

Applying for a home in South Northamptonshire



application form

Housing Division



South Northamptonshire Council



application form

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application form

Please complete all relevant sections of this form using the guidance notes attached. Please refer to the “Allocations Scheme Information Booklet” before completing this form.

You must provide proof of identity for each applicant if an offer of accommodation is made. This should include date of birth and current address. Acceptable documents include; passport, driving licence, wage slips, utility bill, child benefit book, pension book, bank statement.

1. Eligibility

The Asylum and Immigration Act 1996 states that the Council has a legal duty to ask all applicants for rehousing, questions about their eligibility for a Council or Housing Association property.

It is therefore important that if you, or a member of your household, are subject to immigration control, you should get independent advice before completing this form.

Are you subject to immigration control? Yes No

If yes, please give the following information.

Are you or any other member of your household in receipt of Job Seeker's Allowance or Income Support?

You Yes No

Other household member Yes No

Are you or any other member of your household an Asylum Seeker awaiting an outcome to your application?

You Yes No

Other household member Yes No

Have you or any other member of your household been granted exceptional leave to enter or remain in this country or been given refugee status?

You Yes No

Other household member Yes No

Have you come to live in the United Kingdom in the last 2 years? Yes No

You may be required to prove your immigration status to the Council.

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2. Your details

Are you a tenant of South Northamptonshire Council? Yes No

Are you likely to become homeless in the next 28 days? Yes No

Your application will normally be taken as a joint application if you apply with another adult.

	Applicant Details	Joint applicant details
Title		
First Name(s)		
Surname		
Sex		
Date of birth		
Ethnic Origin ¹		
Relationship to applicant	Applicant	
Current address		
NI number	<input type="text"/>	<input type="text"/>
Date you moved to this address		
Correspondence address if different from above		
Telephone number Daytime		
Telephone number Evening		
Mobile number		
Email address		

¹Please refer to the Ethnic Origin table in the Information booklet.

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3. Household members

Please give details of all those who live at the above address. Please tick the end column if they are going to be rehoused with you.

Title	First Name	Surname	Sex	Date of birth			Relationship to applicant	Ethnic Origin	<input checked="" type="checkbox"/>

If anyone who you wish to be rehoused with does not live at the above address, please give details.

Title	First Name	Surname	Sex	Date of birth			Relationship to applicant

Address	Reason for living apart

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Have you or the joint applicant ever been known by another name?

Yes No

If yes, please give details.

Applicant's previous name	Joint applicant's previous name
<input type="text"/>	<input type="text"/>

Do you have any pets?

Yes No

If yes, please give details.

For some types of accommodation, there is a no pet policy.

Would you be willing to make alternative arrangements for your pets if necessary?

Yes No

Are you a staff member of South Northamptonshire Council?

Yes No

Are you related to any member of staff of South Northamptonshire Council, or to any member of the Board of Management of any Housing Association?

Yes No

Are you a Councillor of South Northamptonshire Council?

Yes No

Are you related to any elected councillor of South Northamptonshire Council or to any member of the Board of Management of any Housing Association?

Yes No

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Please list everywhere that you have lived in the past 5 years excluding your current address.

Applicant's Address	Date from	Date to	Tenure type	Reason for moving

Joint Applicant's Address	Date from	Date to	Tenure type	Reason for moving

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4. Your present circumstances

Which of the following best describes your present housing situation. Please tick all boxes that apply.

Council tenant	<input type="checkbox"/>	Private tenant	<input type="checkbox"/>
Tied Tenancy	<input type="checkbox"/>	Residential Home	<input type="checkbox"/>
HM Forces	<input type="checkbox"/>	Living with friends	<input type="checkbox"/>
In hospital	<input type="checkbox"/>	Housing Association tenant	<input type="checkbox"/>
Living with relatives	<input type="checkbox"/>	Lodger other than relatives	<input type="checkbox"/>
Owner Occupier	<input type="checkbox"/>	Hostel/hotel	<input type="checkbox"/>
Prison	<input type="checkbox"/>	Is there a court order on your home?	<input type="checkbox"/>
No fixed address (Homeless)	<input type="checkbox"/>	Other, please state	<input type="checkbox"/>

Name of current Landlord	Address of Landlord
<input type="text"/>	<input type="text"/>

5. Your current home

Do you live in a (Please tick as appropriate)

House	<input type="checkbox"/>	Flat	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>
Bungalow with warden	<input type="checkbox"/>	Bed-sit	<input type="checkbox"/>	Flat with warden	<input type="checkbox"/>
Maisonette	<input type="checkbox"/>	Bed-sit with warden	<input type="checkbox"/>	Lodgings/room	<input type="checkbox"/>
Caravan or mobile	<input type="checkbox"/>	Other, please tell us	<input type="checkbox"/>		

How many bedrooms does the property have?

application form

6. Amenities

Do you have use of the following

Please tick as appropriate

Kitchen

Inside W.C.

Living Room

Bedroom 1

Bedroom 2

Bedroom 3

Bedroom 4

Bathroom

Yes	No	Share

Does the property suffer from extensive disrepair? If so, please specify

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7. Health Factors

Please give details of any health factors or disabilities, which are aggravated by your current housing conditions and will only be improved by re-housing.

Name(s)	Health Details

application form

How will rehousing improve or alleviate your health condition?

8. Current financial details

Please supply the following details.

	Weekly income	Savings
Applicant	£	£
Joint Applicant	£	£

Please tick sources of income, which apply.

Lead Applicant				Joint Applicant			
Salary (monthly)	<input type="checkbox"/>	Wages (weekly)	<input type="checkbox"/>	Salary (monthly)	<input type="checkbox"/>	Wages (weekly)	<input type="checkbox"/>
Retirement pension	<input type="checkbox"/>	Private pension	<input type="checkbox"/>	Retirement pension	<input type="checkbox"/>	Private pension	<input type="checkbox"/>
Income support	<input type="checkbox"/>	Invalidity benefit	<input type="checkbox"/>	Income support	<input type="checkbox"/>	Invalidity benefit	<input type="checkbox"/>
Other income	<input type="checkbox"/>		<input type="checkbox"/>	Other income	<input type="checkbox"/>		<input type="checkbox"/>

9. Other Registered Social Landlords

Do you want to be considered for Housing Association properties in the area?

Yes No

Do you want to be considered for shared ownership or low cost home ownership properties in the area?

Yes No

application form

10. Mutual Exchange Register

If you are a Council or Housing Association tenant would you be willing to have your details included on the Mutual Exchange Register? Yes No

11. Reason for Applying for rehousing

Please give details why you need to be rehoused and any particular circumstances that need to be taken into account when your application is assessed.

What type of property do you require? You will only be eligible for the appropriate type and size of property as indicated in the information booklet included with this application. You may tick more than one box.

House Flat/Maisonette/Bedsit Bungalow

Do you require accommodation with specialist support?

Sheltered Accommodation
Community Warden
Other

How many bedrooms do you require? 1 2 3 4

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12. Choice of areas

You are allowed to tick as many boxes as you wish. You must be willing to consider an offer of accommodation in any area selected.

Any	<input type="checkbox"/>	Abthorpe	<input type="checkbox"/>	Alderton	<input type="checkbox"/>
Ashton	<input type="checkbox"/>	Astcote	<input type="checkbox"/>	Aston-Le-Walls	<input type="checkbox"/>
Aynho	<input type="checkbox"/>	Blakesley	<input type="checkbox"/>	Blisworth	<input type="checkbox"/>
Boddington	<input type="checkbox"/>	Brackley	<input type="checkbox"/>	Bradden	<input type="checkbox"/>
Brafield	<input type="checkbox"/>	Bugbrooke	<input type="checkbox"/>	Chacombe	<input type="checkbox"/>
Charlton	<input type="checkbox"/>	Chipping Warden	<input type="checkbox"/>	Cogenhoe	<input type="checkbox"/>
Cold Higham	<input type="checkbox"/>	Cosgrove	<input type="checkbox"/>	Croughton	<input type="checkbox"/>
Culworth	<input type="checkbox"/>	Deanshanger	<input type="checkbox"/>	Denton	<input type="checkbox"/>
Eastcote	<input type="checkbox"/>	Evenley	<input type="checkbox"/>	Eydon	<input type="checkbox"/>
Farthinghoe	<input type="checkbox"/>	Gayton	<input type="checkbox"/>	Grafton Regis	<input type="checkbox"/>
Grange Park	<input type="checkbox"/>	Greatworth	<input type="checkbox"/>	Greens Norton	<input type="checkbox"/>
Grimscote	<input type="checkbox"/>	Hackleton	<input type="checkbox"/>	Halse	<input type="checkbox"/>
Harpole	<input type="checkbox"/>	Hartwell	<input type="checkbox"/>	Helmdon	<input type="checkbox"/>
Kings Sutton	<input type="checkbox"/>	Kislingbury	<input type="checkbox"/>	Litchborough	<input type="checkbox"/>
Little Houghton	<input type="checkbox"/>	Maidford	<input type="checkbox"/>	Marston St Lawrence	<input type="checkbox"/>
Middleton Cheney	<input type="checkbox"/>	Milton Malsor	<input type="checkbox"/>	Moreton Pinkney	<input type="checkbox"/>
Nether Heyford	<input type="checkbox"/>	Old Stratford	<input type="checkbox"/>	Overthorpe	<input type="checkbox"/>
Pattishall	<input type="checkbox"/>	Paulerspury	<input type="checkbox"/>	Piddington	<input type="checkbox"/>
Potterspury	<input type="checkbox"/>	Pury End	<input type="checkbox"/>	Quinton	<input type="checkbox"/>
Road	<input type="checkbox"/>	Rothersthorpe	<input type="checkbox"/>	Shutlanger	<input type="checkbox"/>
Silverstone	<input type="checkbox"/>	Slapton	<input type="checkbox"/>	Stoke Bruerne	<input type="checkbox"/>
Sulgrave	<input type="checkbox"/>	Syresham	<input type="checkbox"/>	Thorpe Mandeville	<input type="checkbox"/>
Tiffield	<input type="checkbox"/>	Towcester	<input type="checkbox"/>	Upper Heyford	<input type="checkbox"/>
Wappenham	<input type="checkbox"/>	Weedon Lois	<input type="checkbox"/>	Whitfield	<input type="checkbox"/>
Whittlebury	<input type="checkbox"/>	Wicken	<input type="checkbox"/>	Woodend	<input type="checkbox"/>
Yardley Hastings	<input type="checkbox"/>	Yardley Gobion	<input type="checkbox"/>		<input type="checkbox"/>

If you choose more than one area, please indicate clearly your first choice.

Please note that in some areas there are very few vacancies that can mean a long wait for a suitable property to become available.

application form

13. Local Connection

You need to answer the following questions to see whether you have a local connection or not with South Northamptonshire Council. If you have one of the following local connections, you will be given additional preference on the Housing Register. Supplementary information may be required.

Have you lived in South Northamptonshire for the last 6 months? Yes No

Are you permanently employed in South Northamptonshire? Yes No

If yes, please give the name, address and telephone number of your employer.

Name	Address	Telephone Number

Have you any close relatives living in South Northamptonshire, who have lived here for the last 5 years? Yes No

If yes, please tick the appropriate box. Please note that the relationship may include step-parents, step-children etc.

Parent(s) Children Brother or Sister
Grandparent(s) Grandchildren

Have you previously lived in South Northamptonshire for at least 5 years? Yes No

Do you have a very strong connection with any local village Yes No

application form

If yes please state:

Name of village	Type of strong connection

A strong connection may be one of the following:

- Lived in the village for the previous 5 years.
- Work permanently in the village
- Previously lived in the village for at least 10 years if not currently living there.
- You are over 60 or have a disability and need to move to a village to receive support from relatives currently living in that village.

14. Sex Offenders Act

Have you or anyone listed on your application form, been convicted of any offence, other than those regarded as 'spent' under the Rehabilitation of Offenders Act 1974?

Yes No

Are you, or anyone listed on your application form, required to notify the police in accordance with Section 1 of the Sex Offenders Act 1997?

Yes No

15. Data Protection Act 1998

The personal information, which you supply to the Council, will be stored by it either on a computer or in a manual file. This information, or data, is subject to the provisions of the Data Protection Act 1998 and South Northamptonshire Council is the data controller for the purposes of that Act. Although your

application form

personal data is being obtained for the purposes of the allocation of housing, the Council may from time to time use it for other purposes related to the Council's activities as a local authority. If you do not wish the Council to do this please write to Mr C. D. Lambert, Head of Housing, Housing Division, South Northamptonshire Council, Springfields, Towcester, Northants NN12 6AE.

16. Declaration and Consent

Declaration

The information given by me on this form is complete and truthful. I agree to it being used by South Northamptonshire Council to assess my priority for rehousing.

Signature of applicant _____ Date _____

Signature of joint applicant _____ Date _____

If you make a false statement or withhold relevant information you could be liable for a fine of up to £5,000. If you gain a property under false pretences you may lose your home.

Consent

I agree that South Northamptonshire Council can seek additional information from other agencies, or people who provide support, to assist my application for housing. I am agreeable to the sharing of information that I have given, or that has been given about me, with relevant agencies on a "need to know" basis.

Signature of applicant _____ Date _____

Signature of joint applicant _____ Date _____

17. For official use only

Application Ref:

Name

Date Received

Date Registered

Input by

Checked by

**Translations to other languages and audio cassette,
large print or braille versions are available on request.**

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