

# Register of Housing Need (Application)



HOUSING SERVICES  
 FORDE HOUSE  
 BRUNEL ROAD  
 NEWTON ABBOT. DEVON TQ12 4XX  
 Tel: 01626 215314 Fax: 01626 215316  
 Email: housing@teignbridge.gov.uk

For Office Use Only					
New		COC		Review	
Application No		HPA No		Points	
Date Assessed		Assessed By		Signature	

**If English is not your first language, we can interpret or translate information into your own language. It can also be obtained in large print or Braille. Please ask for further details.**

**WHEN FILLING IN THIS FORM, PLEASE USE BLOCK CAPITALS**

**If you require assistance completing this form, you can contact us for help on 01626 215314**

## SECTION A – ABOUT YOU AND YOUR FAMILY

**A1.** Applicant title: Mr  Mrs  Miss  Ms  Other: .....

Date of Birth:.....

First Name:		Surname:		National Insurance No:	
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Joint application: Yes  No

If 'Yes', Partner's details:

Applicant title: Mr  Mrs  Miss  Ms  Other: .....

Date of Birth:.....

First Name:		Surname:		National Insurance No:	
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Current Address:		Home tel:	
		Work tel:	
		Mobile:	
		Email:	
Postcode:		Date moved in:	

**A2.** Family details – Your children or other people to be re-housed with you

Title	First Name	Surname	D.O.B	Gender (M/F/T)*	Relationship to you	National Insurance No.

\*Male, Female, Transgender

**A3.** Correspondence or care-of address i.e. Solicitors, work or family

Please state why post cannot be sent to address in A1

**A4.** Are all persons listed in A2 permanently living with you? Yes  No

If 'No', please provide details: (if yes, please go to A6)

Name	Address

**A5.** Are they -a lodger?  -an owner?  -a tenant?  -other?

If you have ticked 'tenant', please provide the name, address and telephone number of their landlord:

Name:		Address:
Telephone:		

Please state why you are living apart:

**A6.** Are you or any of the people mentioned within your household pregnant? Yes  No

If 'Yes', who is pregnant? Name: \_\_\_\_\_

When is the baby due? Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PLEASE ADVISE WHEN YOUR BABY IS BORN SO WE ARE ABLE TO UPDATE YOUR DETAILS**

**A7.** Have you or your partner previously used any other names? Yes  No

If 'Yes', please give details:

Current Name(s)		Previous Name(s)	

**A8.** We are required by the government to monitor the ethnic origin of our applicants who apply for housing. This helps us to ensure we treat everyone fairly and equally. To help us do this, please tick the box that best describes your ethnic origin. **If you do not wish to answer, please tick here**

**A9.** Do you have your own transport? Yes  No

White	Mixed	Asian or Asian British	Black or Black British	Chinese or Other Ethnic Group
British <input type="radio"/>	White & Black Caribbean <input type="radio"/>	Indian <input type="radio"/>	Caribbean <input type="radio"/>	Chinese <input type="radio"/>
Irish <input type="radio"/>	White & Black African <input type="radio"/>	Pakistani <input type="radio"/>	African <input type="radio"/>	Other <input type="radio"/>
Other <input type="radio"/>	White and Asian <input type="radio"/>	Bangladeshi <input type="radio"/>	Other <input type="radio"/>	
	Other <input type="radio"/>	Other <input type="radio"/>		

**A10** Please provide employment details – include everyone in your household who is working:

Name	Employer	Net weekly pay	Start date	Occupation	Hrs wkd per wk

**SECTION B – ELIGIBILITY**

**B1.** Please list below where you have lived for the past five years

Self/ Partner	Address	From	To	Type of tenancy	Reason for leaving

**B2.** Do you have any pets that live with you? Yes  No

If 'Yes', please give details: \_\_\_\_\_

**B3** When did you start living in the Teignbridge District? \_\_\_\_\_

**B4.** Have you, or anyone within your household ever been convicted of sexual offences?

Yes  No

**B5.** Have you or anyone within your household ever been convicted under the Sex Offenders Act 1997 and been placed on the Sex Offenders Register? Yes  No

If 'Yes', please give dates and details

**B6.** Have you come from abroad to live in this country within the last five years? Yes  No

If 'Yes', please state where from \_\_\_\_\_

**B7.** Have you ever been served with an Anti-Social Behaviour Order? Yes  No

If 'Yes', please give dates and details

### SECTION C – MEDICAL HISTORY

**C1.** Are you or any of the people mentioned within your household disabled, or have any medical condition? Yes  No  (IF 'NO', PLEASE GO TO SECTION D)

If 'Yes', please provide details

Name	Illness/Disability	Are they registered disabled?
		Yes / No
		Yes / No
		Yes / No

**C2.** Please explain what aspects, if any, of your/their current accommodation affects these problems?

**C3.** Does any member of the household use a wheelchair? Yes  No

If 'Yes', who? \_\_\_\_\_

**C4.** Does the person named above require a property adapted for a wheelchair user? Yes  No

**C5.** Does the person named above receive support from an outside agency (for example, a social worker or health visitor)? Yes  No

If 'Yes', please give details (organisation, name, address, job title)

**C6.** Who is your doctor? Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

#### PLEASE NOTE

Housing points for medical circumstances can only be awarded where housing conditions severely affect health. Assessments will be made by the Community Physician. Do you require us to send you a Medical Questionnaire? Yes  No

### SECTION D – OTHER INCOME

**D1.** Please give details of any benefits / unearned income your household receives and indicate whether received **Weekly**, **Fortnightly** or **Monthly**:

Income Support	£..... Per W/F/M	Working Tax Credit	£..... Per W/F/M
Child Benefit	£..... Per W/F/M	Job Seekers Allowance	£..... Per W/F/M
Incapacity Care Allowance	£..... Per W/F/M	Incapacity Benefit	£..... Per W/F/M
Disability Living Allowance	£..... Per W/F/M	State Pension	£..... Per W/F/M
Child Tax Credit	£..... Per W/F/M	Other	£..... Per W/F/M

If 'Other', please give details i.e. private pensions, child maintenance, rent etc

**D2.** Please give details of any savings or investments you and your partner have:

Total amount: £..... Annual income (from investments): £.....

**D3.** Has any member of your household previously owned a property? Yes  No

If 'Yes', please give details:

When was it sold? \_\_\_\_\_ How much did you receive after repayment of mortgages, loans and sale expenses? £.....

What was the reason for the sale?

**SECTION E – PRESENT HOUSING**

**E1.** Please tick **one** circle to show your current housing situation:

- |                                     |                       |                               |                       |
|-------------------------------------|-----------------------|-------------------------------|-----------------------|
| Housing Association tenant          | <input type="radio"/> | Tenant of a local authority   | <input type="radio"/> |
| Tenant of a private landlord        | <input type="radio"/> | Private Sector Leasing (PSL)  | <input type="radio"/> |
| Hostel, refuge or bed and breakfast | <input type="radio"/> | No fixed abode                | <input type="radio"/> |
| Prison                              | <input type="radio"/> | Living with friends or family | <input type="radio"/> |
| Tied Accommodation                  | <input type="radio"/> | Hospital or nursing home      | <input type="radio"/> |
| Armed forces accommodation          | <input type="radio"/> | Lodger                        | <input type="radio"/> |
| Owner occupier                      | <input type="radio"/> |                               |                       |

How much rent do you pay? £..... Is this paid: Weekly  Fortnightly  Monthly

Are you related to your landlord? Yes  No  If yes, please state how: \_\_\_\_\_

If applicable, please provide the following details of your landlord/Housing Association:

Name:		Address
Tel No:		
Tenancy start date:		

**E2.** If owner/occupier, please give following details: Estimated value of your property: £.....  
 Total mortgage you owe: £.....  
 Monthly mortgage payment: £.....

**E3.** Does any member of your household own any other property? Yes  No

If 'Yes', please give address:

Please explain why you are unable to reside in this property

**E4.** Do you receive any income from this property? Yes  No

If 'Yes', how much? £..... How often? \_\_\_\_\_

**E5.** Please tick **one** box below to show the type of property you live in:

- |                          |                       |                        |                       |                         |                       |
|--------------------------|-----------------------|------------------------|-----------------------|-------------------------|-----------------------|
| House                    | <input type="radio"/> | Flat                   | <input type="radio"/> | Bungalow                | <input type="radio"/> |
| Maisonette               | <input type="radio"/> | Bedsit                 | <input type="radio"/> | Hostel                  | <input type="radio"/> |
| Hospital or Nursing Home | <input type="radio"/> | Caravan or Mobile Home | <input type="radio"/> | Hotel                   | <input type="radio"/> |
| Refuge                   | <input type="radio"/> | Bed and Breakfast      | <input type="radio"/> | Prison or Remand Centre | <input type="radio"/> |
- Other (please give details) \_\_\_\_\_

**E6.** Do you live in a property where adaptations have been carried out? Yes  No

If 'Yes', please give details: \_\_\_\_\_

**E7.** If you live in a flat, maisonette or bedsit, what floor is your accommodation on?

- Basement  Ground Floor  Above

**E8.** If **above ground floor**, please state which floor: \_\_\_\_\_

**E9.** Is there a lift you can use? Yes  No

**E10.** Do you use stairs to access your property? Yes  No

**E11.** Please indicate which facilities you have and do you share with anyone not included in your household

Please indicate how many of each	Number in total	Your Use	Shared
Bedrooms			Y/N
Living room			Y/N
Kitchen or cooking facilities			Y/N
Bathroom			Y/N
Toilet (inside)			Y/N
Toilet (outside)			Y/N

**E12.** If sharing accommodation, please provide details of other people residing at the property:

Title	First Name	Surname	Date of Birth	Relationship to you

**E13.** Besides the people named above are there any other households in the building who share the same facilities? (i.e. Bathroom, Toilet, Kitchen etc \*see Guidance Notes) Yes  No

**E14.** Do you use stairs to get to your toilet? Yes  No

**E15.** Do you have a hot water supply? Yes  No

**E16.** Do you have access to an enclosed garden? Yes  No

**E17.** Please describe any structural defects in the property, or if it is in bad repair, damp, exceptionally hard to heat, or is any part of it in dangerous condition? (an Environmental Health or Housing Officer may check this)

**E18.** Is your heating: Gas  Electric  Solid Fuel  Night Storage  Calor Gas

Type: Full central  Heating in one room only  No heating  Other: \_\_\_\_\_

**E19.** Are you under threat from harassment or domestic violence? Yes  No

**E20.** Have you been asked to leave your current home? Yes  No  - if no go to Section F

**E21.** Please explain why you can no longer remain in your present home

**E22.** Have you previously made a homeless application with Teignbridge District Council?

Yes  No

**If you have received Notice to leave your current property, please contact the Housing Options Team on 01626 215338 as soon as possible to discuss your situation and to offer you advice and assistance**

### SECTION F – HOUSING REQUIREMENTS

**F1.** Where in Teignbridge do you want to live? \_\_\_\_\_

**F2.** What is your local connection to this area?

Place of birth  Place of upbringing  Employment  Current residence  Family  None

**F3.** Please indicate your other area(s) or preference – **PLEASE NOTE – Some areas do not currently have social rented housing but by identifying your preferred area, we can use this to aid in any further developments**

1	Abbotskerswell		18	Dunsford		35	Moretonhampstead	
2	Ashburton		19	Exminster		36	Netherton/Coombe	
3	Bickington		20	Heathfield		37	Newton Abbot	
4	Bishopsteignton		21	Hennock		38	North Bovey	
5	Bovey Tracey		22	Ide		39	Ogwell	
6	Bridford		23	Ideford		40	Shaldon	
7	Broadhempston		24	Ilsington		41	Shillingford St. George	
8	Buckfast		25	Ipplepen		42	Starcross	
9	Buckfastleigh		26	Kenn		43	Stokenteignhead	
10	Christow		27	Kennford		44	Tedburn St. Mary	
11	Chudleigh		28	Kenton		45	Teigngrace	
12	Chudleigh Knighton		29	Kingskerswell		46	Teignmouth	
13	Coffinswell		30	Kingsteignton		47	Whitestone	
14	Dawlish		31	Liverton		48	Widecombe in the Moor	
15	Denbury		32	Longdown		49	Woodland	
16	Doddiscombesleigh		33	Lustleigh				
17	Dunchideock		34	Manaton				

**F4.** Would you like to be considered for supported accommodation for medical needs Yes  No

**F5.** Are you interested in shared ownership? (\*\* see guidance notes) Yes  No

If yes, please tell us what your gross annual income is £ ..... 1<sup>st</sup> Applicant

£ ..... 2<sup>nd</sup> Applicant

**F6.** Would you take a first floor flat or above without a lift? Yes  No

**Please use a separate piece of paper to inform us of any further information regarding your situation or requirements**

You will normally be considered for nomination to any one of our partner organisations listed below. If you cannot be nominated to a specific landlord, please indicate which one(s) on the table below:

Devon Community Housing Society		Sovereign Housing Association	
Devon and Cornwall Housing Association		Teign Housing	
Hastoe Housing Association		Tor Homes	
Sanctuary Housing Association		Westcountry Housing Association	
Sarsons		Western Challenge Housing Association	
Signpost Housing Association		William Sutton Trust	

Please explain why you cannot be nominated to this particular organisation

**DECLARATION AND AUTHORISATION**

If you have a relative working in or representing any of the Partner Associations or the District Council, you must declare this: Yes  No  If 'Yes', please provide details:

Name: \_\_\_\_\_ Which organisation? \_\_\_\_\_

I/We hereby declare that the information given on this form is to the best of my/our knowledge correct and I/we agree to Teignbridge District Council and any of the Partner Housing Associations making any enquiries it feels necessary to clarify or check the information I/We have given on our application. I/We understand that if a false statement comes to light after an offer of accommodation has been made, this may result in my/our having to give up the tenancy.

Any falsehood or misleading information used in conjunction with a homelessness application may result in action under section 214 of the Housing Act 1996 by the Authority.

**If you would like the application to be made in the joint names of both yourself and your partner, then please note that both signatures are required.**

Signed:.....Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signed:.....Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Thank you for completing this form. The more we know about you and your housing needs, the better we can assess your circumstances. This form will be registered by Teignbridge District Council on behalf of the Joint Register Partnership and you will receive a registration notification within 28 days. All future enquiries should be addressed to Teignbridge District Council.

The information you have provided will be held on a computerised system under the Data Protection Act 1998.

For office use only						
Application type:	Homeless		Transfer		General	
Med Form Sent		S/O details sent		EHO request		
Input by		Notes:				
Input date						
G/Housing/All Lettings/Register of Housing Need App/amended 09.10.07						