and may be shared with other council departments or third party organisations as noted in the declaration above.



What Accommodation Do You Need?

The type and size of accommodation that you may be offered will depend on the size of your family. Please refer to the 'Bolsover District Council - Choice Based Letting Information Booklet' for details of what you may be eligible for.

Would you accept any type of property as long as it is suitable for your needs? Yes No

If NO, please tick the type(s) of property you would accept. Please note: If you are in a priority group you may be offered any type of property suitable for your needs.

- | | | |
|-----------------------------------------|-----------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> House | <input type="checkbox"/> Sheltered Bedsit | <input type="checkbox"/> First Floor Flat |
| <input type="checkbox"/> Bungalow | <input type="checkbox"/> Ground Floor Flat | |
| <input type="checkbox"/> Sheltered Flat | <input type="checkbox"/> Housing with support | |

How many bedrooms would you like to be considered for?

You cannot ask for a property larger than your family needs.

You can ask for a smaller property (for example, one bedroom less) with some exceptions.

Please tick the box next to the town/villages where you would accept an offer of housing.

Please note however that some villages have limited availability.

- | | | | |
|---------------------------------------|--------------------------------------------|--------------------------------------|------------------------------------------|
| <input type="checkbox"/> Barlborough | <input type="checkbox"/> Glapwell | <input type="checkbox"/> Newton | <input type="checkbox"/> South Normanton |
| <input type="checkbox"/> Blackwell | <input type="checkbox"/> Hilcote | <input type="checkbox"/> Palterton | <input type="checkbox"/> Tibshelf |
| <input type="checkbox"/> Bolsover | <input type="checkbox"/> Hillstown | <input type="checkbox"/> Pinxton | <input type="checkbox"/> Westhouses |
| <input type="checkbox"/> Bramley Vale | <input type="checkbox"/> Hodthorpe | <input type="checkbox"/> Scarcliffe | <input type="checkbox"/> Whitwell |
| <input type="checkbox"/> Clowne | <input type="checkbox"/> Langwith | <input type="checkbox"/> Shirebrook | |
| <input type="checkbox"/> Creswell | <input type="checkbox"/> Langwith Junction | <input type="checkbox"/> Shuttlewood | |
| <input type="checkbox"/> Doe Lea | <input type="checkbox"/> New Houghton | <input type="checkbox"/> Stanfree | |

Please explain why you require social housing and the reason you wish to move.



OFFICE USE ONLY

	Verified/Checked by: Notes if applicable:	Date:
Application form is complete		
Applicant is eligible for rehousing		
Proof of current address included		
Multiple applications		
Transfer - end date		
Given up council property end date		
Check landlord reference received		
Check for written off arrears - household		
Check for current or former tenant arrears - household		
Check for other housing related debt - household		
Is applicant a key worker?		
Has applicant/member of household spent time in armed forces?		
Permanent employment within district		
Connection to Bolsover District Council a) Employee b) Councillor		
Risk management		
Family connection		



What To Do Now

Please check that you have...

- ▶ Filled in and signed the application form for yourself, a joint applicant and other members of your household, if applicable.
- ▶ Included the required proof of identity and proof of address.
- ▶ Please do not send valuable documents (such as passports, driving licences etc.) through the post. If you can bring them to one of our offices, we will take the details we need and give you the documents back straight away. If you cannot get to one of our offices and need to post the documents, it is advisable to send them by special delivery. You should also enclose a special delivery pre-paid envelope (available from a Post Office) for the return of these documents. If this is not enclosed your documents will be returned by standard mail.
- ▶ **PLEASE NOTE THE COUNCIL CANNOT BE HELD RESPONSIBLE FOR ITEMS SENT IN THE POST.**
- ▶ Checked the price of posting this form and any other supporting proof, if you are sending it through the post. Failing to put the correct postal price on your envelope may result in applications not being received and processed.





We speak your language

Polish

Mówimy Twoim językiem

Slovak

Rozprávame Vaším jazykom

Chinese

我们会说你的语言

If you require this publication in
large print or another format
please call us on **01246 242424**

Designed by Bolsover District Council 0419

