

THE BUCKINGHAMSHIRE HOUSING ASSOCIATION LIMITED

I am applying for:

- Sheltered Housing – St Hugh’s Close, Stokenchurch**

Sheltered housing is specifically designed for people aged 60 years or over.

Please note: St Hugh’s Close operates a no pets policy

[Please read the guidance notes on page two carefully before completing this application.](#)

Checklist

Please ensure you send us copies of all the supporting information we ask for. We cannot process your application without it.

This includes:

- ✓ **Proof of identity** – e.g. a photocopy of you and your partner’s birth certificates, passports, or driving licenses.
- ✓ **Proof of where you live** – e.g. a copy of your tenancy agreement, bank statement, utility bill, employment contract.

GUIDANCE NOTES – PLEASE READ THESE FIRST

General points

- Please complete the form in ink using capital letters.
- Where a yes/no answer are required, please complete as appropriate. If a tick is required please put a tick in the appropriate box.
- Please read the questions carefully and answer all the questions that apply to you. If you do not fill in the form properly or give us all the information we need, we will need to return it to you and this will delay your application.
- If you need more space for an answer, please attach further sheets of paper as necessary.
- Once you are on the register, we will write to you to confirm your registration and the other details that you will need. Please keep the letter you receive in a safe place.
- **Please keep us informed of any change in your circumstances (such as a change of address), as this will affect your status on the register or failure to do so may result in your application being closed. We will write to you annually to see if you wish to remain on the register.**

If you need help to complete this form please contact the **Housing Management Team on 01494 480340.**

Declaration

Please read the declaration at the end of this form carefully and then sign it. If it is a joint application, both applicants need to sign. The form should then be sent to **The Buckinghamshire Housing Association Ltd, Unit 4, Stokenchurch Business Park, Ibstone Road, Stokenchurch, High Wycombe, Bucks. HP14 3FE.** Please ensure that you have included copies of all the relevant supporting information we have asked for.

Data Protection Act 1998

All the information you give on this form will be placed on the Buckinghamshire Housing Association Limited's Register. You have a right to see information kept on file about your application and to ask for any inaccurate information to be removed.

WAITING LIST APPLICATION FORM

YOU MUST COMPLETE ALL SECTIONS, PLEASE USE BLOCK CAPITALS

1. Personal Details:	
Applicant 1	Applicant 2
Title (Mr/Mrs/Ms/Miss/Other – <i>please state</i>):	Title (Mr/Mrs/Ms/Miss/Other – <i>please state</i>):
Surname:	Surname:
First name(s):	First name(s):
Date of birth:	Date of birth:
Address:	Address:
Postcode:	Postcode:
Tel. No. (home):	Tel. No. (home):
Tel. No. (work):	Tel. No. (work):
Tel. No. (mobile):	Tel. No. (mobile):
E-mail address:	E-mail address:
National Insurance number:	National Insurance number:
Date you moved into current home:	Date you moved into current home:
Do you live in (please tick) <ul style="list-style-type: none"> <input type="radio"/> House <input type="radio"/> Maisonette <input type="radio"/> Sheltered Accommodation <input type="radio"/> Bungalow <input type="radio"/> Bedsit 	Do you live in (please tick) <ul style="list-style-type: none"> <input type="radio"/> Bungalow <input type="radio"/> Maisonette <input type="radio"/> Sheltered Accommodation <input type="radio"/> House <input type="radio"/> Bedsit
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Other (please specify):

2. Details of additional people to be housed with you as part of your housing application:

Title	Surname	First name	Gender M/F	Relationship to applicant	Date of birth	Address if different to applicant
				APPLICANT		

a) Is anyone listed above not living with you? If YES, who is it and where are they living? YES/NO

Name: _____

Address: _____

Why are they not able to live with you? _____

b) Does/Has anyone included in your application own/owned a residential property? If YES, who is it and where are they living? YES/NO

Name: _____

Address: _____

Is the property still owned/sold, etc? Please give details: _____

3. Disability

- a) Does any person included in your application have a disability (learning or physical), mobility or mental health problems that need specialised or adapted accommodation? YES/NO

If YES, please give details, e.g. wheelchair dependent, partially sighted, unable to use a bath, etc.

- b) Is your current accommodation affecting your health or the health of a member of your household (your household only consists of family members due to move with you)? YES/NO

If YES, we will send you a **'Medical Form'** which you will need to fill in. The information you give on this form will help to assess your priority for rehousing.

You will need to complete a separate medical form for each person in your household whose health is affected by your accommodation.

IF YOU REQUIRE MORE THAN ONE FORM, PLEASE TELL US HOW MANY YOU NEED

4. Details of your current accommodation:

- a) Which best describes your current housing situation?

- | | |
|---|--|
| <input type="radio"/> Council Tenant | <input type="radio"/> Owner |
| <input type="radio"/> Living with relatives | <input type="radio"/> Housing Association Tenant |
| <input type="radio"/> Private Tenant- Name & address of landlord as a reference will be sought: | <input type="radio"/> Lodger |
| <input type="radio"/> Mobile Home/Caravan | <input type="radio"/> Other (please specify, e.g. tied accommodation): |

- b) What kind of accommodation are you living in?

- | | |
|-----------------------------------|---|
| <input type="radio"/> House | <input type="radio"/> Flat |
| <input type="radio"/> Bungalow | <input type="radio"/> Hostel |
| <input type="radio"/> Maisonette | <input type="radio"/> Bed & Breakfast |
| <input type="radio"/> Studio Flat | <input type="radio"/> Mobile home/caravan |

- c) How many bedrooms are there in your current property?

d) How many bedrooms do you and the other people on the application have for your **sole use**?

- | | |
|-----------------------------------|--------------------------|
| <input type="radio"/> None | <input type="radio"/> 3 |
| <input type="radio"/> Studio Flat | <input type="radio"/> 4 |
| <input type="radio"/> 1 | <input type="radio"/> 4+ |
| <input type="radio"/> 2 | |

e) Do you have access to any of the following facilities?

	Tick if you have access to them	Tick if you share them
Living room	<input type="radio"/>	<input type="radio"/>
Toilet	<input type="radio"/>	<input type="radio"/>
Bath or shower room	<input type="radio"/>	<input type="radio"/>
Hot water supply	<input type="radio"/>	<input type="radio"/>
Kitchen and cooking facilities	<input type="radio"/>	<input type="radio"/>
Electricity Supply	<input type="radio"/>	<input type="radio"/>

f) If you share facilities, please say who you share them with and how they are related to you:

Name of the person you share facilities with:

Relationship to you:

YOU MUST COMPLETE THIS SECTION

5. Previous Addresses

Please give details of **all** your previous addresses for the last 5 years, including your current one and any abroad:

Name and address of your current landlord :

Address:	Date from:	Date to:	Type of tenure (tenant/owner/lodger/ living with relatives, etc):	Reason for leaving:
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Applicant:				
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Spouse/Partner:				
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6. Work Status:

a) Please tick the appropriate box:

Status	Applicant:	Spouse/ Partner:	Status	Applicant:	Spouse/ Partner:
Full-time work	<input type="checkbox"/>	<input type="checkbox"/>			
Part-time work	<input type="checkbox"/>	<input type="checkbox"/>			
Government training	<input type="checkbox"/>	<input type="checkbox"/>	Long term sick	<input type="checkbox"/>	<input type="checkbox"/>
Job seeker	<input type="checkbox"/>	<input type="checkbox"/>	Disabled	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

b) Current employment history:

Employment details:	Applicant:	Spouse/Partner:
Employer's name:		
Employer's address:		
Employer's tel. no:		
Total income:	£	per year
	£	per year
How long have you been employed there?		
Are you employed full-time or part-time?		

7. Reasons for Application

a) What are your reasons for wanting to be housed? Please tick all the reasons that apply:

- Have official Eviction order/Notice to Quit (please supply a copy)
- Asked to leave by family/friends
- End of Tied tenancy
- Relationship breakdown
- To escape domestic violence
- To escape sexual or racial harassment
- In need of Sheltered Housing
- Threat of violence from outside the home
- Neighbour problems
- Accommodation too small or too large
- Health reasons
- Leaving hospital/care home
- Leaving HM Forces
- Due to be released from prison

8. Immigration Control

Are you, your partner or anyone else on your application subject to immigration control? YES NO

If YES, you will need to provide us with a copy of your status papers. We will only be able to accept your application if:

You have refugee status	<input type="checkbox"/>
You have been granted exceptional leave to remain and are not subject to a “no recourse to public funds” condition or	<input type="checkbox"/>
You have been granted indefinite leave to remain and not subject to any limitation or condition. You have obtained leave on the basis of a sponsorship undertaking and have been resident in the UK for less than five years or unless your sponsor has died.	<input type="checkbox"/>

9. Sex Offenders Act

Have you, or anyone included in your application, been convicted under the Sex Offences Act 1997 and placed on the Sex Offenders register? YES NO

If YES, please give details and dates:

10. Other Information

Have you or the other applicants ever worked for Bucks HA? YES NO

If YES, please give details including type of employment and dates employed:

Have you or the other applicants ever been a committee or board member for Bucks HA? YES NO

If YES, please give details.

Are you or any of the other applicants related to The Buckinghamshire Housing Association Ltd staff, board or committee member?

YES

NO

If YES, please give details.

DECLARATION

I DECLARE THE FOREGOING STATEMENT AND PARTICULARS TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Please note that it is an offence to deliberately attempt to mislead the Association for the purpose of obtaining a tenancy and this may invalidate this application and any future tenancy granted on the basis of the information supplied in this application).

In order to assess your housing application and help us deliver efficient services, we need to collect relevant personal details. We comply with the Data Protection Act 1998 when dealing with personal data. This means that your personal data will be processed in accordance with the law. Please note we may share personal data with other organisations where appropriate.

By signing this form you are consenting to The Buckinghamshire Housing Association Limited processing your personal data. If this is a joint application, both applicants need to sign.

Applicant 1

Signed

Dated

Applicant 2

Signed

Dated

ETHNIC ORIGIN

The Buckinghamshire Housing Association Ltd treats all applicants equally on their merits, without regard to race, creed or colour. To enable us to ensure that this policy is carried out, wherever possible, we keep records of the ethnic origin of all applicants.

EQUAL OPPORTUNITIES

The following question relates to your ethnic origin. The information is needed only to ensure that all applications receive equal treatment regardless of race, colour, ethnic or national origin. Your application will not be prejudiced in any way if you do not answer this question.

I would describe my ethnic or national origin as follows (*please tick one box for yourself and one for your spouse/partner*):

Ethnic origin				Ethnic origin			
		Applicant:	Spouse/ Partner:			Applicant:	Spouse/ Partner:
White:				Black or Black British:			
British	01	<input type="checkbox"/>	<input type="checkbox"/>	Caribbean	05	<input type="checkbox"/>	<input type="checkbox"/>
Irish	02	<input type="checkbox"/>	<input type="checkbox"/>	African	04	<input type="checkbox"/>	<input type="checkbox"/>
Other	03	<input type="checkbox"/>	<input type="checkbox"/>	Other	06	<input type="checkbox"/>	<input type="checkbox"/>
Mixed:				Chinese or other ethnic group:			
White & Black Caribbean	12	<input type="checkbox"/>	<input type="checkbox"/>	Chinese	15	<input type="checkbox"/>	<input type="checkbox"/>
White & Black African	11	<input type="checkbox"/>	<input type="checkbox"/>	Other	16	<input type="checkbox"/>	<input type="checkbox"/>
White & Asian	13	<input type="checkbox"/>	<input type="checkbox"/>	Refuse to answer	17	<input type="checkbox"/>	<input type="checkbox"/>
Other	14	<input type="checkbox"/>	<input type="checkbox"/>				
Asian or Asian British:				What is your first language?			
Indian	07	<input type="checkbox"/>	<input type="checkbox"/>	Applicant:			
Pakistani	08	<input type="checkbox"/>	<input type="checkbox"/>	Spouse/Partner:			
Bangladeshi	09	<input type="checkbox"/>	<input type="checkbox"/>				
Other	10	<input type="checkbox"/>					