



HOUSING APPLICATION FORM

Please complete and return this form to:

Customer Access Service

Newark and Sherwood Homes
Castle House, Great North
Road, Newark, Notts
NG24 1BY

To enquire about your application please
contact:

Telephone: **0845 258 5550**

Email: **housing@nshomes.co.uk**

Website **www.nshomes.co.uk**

If you need help filling in this form please contact us.

**You can also get housing advice from independent advice agencies
such as the Citizens Advice Bureau (CAB) or locally at Framework.**

**If you would like this document in another language or format, or if
you require the services of an interpreter, please contact us.**



Prosimy skontaktować się z nami, jeśli chciał(a)by Pan(i) uzyskać ten dokument w innym języku lub formacie albo też potrzebuje Pan(i) skorzystać z usług tłumacza ustnego.

本文件可以翻译为另一语文版本，或制作成另一格式，如有此需要，或需要传译员的协助，请与我们联系。

Se gostaria de ter este documento noutra idioma ou formato, ou se necessita de um intérprete, contacte-nos.

(Polish)

(Mandarin)

(Portuguese)



Signing



The Big Word
Translation Services



Audio Tape

V.8

Newark and Sherwood Homes Housing Application

All the information you give us will be placed on our Housing Register database. Newark and Sherwood Homes may share this information with Housing Associations or other Social Landlords who could help re-house you. We may also take references from previous landlords.

You have the right to see the information kept on file about your application and to ask for any inaccurate information to be removed.

Easylet

We operate a Choice Based Lettings Scheme called Easylet. All applications for housing are assessed and placed in one of four bands (1,2,3 or 4) depending on your housing need. Priority for housing is decided first by this priority band, then by local connection to Newark and Sherwood and then by the date your priority was awarded. A copy of the Newark and Sherwood District Council Choice Based Lettings Policy is available on our website www.nshomes.co.uk or on request from any of our offices.

With Easylet all properties are advertised and you have to bid to tell us which properties you are interested in. Except in emergency priority cases, all available properties are allocated in this way.

You can make bids through the Newark and Sherwood Homes website – **www.nshomes.co.uk**, by text message, by telephone using the bidding lines, in person at one of our offices or by letter.

We will send you further information about how to use the scheme once your application has been accepted.

Exclusions

Newark and Sherwood Homes reserves the right not to allocate to individual applicants who have been guilty of unacceptable behaviour, behaved violently, abusively or otherwise anti socially, owe rent arrears or other monies relating to rechargeable repairs.

Guidance

- Please complete the form in ink
- Where a yes or no answer is required, please tick the appropriate box.
- Please read the questions carefully and answer all the questions that apply to you.
- If you need more space to answer please use the blank sheet at the end of the form.
- Once on the housing register we will write to you to give you your registration number and details of how to bid for properties.
- Please keep us informed of any change to your circumstances (such as change of address or additions to your household etc) as this may affect your chances of being housed.

If you need help to complete the form please contact the Customer Access Team on **0845 258 5550** or visit one of our Local Offices.

Are you: (Please tick)

- Transfer applicant** – a tenant of Newark and Sherwood District Council wishing to move to another property. If you are successful you will be required to give notice consistent with the terms of your tenancy agreement.
- Changing Places** – a tenant of Newark and Sherwood District Council living in a property of 3 or more bedrooms wishing to move to smaller accommodation of 1 or 2 bedrooms
- Giving up an adapted property** – a tenant of Newark and Sherwood District Council living in a specially built or adapted property who no longer needs these facilities.
- General applicant** – anyone else - e.g. owner occupier, renting privately, renting from another council or housing association, living with family or friends, living in temporary accommodation, homeless or applying for housing for the first time

I am applying for:

- General needs / family housing**
- Supported housing – you may be eligible for supported housing if:**
- you or your partner are 60 years of age or over,
 - a member of your family is over 60 years of age and wishes to be housed with you or
 - you or a member of your family is under 60 years with a proven mobility, medical or disability need (may be considered for some supported housing)
- Vale View, Newark – Sheltered Housing with Support**
You may be eligible for a 1 bedroom flat with 24 hour support if you are over 60 years of age or younger with a disability. Additional facilities include laundry, meal service and social activities. Further assessment may be required. An additional service charge applies.

This is a:

New Application **Change in Circumstances**

- Are you homeless or likely to become homeless in the next 28 days?** Your details will be passed to Newark and Sherwood District Council Housing Options Team for further help and advice.

1. Your Details

Applicant

Joint Applicant

Mr/Mrs/Miss/Ms

Mr/Mrs/Miss/Ms

Surname

First Name(s)

Nickname / Also known as

Previous surname

Date of birth

National Insurance Number

Current address

Postcode

Date moved in

If you would like us to write to you at a different address please give details here

Contact Details

Home telephone number

Work telephone number

Mobile telephone number

Email address

Please state preferred contact method eg. Mobile or email

Equal Opportunities Monitoring

Newark and Sherwood Homes actively seeks to achieve equality of opportunity and embraces the diversity of staff, residents and its communities. We believe that no person should be disadvantaged or discriminated against on the basis of their age, disability, gender, transgender, race, religion or belief, or sexual orientation. In order to achieve this, please could you provide us with answers to the following questions. The following information will be treated in the strictest confidence and is optional.

How would you describe your ethnic origin?

Ethnic Origin	Applicant	Joint Applicant
White British	<input type="checkbox"/>	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	<input type="checkbox"/>
White Other	<input type="checkbox"/>	<input type="checkbox"/>
Mixed:		
White and Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>	<input type="checkbox"/>
Mixed Other	<input type="checkbox"/>	<input type="checkbox"/>
Indian	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
Asian Other	<input type="checkbox"/>	<input type="checkbox"/>
Black:		
Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
African	<input type="checkbox"/>	<input type="checkbox"/>
Black Other	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>
Romany Gypsy	<input type="checkbox"/>	<input type="checkbox"/>
Irish Traveller	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)	<input type="text"/>	

How would you describe your nationality?

Nationality	Applicant	Joint Applicant
UK National Resident in UK	<input type="checkbox"/>	<input type="checkbox"/>
UK National returning from residence from overseas	<input type="checkbox"/>	<input type="checkbox"/>
A8 Accession State -Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovenia, Slovakia A2 State – Bulgaria, Romania (Please state)	<input type="text"/>	<input type="text"/>
Other European Economic Area country (please state)	<input type="text"/>	<input type="text"/>
Any other country (please state)	<input type="text"/>	<input type="text"/>

How would you describe your sexual orientation?

Sexual Orientation	Applicant	Joint Applicant
Heterosexual	<input type="checkbox"/>	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>	<input type="checkbox"/>
Gay man	<input type="checkbox"/>	<input type="checkbox"/>
Gay woman/Lesbian	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

How would you describe your religion/belief?

Religion/Belief	Applicant	Joint Applicant
Christian	<input type="checkbox"/>	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	<input type="checkbox"/>
Sikh	<input type="checkbox"/>	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

Would you describe yourself as?

Disability	Applicant	Joint Applicant
Blind	<input type="checkbox"/>	<input type="checkbox"/>
Partially sighted	<input type="checkbox"/>	<input type="checkbox"/>
Physical Coordination difficulties	<input type="checkbox"/>	<input type="checkbox"/>
Profoundly deaf	<input type="checkbox"/>	<input type="checkbox"/>
Partial Hearing	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair User (full)	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair User (partial)	<input type="checkbox"/>	<input type="checkbox"/>
Learning Difficulties	<input type="checkbox"/>	<input type="checkbox"/>
Speech Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Limited Mobility	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>
No disability	<input type="checkbox"/>	<input type="checkbox"/>

Other (please state)

Gender

	Applicant	Joint Applicant
Male	<input type="checkbox"/>	<input type="checkbox"/>
Female	<input type="checkbox"/>	<input type="checkbox"/>
Transgender		
Would you identify yourself as Transgender?	<input type="checkbox"/>	<input type="checkbox"/>

2. Other people to be housed

Surname	First Name(s)	Title	Male / Female	Date of birth	Relationship to You	Access Arrangements - Number of days

If you have access to children we will need to see proof –see section12

Is anyone on your application expecting a baby?

Yes No

When is the baby due?

Please provide proof – see section 12 for details

3. Your Needs

Do you have

Difficulty with reading

Difficulty with writing

Would you like correspondence from Newark and Sherwood Homes in another format?

Yes No ***If yes please tick preference below***

Translation into first language

Verbal interpretation into first language

Large Print English

Large Print First Language

Braille

Audio CD

Audio Cassette

Type Talk/Text Relay/Minicom

British Sign Language Interpretation

If English is not your first language, what language do you use to communicate?

Do you or anyone named on your application need support for the following reasons:

Mental Health problems

Drug and Alcohol Misuse

Domestic Violence

Learning Disabilities

Physical Disabilities

Sensory disabilities

Young Person

Leaving Care

Refugee

Other

Who needs this support?

Do you or anyone named on your housing application receive any of the following support:

	Applicant	Joint Applicant
Social Worker	<input type="checkbox"/>	<input type="checkbox"/>
Health Visitor	<input type="checkbox"/>	<input type="checkbox"/>
Community Psychiatric Nurse	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Therapist	<input type="checkbox"/>	<input type="checkbox"/>
Support/Resettlement Worker	<input type="checkbox"/>	<input type="checkbox"/>
Probation Service	<input type="checkbox"/>	<input type="checkbox"/>
Drug/Alcohol Worker	<input type="checkbox"/>	<input type="checkbox"/>
Educational Psychologist	<input type="checkbox"/>	<input type="checkbox"/>
Name and telephone number of Support Worker	<input type="text"/>	<input type="text"/>
Who has this support?	<input type="text"/>	<input type="text"/>

Do you or any member of your household have any medical problems which may affect your choice of housing? Yes No ***If yes, we will send you a detailed medical questionnaire for you to complete.***

Are you:	Applicant	Joint Applicant
Employed	<input type="checkbox"/>	<input type="checkbox"/>
Self Employed	<input type="checkbox"/>	<input type="checkbox"/>
Employee - please tell us your occupation	<input type="text"/>	<input type="text"/>
Job seeker	<input type="checkbox"/>	<input type="checkbox"/>
Not Seeking Work	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>
In Full time Education	<input type="checkbox"/>	<input type="checkbox"/>
HM Forces? Date of discharge	<input type="text"/>	<input type="text"/>
Farm Worker (To be housed under the Rent (Agricultural) Act 1976	<input type="checkbox"/>	<input type="checkbox"/>

Where would you prefer to be housed in the Newark and Sherwood Area?

	Applicant	Joint Applicant
Please add name/s of towns/villages	<input type="text"/>	<input type="text"/>

Do you have a connection to the area you wish to live in? (Please tick)

	Applicant	Joint Applicant
I live there	<input type="checkbox"/>	<input type="checkbox"/>
I used to live there (please state address and date)	<input type="text"/>	<input type="text"/>
I have a permanent job in the area (please provide proof - see section 12)	<input type="checkbox"/>	<input type="checkbox"/>
I have family in the area (please provide details)	<input type="text"/>	<input type="text"/>
I am serving in the Armed Forces (please provide proof- see section 12)	<input type="checkbox"/>	<input type="checkbox"/>
Other Connection	<input type="text"/>	<input type="text"/>

4. Eligibility for council housing

Residency Status	Applicant	Joint Applicant
Are you?		
A British Citizen	<input type="checkbox"/>	<input type="checkbox"/>
A European Union National	<input type="checkbox"/>	<input type="checkbox"/>
An Accession State National	<input type="checkbox"/>	<input type="checkbox"/>
A Commonwealth Citizen	<input type="checkbox"/>	<input type="checkbox"/>
An Asylum Seeker	<input type="checkbox"/>	<input type="checkbox"/>
A Refugee	<input type="checkbox"/>	<input type="checkbox"/>
Other, please state	<input type="text"/>	<input type="text"/>

If you are subject to immigration control we need to see your status papers. We can only accept your application if:

- You have refugee status
- You have been granted exceptional leave to remain and are not subject to a 'no recourse to public funds' condition
- You have been granted indefinite leave to enter or remain, not subject to any limitation or condition (settled status)
- You provide your worker registration card and proof of current employment if you are a citizen from an Accession State

We will need to see supporting documents to process your application, please see section 12.

5. Your current Home

Have you been asked to leave your current home?

Yes No

If yes, why?

By what date?

Please supply copy of Notice to Quit or repossession order – see Section 12

What type of property do you live in?

	Applicant	Joint Applicant
House	<input type="checkbox"/>	<input type="checkbox"/>
Bungalow	<input type="checkbox"/>	<input type="checkbox"/>
Flat (Please state basement, ground floor, first floor etc)	<input type="checkbox"/>	<input type="checkbox"/>
Is there a lift available?	<input type="checkbox"/>	<input type="checkbox"/>
Bedsit	<input type="checkbox"/>	<input type="checkbox"/>
Maisonette	<input type="checkbox"/>	<input type="checkbox"/>
Hostel	<input type="checkbox"/>	<input type="checkbox"/>
Hospital	<input type="checkbox"/>	<input type="checkbox"/>
Supported Housing	<input type="checkbox"/>	<input type="checkbox"/>
Room in shared house	<input type="checkbox"/>	<input type="checkbox"/>
No Fixed Abode	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Home/Caravan	<input type="checkbox"/>	<input type="checkbox"/>
Care Home	<input type="checkbox"/>	<input type="checkbox"/>
Prison	<input type="checkbox"/>	<input type="checkbox"/>

Are you: (Please Tick)

The Owner Occupier	<input type="checkbox"/>	<input type="checkbox"/>
Living in Shared Ownership (Part Rent/ Part Buy)	<input type="checkbox"/>	<input type="checkbox"/>
Council Tenant	<input type="checkbox"/>	<input type="checkbox"/>
Housing Association Tenant	<input type="checkbox"/>	<input type="checkbox"/>
Tenant of Private Landlord/ Tied Accommodation (where accommodation is a condition of your employment)	<input type="checkbox"/>	<input type="checkbox"/>

Landlords name and address:

Living with family	<input type="checkbox"/>	<input type="checkbox"/>
Living with friends	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please state)	<input type="text"/>	<input type="text"/>

How many bedrooms do you have?

Who sleeps in each – include names, ages and relationship to you

Bedroom 1

Bedroom 2

Bedroom 3

Bedroom 4

Do you think you are living in overcrowded conditions? Yes No

Please give details

Your details may be passed to Environmental Services at Newark & Sherwood District Council to consider an assessment of the overcrowding pursuant to the Housing Act 2004

Please tick if you have the following facilities in your home?

	Applicant	Joint Applicant
Hot Water	<input type="checkbox"/>	<input type="checkbox"/>
Heating	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>
Internal Toilet	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom/Shower	<input type="checkbox"/>	<input type="checkbox"/>

Is your property in a good state of repair?

Yes No

If no, please give details

Your details will be passed to Environmental Services at Newark and Sherwood District Council to consider an assessment of the condition of the property pursuant to the Housing Act 2004

Has your property been adapted or improved for a person with disabilities?

Yes No

If yes please give details of adaptations

6. Previous Homes

How long have you lived at your present address?

If you have lived here less than 5 years, please could you tell us about previous addresses:

	Applicant	Joint Applicant
Address 1	<div style="border: 1px solid black; height: 50px;"></div>	<div style="border: 1px solid black; height: 50px;"></div>
Dates at that address	<div style="border: 1px solid black; padding: 2px;">_/_/_/ to _/_/_/</div>	<div style="border: 1px solid black; padding: 2px;">_/_/_/ to _/_/_/</div>
Tenant/owner/living with family/ other – details:	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Landlord name and address	<div style="border: 1px solid black; height: 70px;"></div>	<div style="border: 1px solid black; height: 70px;"></div>
Address 2	<div style="border: 1px solid black; height: 50px;"></div>	<div style="border: 1px solid black; height: 50px;"></div>
Dates at that address	<div style="border: 1px solid black; padding: 2px;">_/_/_/ to _/_/_/</div>	<div style="border: 1px solid black; padding: 2px;">_/_/_/ to _/_/_/</div>
Tenant/owner/living with family/ other – details:	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Landlord name and address	<div style="border: 1px solid black; height: 70px;"></div>	<div style="border: 1px solid black; height: 70px;"></div>

	Applicant	Joint Applicant
Address 3	<input type="text"/>	<input type="text"/>
Dates at that address	<input type="text" value="___/___/___ to ___/___/___"/>	<input type="text" value="___/___/___ to ___/___/___"/>
Tenant/owner/living with family/ other – details:	<input type="text"/>	<input type="text"/>
Landlord name and address	<input type="text"/>	<input type="text"/>

Have you ever been a tenant of a social landlord – Council or Housing Association?

	Applicant	Joint Applicant
Landlord and address where tenancy held	<input type="text"/>	<input type="text"/>
Dates	<input type="text" value="___/___/___ to ___/___/___"/>	<input type="text" value="___/___/___ to ___/___/___"/>

7. Assistance

Do you need an advocate (someone to assist you) to help you with applying for housing? Yes No

	Applicant	Joint Applicant
Their name	<input type="text"/>	<input type="text"/>
Relationship to you	<input type="text"/>	<input type="text"/>
Organisation	<input type="text"/>	<input type="text"/>
Contact address	<input type="text"/>	<input type="text"/>
Phone number	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>
Their consent (please sign)	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>
Your consent (please sign)	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>

8. Choice Based Lettings Advertisements

Would you like us to email you the property advertisement? Yes No

	Applicant	Joint Applicant
Please provide email address	<input type="text"/>	<input type="text"/>

9. Other Affordable Housing Options

Are you interested in Shared Ownership or in Low Cost Home Ownership? Yes No

Would you like to receive information on other housing options Yes No

Newark and Sherwood District Council have nomination rights with some Housing associations. Are you interested in being put forward for Housing Association vacancies? Yes No

10. Taking Part

Would you like to be involved in improving the service we provide to customers? This could be anything from a postal survey or attending meetings to give your opinion on how we develop the Easylet scheme. Yes No

11. Declaration

Do you have any criminal convictions other than those spent under the 1974 Rehabilitation of Offenders Act? Yes No

	Applicant	Joint Applicant
If yes details please:	<input type="text"/>	<input type="text"/>

Are you an employee of Newark and Sherwood Homes? Yes No

Are you a member of the Board at Newark and Sherwood Homes? Yes No

Are you an employee of Newark & Sherwood District Council? Yes No

Are you a local member at Newark & Sherwood District Council? Yes No

This information is needed to protect both you and Newark and Sherwood Homes against any allegation of favour or disadvantage.

Newark and Sherwood Homes may need to carry out certain checks to ensure that applicants for housing will be suitable tenants. We may check some of the information with other sources including other councils, Housing Associations or other government organisations. (This does not include the information supplied for Equal Opportunities). Information will be treated sensitively and confidentially within the terms of the Data Protection Act 1998. If you knowingly give us inaccurate or incomplete information we may cancel your housing application, take action to repossess your tenancy or take criminal proceedings against you.

Please read the following carefully and ask for advice if necessary before you sign and date the declaration.

I authorise Newark and Sherwood Homes to carry out the necessary checks to process my housing application and before offering me a tenancy.

I understand that Newark and Sherwood Homes may share my information with government agencies if the law allows this.

I will tell Newark and Sherwood Homes in writing if there is a change in my circumstances which affects my application or to request the deletion of my data.

I confirm that the information I have given is correct and complete.

Signed

Date

Print name

	Applicant	Joint Applicant
Signed	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>
Print name	<input type="text"/>	<input type="text"/>

12. Supporting Documents

Please tick the boxes to indicate which documents you are sending in with this application – Photocopies are acceptable. Please note that all original documents will be returned by standard Royal Mail delivery. **Applications will not be processed without supporting documents**

Proof of identification - Please provide one of the following for each applicant

	Applicant	Joint Applicant
Birth certificate	<input type="checkbox"/>	<input type="checkbox"/>
Passport	<input type="checkbox"/>	<input type="checkbox"/>
EU Identification card	<input type="checkbox"/>	<input type="checkbox"/>
Driving Licence	<input type="checkbox"/>	<input type="checkbox"/>

Proof of eligibility – please only provide those that apply to you:

For applicants with Refugee status or those granted Indefinite, Exceptional, Discretionary or Limited leave to remain in the UK please provide Home Office documents	<input type="checkbox"/>	<input type="checkbox"/>
For Nationals of the European Union please provide proof of current employment or proof of habitual residency	<input type="checkbox"/>	<input type="checkbox"/>
Accession State Nationals (Poland, Hungary, Slovenia, Slovakia, Czech Republic, Estonia, Lithuania, Latvia, Bulgaria and Romania) please provide worker registration documents and proof of current employment	<input type="checkbox"/>	<input type="checkbox"/>
Proof of impending homelessness eg. Notice to Quit from Landlord or letter of repossession from mortgage lender	<input type="checkbox"/>	<input type="checkbox"/>
Proof of pregnancy (doctors certificate or antenatal record)	<input type="checkbox"/>	<input type="checkbox"/>
Proof of residency of/access to children: For example - Child benefit award letter, Residency papers, Solicitors letter, Custody papers, Birth certificate (for children less than 8 weeks old)	<input type="checkbox"/>	<input type="checkbox"/>
Proof of Employment (including HM Forces) (to prove local connection – section 2)	<input type="checkbox"/>	<input type="checkbox"/>

13. Additional Information

