

Application for entry to the housing register



PHOTOGRAPHS

Staple
MAIN APPLICANT'S
signed photo here

Staple
PARTNER'S
signed photo here

HR REF

FOR OFFICE USE ONLY

Surname or family name

MAIN APPLICANT

First or given names

For general enquiries please telephone: 020 8753 4198

Verifying your identity: PHOTOGRAPHS

Signed and stapled passport size photographs are required from the main applicant and partner. Failure to provide these will result in your incomplete application not being processed.

If you would like any part of this document interpreted into your own language, please phone 020 8753 4198

Albanian

Nëse e dëshironi citencë pjesë të këtij dokumenti të përkthyer në gjuhën tuaj, ju lutemi telefononi në numrin 020 8753 4198

Amharic

ገንዘብ ወይንም ሌላ የዚህ ሰነድ ወይንም የታወቀውን ኃላፊ ለገንዘብ ተገቢነት ለማረጋገጥ 020 8753 4198 ድውልድ

Arabic

إذا كنت ترغب بالحصول على أي جزء من محتويات هذه الوثيقة بلغة الأم، يرجى الاتصال برقم الهاتف 020 8753 4198

Bengali

আপনি যদি আপনার নিজের ভাষাতে এই ডকুমেন্টের কোন অংশের অনুবাদ চান তবে দয়া করে 020 8753 4198 নম্বরে ফোন করুন।

Croatian

Ukoliko želite prijevod bilo kojeg dijela ovog dokumenta na jezik kojim Vi govorite, molimo nazovite telefonski broj 020 8753 4198

Farsi

لطفاً اگر مایل هستید هر بخشی از این نوشتار به زبان شما ترجمه گردد، با شماره تلفن 020 8753 4198 تماس حاصل فرمایید.

French

Si vous souhaitez quelque partie de ce document dans votre propre langue, appelez le 020 8753 4198

Polish

Jeśli chcesz sobie Państwo, aby dowolna część tego dokumentu została przetłumaczona na Państwa język ojczysty, proszę zadzwonić pod numer 020 8753 4198

Portuguese

Se gostaria de ter qualquer parte deste documento traduzida no seu idioma, por favor telefone para 020 8753 4198

Serbian

Ako želite da bilo koji deo ovog dokumenta bude preveden na vaš materinski jezik, molimo vas da nazovete ovaj broj telefona 020 8753 4198

Somali

Hadii aad jecdaan lahayd in qayb walba oo kamid ah dukumintigan lagu turjumay luqaddaada, fadlan soo wac telefoonka 020 8753 4198

Spanish

Si desea que le interpreten alguna parte de este documento en su idioma, por favor llame al 020 8753 4198

Urdu

اگر اس دستاویز کے کسی بھی حصہ کا ترجمہ آپ اپنی زبان میں حاصل کرنا چاہتے ہیں تو براہ کرم ہمارے نمبر پر 020 8753 4198 بلائی گئی۔

Housing register application form

1. ABOUT YOU AND YOUR ADDRESS

By entering details about yourself in this section, you are asking the council to treat you as the main applicant for housing, on behalf of all the people you want to live with.

1A Title (Mr, Ms, Miss, Mrs, etc)

1B Surname or family name

1C First or given names

1D Give details of any other names you have used or been known by

1E Date of birth

1F Are you (please tick ✓)

Male Female

1G National Insurance number

1H Your present address

Postcode

1I Date when you moved in

1J Your telephone numbers

1K Your ethnic group*

1L Your main language

1M Are you interested in low cost home ownership? (please tick ✓)

Yes No

1N If you or your partner are 60 years old or more, are you interested in sheltered housing? (please tick ✓)

Yes No

1O Does anyone in this application use a wheelchair? (please tick ✓)

No Yes, all the time

Yes, some of the time

If yes, state wheelchair user's surname or family name

Wheelchair user's first or given names

1P Please list below all other addresses where you have lived during the last five years, including addresses abroad

Landlord/host's name

Landlord/host's telephone number

Date moved in

Date moved out

Your previous address

Reason for leaving

Which best describes your type of occupancy (please tick ✓)

Renting

Owner

With family and friends

Other

Landlord/host's name

Landlord/host's telephone number

Date moved in

Date moved out

Your previous address

Reason for leaving

Which best describes your type of occupancy (please tick ✓)

Renting

Owner

With family and friends

Other

Landlord/host's name

Landlord/host's telephone number

Date moved in

Date moved out

Your previous address

Reason for leaving

Which best describes your type of occupancy (please tick ✓)

Renting

Owner

With family and friends

Other

2. AM I ELIGIBLE FOR ASSISTANCE?

The Housing Act 1996, as amended by the Homelessness Act 2002, says that the council must make sure that you are eligible for housing under the terms of the act. The following information is needed for this purpose.

.....

2A What is your nationality?

2B Have you lived outside the United Kingdom in the last five years?
(please tick ✓)

Yes

No

If yes, please state the country (or countries) and dates

2C Please state which country you are a citizen of

2D Are you a citizen of the UK or a member state of the EU or EEA?
(please tick ✓)

Yes

No

If no, then please answer the following questions.

2E Do you have indefinite leave to remain in the UK? (please tick ✓)

Yes

No

If no, is your leave to remain time limited? (please tick ✓)

Yes

No

If yes, when does it expire?

What conditions are there on your leave to remain?

2F Are you seeking asylum in the UK?
(please tick ✓)

Yes

No

If yes, when did you first arrive in the UK?

When did you make your claim for asylum?

Have the authorities made any decision on your asylum claim? (please tick ✓)

Yes

No

If yes, what was the decision?

Please ask for another sheet if you need it.

2G Have you or anyone included in this application ever been evicted from a tenancy for any of the following reasons: (please tick ✓)

Yes

No

Rent arrears

Causing a nuisance

Violent or anti-social behaviour

Obtaining a tenancy by deception

Illegal sub-letting

Taking a payment in connection with a mutual exchange

3. WHO ELSE WILL BE LIVING WITH YOU?

Give details of all the other people you want to be rehoused with. Show their relationship to you, for example, child, cousin, partner, carer, etc.

Anyone you show as your partner, spouse, husband or wife, etc., will usually be included with you if you are offered accommodation, so that you become joint tenants.

You can phone us on **020 8753 4198** to ask for more pages.

.....
Surname or family name

Are you (please tick ✓)

Male

Female

First or given names

National Insurance number

Date of birth

Relationship to main applicant

Ethnic group*

Main language

.....
Surname or family name

Are you (please tick ✓)

Male

Female

First or given names

National Insurance number

Date of birth

Relationship to main applicant

Ethnic group*

Main language

.....
Surname or family name

Are you (please tick ✓)

Male

Female

First or given names

National Insurance number

Date of birth

Relationship to main applicant

Ethnic group*

Main language

*Please refer to Section 12 "Equal Opportunities in Housing".

Surname or family name

First or given names

Date of birth

Ethnic group*

Are you (please tick ✓)

Male

Female

National Insurance number

Relationship to main applicant

Main language

Surname or family name

First or given names

Date of birth

Ethnic group*

Are you (please tick ✓)

Male

Female

National Insurance number

Relationship to main applicant

Main language

Surname or family name

First or given names

Date of birth

Ethnic group*

Are you (please tick ✓)

Male

Female

National Insurance number

Relationship to main applicant

Main language

3B Is anyone included in this form expecting a baby?

(please tick ✓)

Yes

No

Date when the baby is due

Surname or family name

First or given names

4. IF ANYONE ON THIS FORM DOES NOT LIVE WITH YOU NOW

Please answer these questions about any person who is not living with you now but wants to live with you if you are rehoused.

If there are more than three people who are not living with you now but want to live with you if you are rehoused, please phone us on 020 8753 4198 and we will send you more pages.

.....
Full name

Address

Type of occupancy

Do they have a bedroom of their own?
(please tick ✓)

Yes

No

.....
Full name

Address

Type of occupancy

Do they have a bedroom of their own?
(please tick ✓)

Yes

No

.....
Full name

Address

Type of occupancy

Do they have a bedroom of their own?
(please tick ✓)

Yes

No

5. WHERE YOU LIVE NOW

5A Which of the following best describes your current housing situation?

(please tick ✓ as appropriate)

- Staying with family or friends
- Bed and breakfast hotel or hostel
- Privately rented accommodation
- Council tenant outside the London Borough of Hammersmith & Fulham
- Housing association tenant in the London Borough of Hammersmith & Fulham
- Housing association tenant outside the London Borough of Hammersmith & Fulham
- Owner occupier

Other (please explain)

5B What are the total number of bedrooms in the property you currently live in. This includes bedrooms in the property that you and the other people on your application do not use. You must answer this question for your application to be processed.

5C If you have no bedroom for your personal use please tick this box

5D Please complete the following section to show the bedrooms that you or anyone else uses:

Please state all the names of persons using each bedroom

Bedroom 1

Bedroom 2

Bedroom 3

Bedroom 4

Bedroom 5

5E Please complete the following to show the rooms and facilities you have.
(please tick ✓ as appropriate)

Do you and the other people on this application have use of:

Living/dining rooms	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Kitchens	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bathrooms	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Toilets	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Do you share any of the rooms/facilities with other persons/families NOT included on this application?

Living/dining rooms	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Kitchens	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bathrooms	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Toilets	Yes <input type="checkbox"/>	No <input type="checkbox"/>

5F Please give the following information about your landlord or the person you are staying with:

Name

Address

Telephone

5G How many bedrooms* do you have in your home? (please tick ✓)

* bedrooms include bedsitting room, box room, attic room, studio. All bedrooms must have a window

1 2 3 4 5 or more

If more than five please write here how many

6. APPLICATIONS FOR HOUSING TO OTHER COUNCILS OR HOUSING ASSOCIATIONS

.....
If you have applied to any other councils or housing associations for housing, please tell us which ones.

Have you refused an offer of accommodation made by any council within the last twelve months? (please tick ✓)

Yes No

7. ABOUT YOUR INCOME AND ASSETS

The following questions relate to you and your partner and any other person over the age of 16 who is included in your application.

Please put 'yes' or 'no' in each box.

If you need more pages for additional people, please phone us and we will send them to you.

7A	You	Your partner	Other
Income Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Seeker's Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working Tax Credit/Child Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability Working Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pension Credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have savings or assets to the value of more than £50,000? (please tick ✓)

Yes No

If you have any income apart from state benefits, please tell us the total weekly income of your household after tax has been deducted, including wages.

£

7B Does anyone included in your application currently own or partly own any accommodation, either in the United Kingdom or in any other country? (please tick ✓)

Yes No

7C Is anyone included in your application in the process of buying accommodation, either in the United Kingdom or in any other country? (please tick ✓)

Yes No

8. EMPLOYMENT AND TRAINING

Please note that the questions in this section relate to the main applicant only.
.....

9A Are you employed? (please tick ✓)

Yes No

If no, please go to Question 9C.

If yes, then please answer the following questions.

Do you work in the borough of Hammersmith & Fulham? (please tick ✓)

Yes No

Please tell us the date you started working

9B Do you work for any of the following employers?

(please tick ✓ as appropriate)

<input type="checkbox"/> NHS	<input type="checkbox"/> Police
<input type="checkbox"/> Education	<input type="checkbox"/> Probation service
<input type="checkbox"/> Prison authority	<input type="checkbox"/> Local authority
<input type="checkbox"/> Fire service	

If you have ticked any of these, please tell us your job title

9C Please tick the income band which applies to you

<input type="checkbox"/> Up to £19,000	<input type="checkbox"/> £40,000 to £60,000
<input type="checkbox"/> £20,000 to £29,000	<input type="checkbox"/> Over £60,000
<input type="checkbox"/> £30,000 to £39,000	

Are you in employment related training or education? (please tick ✓)

Yes No

If yes, please tell us what course or training you are doing

9. APPLICANTS LIVING OUTSIDE THE LONDON BOROUGH OF HAMMERSMITH & FULHAM

If you are not living in Hammersmith & Fulham at the moment and you are applying to move here, please tell us why you need to live in this borough.

Tick box (✓) if you are

Working full time

A full time student

Training full time

In special needs education

10. PROPERTY SIZE

The council has rules about how many bedrooms a household needs. Sometimes we will allow applicants to say that they are willing to accept a property with less bedrooms than these rules say they need.

We do this, for example, if the rules say you need a home with four or more bedrooms. This is because we do not have many properties of this size and you could be rehoused more quickly if you are willing to accept a smaller home.

If you are a single person, and you are willing to accept a bedsit (studio flat) instead of a one bedroomed flat, this could also speed up your chances of being rehoused.

.....

10A If you are a single person, would you be willing to accept a bedsit (studio flat) instead of a one bedroomed flat?
(please tick ✓)

Yes No

10B If we decide that your household is large enough to need four bedrooms, including more than one single room, would you accept a double room in place of two singles? (please tick ✓)

Yes No

11. COUNCIL EMPLOYEES & RELATIONS

.....

Are you a council employee?

Yes No

If yes, state the department, job title and your payroll number

Are you related to or closely connected to any employee or elected member of the council

Yes No

If yes, please state their name and your relationship or connection with them

12. EQUAL OPPORTUNITIES IN HOUSING

Hammersmith and Fulham is a diverse borough. The council is creating a borough of opportunity for all residents.

Every person of 16 years and over must complete this page. Make copies of it, complete it for each of you and send it/them back with this form. We collect this information in order to ensure we deliver value for money and provide high quality services to all residents.

The information you give is confidential and complies with the Data Protection Act 1998.

.....

If you are not willing to provide information please tick ✓.

.....

General

Are you? Male Female

What age group do you fall into (please tick ✓)

16-17 18-24 25-34 35-44 45-54 55-64 65+

.....

Health

Do you, or anyone in your household, have a long term illness, health problem or disability which limits your daily activities or the work you can do? (please tick ✓)

Yes, yourself Yes, someone in your household
 No, no one in your household

If yes, what is the nature of the impairment? (please tick ✓)

- Physical impairment
 - Mobility impairment
 - Hearing impairment
 - Visual impairment
 - Learning disability
 - Mental health
 - Other (eg, a hidden impairment such as diabetes, epilepsy, etc.)
-

Language

My main language is:

English Other (please state)

Ethnic group

I would describe myself as: (Please tick one box only or write in)

Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background (please write in)

Black or black British

Caribbean

African

Any other black background (please write in).....

Mixed race

White and black Caribbean

White and black African

White and Asian

Any other mixed background (please write in)

White

British

Irish

Any other white background (please write in)

Chinese or other ethnic group

Chinese

Any other ethnic background (please write in)

13. IF SOMEONE ELSE FILLED IN THIS FORM

You must fill in this section if you have filled in the form for the applicant.

Your name

Your relationship to the person that you filled in the form for

(for example, partner, brother, landlord, friend, advice worker, appointee)

Your telephone number

Your address

I have filled in the form for the applicant. I have read each question to the applicant and written down their answers. I understand that I may be prosecuted if I give information that I know is incorrect or incomplete.

Signature of the person who filled in the form

Date

14. DECLARATION AND AUTHORITY

Everyone listed in this application who is aged 16 years or over must read the following statements and enter their name, in their own handwriting, their signature and the date on which they signed the form, in the boxes below.

- 1 The attached pages form the basis of my application for rehousing under Part VI of the Housing Act 1996. Everyone listed in this application and aged over 16 years has read the information in this form.
- 2 I fully understand the explanation in the "Applying for Housing" leaflet about the Housing Act 1996 and the Homelessness Act 2002.
- 3 I understand that it is a criminal offence under s171 of the Housing Act 1996 to knowingly or recklessly make a false statement or knowingly withhold information that the council requires in order to assess my application.
- 4 I believe that the information I have given is correct and complete to the best of my knowledge.
- 5 I will keep the council informed of any change in my circumstances; I will do this in writing. I understand that if I do not do this I may commit a criminal offence.
- 6 I agree, under the terms of my application, to the council passing information to third parties including housing associations, registered social landlords and medical practitioners.
- 7 I authorise the council to obtain information from my doctor, social worker, probation officer or other professional person, in connection with this application.
- 8 I also consent to other organisations and individuals providing the council with relevant information in connection with this application. I understand that this form may be copied and used in order to obtain such information.
- 9 If I am an employee of the council and I give false information or withhold information or fail to notify the council of changes in my circumstances, I understand that I will be liable for disciplinary action under the council's procedures as well as being liable for prosecution for any criminal offences I may have committed.
- 10 I understand that the council must protect the public funds it administers and so may use the information I have given in this application to prevent and detect fraud. I know that you may share this information with other organisations which administer public funds.

Please sign below

Signature/s

Full name

Signature

Date

MAIN APPLICANT		

When completed, please return this form to:
h&f advice
London Borough of Hammersmith & Fulham
145 King Street, London W6 9XY



INVESTOR IN PEOPLE



Visit our website: www.lbhf.gov.uk

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