

# RHA



Railway Housing Association



Application for Tenancy

[www.railwayha.co.uk](http://www.railwayha.co.uk)



Are you applying for rental property?

Yes  No

Are you applying to purchase a leasehold property?

Yes  No

Are you applying for a transfer?

Yes  No

Have you registered with Railway Housing Association before?

Yes  No

If yes, please state your reference number (if known).

Do you have any cats or dogs?

Yes  No

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

If any of your circumstances change, please notify us immediately as you will need to complete a new application form. We cannot offer you housing if we have incorrect address or telephone number.

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/other ethnic group:

Chinese

Other

## Convictions

Do you or anyone you want to be re-housed with, have any current, unspent or pending criminal convictions (except motoring offences) OR are you subject to an anti-social behaviour order or civil injunction for anti-social behaviour?

Yes  No

If you ticked YES, please give details:

Have you, or any other applicant, been convicted under the Sex Offenders Act 1997 and placed on the Sex Offenders register?

Yes  No

If you have ticked YES, please give details:

## Financial details

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How much money do you / your partner take home each week, including benefits / tax credits, but NOT Housing Benefit?

Take Home Pay

You	Partner
£ <input type="text"/>	£ <input type="text"/>

Child Benefit

£ <input type="text"/>	£ <input type="text"/>
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Occupational Pension

£ <input type="text"/>	£ <input type="text"/>
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Other State Benefits

(Excluding Child Tax Credits, Housing Benefit, Council Tax Benefit)

£ <input type="text"/>	£ <input type="text"/>
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Other Income

(Excluding from Other Investments)

£ <input type="text"/>	£ <input type="text"/>
------------------------	------------------------

Do you or your partner have any savings or investments?

Yes  No

If you ticked YES, please tell us how much:

£

Do you own any property?

Yes  No

If yes please enter approximate market value:

£

Is your home currently on the market?

Yes  No

Do you have a loan or mortgage on any properties?

Yes  No

If you ticked YES, how much do you have left to pay?

How much is your mortgage payment each month?

£

Do you have any equity in your property?

Yes  No

If YES, please state the amount of total equity you have:

£

If you rent your home, how much do you pay each week?

£

Are you in financial difficulties?

Yes  No

## About where you live now

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What type of property are you living in?

- House    Bungalow    Flat    Bedsit    Studio flat    Maisonette  
 Caravan    Hostel    Hotel    Hospital or Nursing    Home    Sleeping Rough  
 Prison    Other

How long have you lived at this property?  Years

## Previous addresses

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Please provide details of where you and your partner have lived in last 5 years.

Continue on a separate sheet if necessary.

Address:	Dates (from-to):	Name & address of Landlord:	Why did you leave there?
<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"/>

Have you ever been evicted or refused accommodation?

Yes  No

If you ticked YES, please tell us why and when:

Do you have any outstanding debts with your previous or current landlords?

Yes  No

If you ticked YES, please tell us the total amount owed when you left?

£

If you ticked YES, please tell us how much you owe now?

£

If you ticked YES, please tell us arrangements in place to clear the arrears.

£

Who do you owe it to?

Landlord's Name and address:

What is your current living situation? (Please tick one box only)

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Housing association resident

Local authority / council tenant

Tenant with private landlord

Living with family

Living with friends

Lodger or house share

Homeowner or buying your home

Mobile home or caravan

Any temporary accommodation

Tied home or your home comes with the job

No fixed abode

Other – please describe

## If you are a tenant who is your landlord?

Name:

Address:

Tel No:

Which floor is your property on? ( write 0 for house or bungalow)

Does your property have use of a lift or stairlift?  Yes  No

How many bedrooms are in your property?  0  1  2  3  4  5+

## Homeless / Potentially homeless

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*Tick ONE box only in this section:*

Are you expecting to have to leave your home in the near future (within 56 days)?  Yes  No

Please give a reason (evidence will be required).

Have you received notice from your current Landlord (please enclose a copy with your application)  Yes  No

Have you been issued with a Court Order (enclose a copy of the court order)?  Yes  No

Refused statutory homeless on grounds of non-priority / No local connection?  Yes  No

Are you being asked to leave your accommodation by family/friends? (enclose a letter from them with your application)  Yes  No

Are you in tied accommodation and have a letter from your employer?  Yes  No

Are you currently in hospital and unable to return home?  Yes  No

Has your relationship broken down with no right to remain in your home?  Yes  No

Are you in B&B or accommodation run by an agency?  Yes  No

Are you of no fixed abode?  Yes  No

## Overcrowding *Tick ONE box only in this section:*

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### Bedroom information:

Do you need one additional bedroom?  Yes  No

Do you need two or more additional bedrooms?  Yes  No

## Under- occupation *Tick ONE box only in this section:*

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Do you have an unoccupied bedroom (under-occupied)?  Yes  No

Do you have two or more unoccupied bedrooms (under-occupied)?  Yes  No

## Disrepair

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Has your current home been classed as being under disrepair by Environmental Health?  Yes  No

Please give details:

## Existing housing conditions

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Do you live in a property with:-

A hot water supply?  Yes  No

Electricity supply?  Yes  No

A bath or shower?  Yes  No

Central heating?  Yes  No

A separate kitchen?  Yes  No

An inside toilet?  Yes  No

Do you share any of the following with non-family members: -

Toilet?  Yes  No

Bath or shower?  Yes  No

Kitchen?  Yes  No

## Families living apart

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Are any family members currently living apart from you due to your housing circumstances?  Yes  No

## Medical details *Tick ONE box only*

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Do you have a medical condition that affects your current medical needs?  Yes  No

Are you unable to climb stairs and have medical support / Social Services recommendation / or In a wheelchair?  Yes  No

Do you find stairs difficult due to a to medical condition?  Yes  No

Have you minor health problems and have difficulty managing your home?  Yes  No

Has your current property been adapted to alleviate some medical need (ie: level access shower, stair-lift)?  Yes  No

Do you have a mental health co-ordinator?  Yes  No

Please state their contact name and address and contact phone no:

Are you registered disabled?  Yes  No

## Medical details *Tick ONE box only*

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Are you registered blind?

Yes  No

Are you deaf or do you have partial hearing difficulties?

Yes  No

Please tell us about you or your household's health problems and how they make your life difficult where you live now. (Use another sheet of paper if you need to).

Have you had an Occupational Therapist reported completed?

Yes  No

If yes, please state the date of your visit and attach the report to this application form.

Date   Report is attached

Do you use a wheelchair?

Yes  No

Should your medical conditions or needs change in the future, please contact us to update your application.

## Social needs *Tick ONE box only:*

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Do you need:

To be nearer to family for support?

Yes  No

Name & Address:

Support Facilities?

Yes  No

To be nearer community groups or services?

Yes  No

Have you recently lost a relative?

Yes  No

Accommodation in order to secure employment?

Yes  No

Are you in financial hardship?

Yes  No

Have you been approved to adopt or foster? (Please provide evidence of approval)

Yes  No

## Harassment / Domestic violence Tick ONE box only:

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Are you suffering harassment / racial harassment and have attached third party proof from either Police, Local Authority or Solicitor.

Yes  No

Do you feel vulnerable in your accommodation due to high levels of vandalism or burglaries in the area?

Yes  No

Are you suffering any form of domestic violence?

Yes  No

Give details of any support you are receiving.

## General information

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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 Railway Housing Benefit Fund?

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 and address:

Telephone number:

Relationship to applicant:

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

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Advert in local newspaper     Advert in other publication     Personal recommendation

The Council     Family / Friends     Yellow Pages     Internet

Other, please state:

**Please provide any extra information you feel is relevant to your application:**

A large empty rectangular box with a thin purple border, intended for providing extra information relevant to the application.

## 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

Email: [housing@railwayha.co.uk](mailto:housing@railwayha.co.uk)

Registered Social Landlord: A1855 Registered Charity: 216825

# Railway Housing Association

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

**Tel:** 01325 482125

**Email:** [info@railwayha.co.uk](mailto:info@railwayha.co.uk)

**Web:** [www.railwayha.co.uk](http://www.railwayha.co.uk)

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MEMBER OF THE HOUSING OMBUDSMAN SERVICE

