

Railway Housing Association



Application For
TENANCY

Data Protection Act

Information in respect of your Housing Application will be processed by computer for the proper conduct of Railway Housing Association's housing function. Data will also be used for statistical purposes, although individuals will not be identified.

If you need any help with completing this form, please contact Customer Services at the address and telephone number shown on the back of this form.

Office Use Only
Received:

Your details

Title Mr Mrs Miss Ms Other

Surname _____ First Name _____

Date of Birth _____

Address _____

Postcode _____

Telephone - Home _____ Work _____

Mobile _____

App. No.:

Source:

Date deleted or
cancelled:

Reason:

Please provide the details of each person to be rehoused with you

Title	Forename(s)	Surname	M/F	Date of Birth	Relationship to Applicant

What type of home do you live in

Bed-sit Flat Maisonette House Bungalow Caravan
 Hostel Sleeping rough Other (please specify) _____

If you live in a flat, bed-sit or maisonette, which floor is it on? _____

Is there a lift or stair lift? Yes/No _____ Number of bedrooms

How long have you lived at your present address? years

Do you have a separate kitchen Bathroom Inside toilet Central heating

Do you share any of these facilities with another household? Yes/No _____

Are you - owner occupier council tenant housing association tenant
 Renting from a private landlord lodger Living with relatives
 living with friends staying in hostel or B&B Other (please specify)

If you own your own home - how much is it worth? £ _____

How much mortgage is outstanding? £ _____

If you rent your home, who is your landlord?

Name _____

Address _____

Please give details of your previous addresses for the last five years

Address	Tenant/lodger/owner	From	To	Why did you leave?

Do you owe arrears of rent for your current or a previous tenancy?

Please provide details _____

Income Details

If you are currently employed

Name and address of employer _____

Occupation _____

What is the net weekly income of you (and your partner)

	You	Partner
Take home pay		
Child benefit		
Occupational pension		
Other state benefits (excluding child tax credit, housing benefit, council tax benefit)		
Other income (excluding income from investments)		

Please read our property lists and state the area(s) of your choice

1 _____ 2 _____

3 _____ 4 _____

What type of accommodation do you require ground floor flat first floor flat
 bungalow house

How many bedrooms do you require?

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Medical Information

Do you, or anyone being re-housed with you, suffer from any disability or illness? Yes/No

If yes please give details _____

How does your present home affect this illness or disability?

Please give details _____

Can you manage the stairs yes yes with difficulty no

Do you use a wheelchair outside of the home only Inside and outside of the home

Is your current home adapted in any way Yes/No

If yes please give details _____

Do you receive help from Social Services Home Help Health Visitor District Nurse

Other, please state _____

Reason for requesting rehousing**Why do you wish to be rehoused?**

Written evidence may be required for those marked *. If possible please send this evidence with your application.

- | | | | |
|--|--------------------------|--|--------------------------|
| Present home too large | <input type="checkbox"/> | To be nearer family/friends | <input type="checkbox"/> |
| Present home too small | <input type="checkbox"/> | Family living apart | <input type="checkbox"/> |
| Poor condition of present home | <input type="checkbox"/> | Leaving hospital, hostel, prison etc * | <input type="checkbox"/> |
| Living in temporary accommodation e.g. B&B | <input type="checkbox"/> | Health/medical reasons | <input type="checkbox"/> |
| Building society repossession * | <input type="checkbox"/> | Financial difficulties * | <input type="checkbox"/> |
| Eviction order * | <input type="checkbox"/> | Need sheltered housing | <input type="checkbox"/> |
| Asked to leave by family/friends | <input type="checkbox"/> | Racial harassment * | <input type="checkbox"/> |
| Relationship breakdown * | <input type="checkbox"/> | Harassment * | <input type="checkbox"/> |
| Sleeping rough | <input type="checkbox"/> | Domestic violence * | <input type="checkbox"/> |
| To be nearer amenities | <input type="checkbox"/> | Refugee/seeking asylum * | <input type="checkbox"/> |
| To be nearer work | <input type="checkbox"/> | | |

Other (please give details) _____

Do you need to be nearer relatives for support? Yes/No

Name of relative(s) _____

Address _____

Relationship to Applicant _____

Details of support provided _____

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Reason for requesting rehousing

Please give any more information about the reason(s) that you want to be rehoused

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Ethnic Origin of Applicant

This information will be used to check that the Association's Equality & Diversity policy is working, and help us to ensure that everyone is treated fairly

- White: British Irish Other
- Mixed: White & Black Caribbean White & Black Asian White & Asian Other
- Asian or Asian British: Indian Pakistani Bangladeshi Other
- Black or Black British: Caribbean African Other
- Chinese or other ethnic group: Chinese Other

General Information

Are you related to any member of the Association's staff or Board? Yes/No

If yes, please give details _____

Are you a member of the Benefit Fund Membership? Yes/No

If you have someone acting on your behalf or that you would like to be present when we visit you , e.g. next of kin, carer, support worker, please provide their details

Name _____

Address _____

Telephone number _____

Relationship to applicant _____

It would be helpful to know how you heard about the Association

- Advert in local newspaper Advert in other publication Personal recommendation
- The council Family/friends Yellow Pages
- Other, please state _____

Do you have a cat or dog? Yes/No

Dogs and cats are not allowed in most of our properties. Please see the property list for details

Declaration

I authorise Railway Housing Association to obtain any other relevant information in relation to this application from any previous landlord and other agencies such as the Council, Police, Probation, Social Services and Health Authorities. This may include information about previous tenancies or criminal convictions.

I confirm that the information given on this form is true and includes all the relevant information about my housing circumstances. I will inform the Association of any changes in circumstances before any offer of accommodation is made.

Signature of Applicant _____

Date _____

Please return your completed form to

Railway Housing Association, Bank Top House, Garbutt Square, Neasham Road, Darlington DL1 4DR

Telephone: 01325 482125 Fax: 01325 384641

Registered Social Landlord: A1855 Registered Charity: 216825

Information can be made available in other languages, or other formats such as Braille or Audio Tape, on request. Please ask a member of our staff for more information, or if you need any other help or advice. (They can arrange to speak to you in your own language if you need them to.)

L'information peut être rendue disponible dans d'autres langues, ou en d'autres formats tels que braille ou bande magnétique audio, sur demande. Veuillez demander à un membre de notre personnel pour plus d'information, ou si vous avez besoin de tout autre aide ou conseil. (ils peuvent organiser de vous parler en votre propre langue si vous avez besoin qu'ils le fassent.)

Bilgiler istenildi inde di_er dillerde de temin edilebilir ayrıca görme özürülülerin kullanabilece_i kabartma alfabetisiyle veya Teyp kaseti _eklinde de hazırlanabilir. Daha fazla bilgi için veya herhangi bir konuda yardım ve tavsiye ye ihtiyacınız varsa lütfen görevli personelden birisiyle konu_unuz. (E_er ihtiyacınız varsa personelimiz sizinle kendi dilinizde konu_abilmek için bir tercüman ayarlayabilir).

نستطيع توفير المعلومات بلغات اخرى وصيغ اخرى مثل اليريل (لفاقي البصر) والشرايط الصوتية، حسب الطلب. يرجى الاستفسار من احد موظفينا للحصول على المزيد من المعلومات او للحصول على المساعدة او الارشاد. (يستطيع موظفونا توفير وسائل اخرى للتحدث معكم بلغتكم اذا احتجتكم الى ذلك).

该资料已被翻译为其它的语言，也有诸如盲文或录音磁带的其它形式供选。请询问我们的职员以便获得进一步的资料、其它帮助或建议。(如果你有需要，他们可以安排用你自己的语言来和你交谈。)

در صورت درخواست ، اطلاعات به زبانهای دیگر در دسترس قرار خواهد گرفت و یا به هر شکل دیگر از قبیل خط برجسته و یا صدا. جهت دریافت اطلاعات بیشتر و یا دریافت راهنمایی و کمک، لطفاً از یک کارمند سؤال کنید. (آنها میتوانند ترتیبی بدهند که در صورت لزوم با زبان خودتان با شما صحبت کنند.)

زانیاریانہ بہ زمانی خوتان دہ ست دہ کہ ویت، و یا بہ شیوہ کافی دیکہ، لہ وانہ بہ خہ تی گہ ورہ و یا بہ دہ نگ. نہ گہ ر بیویستت بہ زانیاری زورتر، بارمہ تی و یا ناموزگاری ہہ بہ، تکایہ پرسپار بکہ لہ بہ کیک لہ کارمہ ندہ کان. (نہ وان کاریکی وادہ کہ ن کہ بہ زمانی خوت لہ گہ لتا قسہ بکہ ن.)

ਬੇਨਤੀ ਕਰਨ ਤੇ, ਜਾਣਕਾਰੀ ਦੂਸਰੀਆਂ ਬੋਲੀਆਂ, ਜਾਂ ਹੋਰ ਚੁਪਾਂ ਜਿਵੇਂ ਕਿ ਬਰੇਲ ਜਾਂ ਆਡੀਓ ਟੇਪ ਤੇ ਵੀ ਦਿੱਤੀ ਜਾ ਸਕਦੀ ਹੈ। ਹੋਰ ਜਾਣਕਾਰੀ ਵਾਸਤੇ, ਜਾਂ ਜੇਕਰ ਤੁਹਾਨੂੰ ਹੋਰ ਸਹਾਇਤਾ ਜਾਂ ਸਲਾਹ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕ੍ਰਿਪਾ ਕਰਕੇ ਸਾਡੇ ਸਟਾਫ਼ ਦੇ ਕਿਸੇ ਮੈਂਬਰ ਨੂੰ ਪੁੱਛੋ। (ਜੇਕਰ ਤੁਸੀਂ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਉਹ ਤੁਹਾਡੇ ਨਾਲ ਤੁਹਾਡੀ ਆਪਣੀ ਬੋਲੀ ਵਿਚ ਗੱਲਬਾਤ ਕਰਨ ਦਾ ਪ੍ਰਬੰਧ ਕਰ ਸਕਦੇ ਹਨ।)

یہ معلومات گزارش کرنے پر دیگر زبانوں یا دیگر صورتوں، جیسا کہ، بریل (آنھری ہوئی لکھائی، ہینہ اشخاص کے پڑھنے کی لکھائی) یا سی ڈی اور ٹیپ پر بھی فراہم کی جاسکتی ہیں۔ مزید معلومات یا اگر آپ کو کسی مدد یا مشورے کی ضرورت ہو، تو براہ مہربانی ہمارے عملے کے ممبر سے بات کریں۔ (اگر آپ کو ضرورت ہو تو وہ آپ سے اپنی زبان میں بات کرانے کا انتظام کر سکتے ہیں۔)

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Tel: 01325 482125 Fax: 01325 384641
MEMBER OF THE HOUSING OMBUDSMAN SERVICE