



BRENTWOOD HOUSING TRUST LTD.

Housing Application Form

PLEASE READ ALL QUESTIONS CAREFULLY BEFORE ANSWERING

IF YOU WANT ASSISTANCE IN COMPLETING THIS FORM PLEASE LET US KNOW

YOU

Title	Mr / Mrs / Miss / Ms / Other (Please state)		
Name		Date of Birth	
Address		Date that you moved into current address:	
Postcode		If you are of no fixed address please enter the date when you became homeless.	
National Insurance Number		Telephone No:	
e-mail address		Mobile No:	

YOUR PARTNER

Title	Mr / Mrs / Miss / Ms / Other (Please state)		
Name		Date of Birth	
Applicant 2 Address		Date that you moved into current address:	
Postcode		If you are of no fixed address please enter the date when you became homeless.	
National Insurance Number		Telephone No:	
e-mail address		Mobile No:	

Checklist – things you MUST provide

We will require proof of identity for everyone included in this application: preferably a passport or photo driving licence. Where neither are available a birth certificate,

We will also require proof of address dated within the last 3 months and National Insurance number for all adults included in the application.

Below is a list of documents which can be used for proof of address and / or National Insurance number; please tick the ones you are providing.

Benefit Agency Letter	<input type="checkbox"/>	P60	<input type="checkbox"/>
Utility Bill	<input type="checkbox"/>	Child Benefit Book	<input type="checkbox"/>
National Insurance Card	<input type="checkbox"/>	Medical Card	<input type="checkbox"/>
Wage Slip	<input type="checkbox"/>	Bank Statement	<input type="checkbox"/>
Driving Licence	<input type="checkbox"/>	Other	<input type="checkbox"/>

If 'other' please specify

Your housing application will not be accepted unless you provide both the necessary information and all evidence requested.

We will also require proof of residence for children included on your application.

Additional documentation may be requested, depending upon the information you provide on this form.

Please return this form to The Lodge, 28 St Thomas Road, Brentwood in person, bringing original documents with you. A member of staff will take copies of your documents before accepting your form.

We are committed to preventing and detecting all fraud. It is an offence under the Forgery and Counterfeiting Act 1981 to hold or present false documents such as birth certificates, passports, bank statements and so on, with a view to obtaining goods or services such as accommodation. If we detect fraud, we will take legal action against you.

It is a criminal offence for anyone to try to obtain accommodation by knowingly or recklessly giving a false statement or knowingly withholding information. Brentwood Housing Trust will seek possession of a tenancy that was granted as a result of a false statement.

Brentwood Housing Trust offers all new tenants a 12 month probationary tenancy. If the terms and conditions are breached in any way during the initial 12 month period, legal action will be taken to end your occupation.

1a. Eligibility

Under the Housing Act 1996 (as amended) we must make sure that you are eligible for housing. Please provide the following information for this purpose.

What is your nationality?	YOU	YOUR PARTNER		YOU	
UK national resident in UK	<input type="checkbox"/>	<input type="checkbox"/>	Slovakia	<input type="checkbox"/>	
UK National returning from residence overseas	<input type="checkbox"/>	<input type="checkbox"/>	Slovenia	<input type="checkbox"/>	
Czech Republic	<input type="checkbox"/>	<input type="checkbox"/>	Bulgaria	<input type="checkbox"/>	
Estonia	<input type="checkbox"/>	<input type="checkbox"/>	Romania	<input type="checkbox"/>	
Hungary	<input type="checkbox"/>	<input type="checkbox"/>	Other European Economic Area (EEA)*country	<input type="checkbox"/>	
Latvia	<input type="checkbox"/>	<input type="checkbox"/>	Any other Country	<input type="checkbox"/>	
Lithuania	<input type="checkbox"/>	<input type="checkbox"/>	Refused	<input type="checkbox"/>	
Poland	<input type="checkbox"/>	<input type="checkbox"/>			

*EEA countries are Austria, Belgium, Cyprus, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Malta, Netherlands, Portugal, Spain, Sweden, Iceland, Liechtenstein, Norway and Switzerland.

Have you, or any member of your household, ever lived outside the United Kingdom? Yes No

If 'yes', give details of where, when and who lived outside the United Kingdom

Name	Country	Date From	Date To	Type of Accommodation

What is your first language?

Do you require an interpreter? Yes No

A person is not eligible for housing if they are subject to immigration control, e.g. if they are a person from abroad who has not been given exceptional or indefinite leave to remain in this country.

Is anyone on this application subject to any form of immigration control? Yes No

If 'yes' please provide details below. You will also need to provide official confirmation of status.

Name	Current Status in the U.K. e.g. seeking asylum, granted limited leave to remain, visa for work / study etc.

1b. Eligibility

Have you applied to Brentwood Housing Trust for housing previously?

YOU

YOUR PARTNER

Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
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IF YES

Under what name were you registered?		
What was your address at the time of registration?		

Have you been housed by Brentwood Housing Trust previously?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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IF YES

What was the address that you occupied?		
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	YOU		YOUR PARTNER	
Has any action been taken against you or anyone on this application for anti-social behaviour?	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you or any member of your household, in the past, had an order of possession of your home or been evicted from the property?	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you or any member of your household had any outstanding debt relating to any tenancies in the past 5 years. For example rent arrears, court costs, rechargeable repairs?	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you or any member of your household been served with an injunction?	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>	No	<input type="checkbox"/>

2. Reason for applying to Brentwood Housing Trust

Please tick the box which best describes your reasons for applying to BHT (if you have one)

Brentwood resident for 6 out of the last 12 months	<input type="checkbox"/>
Havering resident for 6 out of the last 12 months	<input type="checkbox"/>
Brentwood resident for 3 out of last 5 years	<input type="checkbox"/>
Havering resident for 3 out of last 5 years	<input type="checkbox"/>
Permanent Employment in Brentwood	<input type="checkbox"/>
Permanent Employment in Havering	<input type="checkbox"/>
Close family member resident in Brentwood / Havering for 3 out of last 5 years N.B. By close family member we would normally mean a parent, child or sibling	<input type="checkbox"/>
Other Special Reason	<input type="checkbox"/>

If other reason please state:

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Although Brentwood Housing Trust has a 'No Pets' policy, we do allow certain animals in certain circumstances

Do you have any pets? **YES** **NO**

If you have answered YES please give details of the type and number of pets owned

Breed	Number	Breed	Number	Breed	Number

5. Your Current Accommodation

On what basis do you occupy your current home?			
	You	Your Partner	Name of Landlord (where appropriate)
Sheltered Accommodation for older people	<input type="checkbox"/>	<input type="checkbox"/>	
Living in property I own	<input type="checkbox"/>	<input type="checkbox"/>	
Living with friends or relatives	<input type="checkbox"/>	<input type="checkbox"/>	
Private Tenant	<input type="checkbox"/>	<input type="checkbox"/>	
Council Tenant	<input type="checkbox"/>	<input type="checkbox"/>	
Housing Association Tenant	<input type="checkbox"/>	<input type="checkbox"/>	
Residential Home	<input type="checkbox"/>	<input type="checkbox"/>	
Room in a Shared Property	<input type="checkbox"/>	<input type="checkbox"/>	
Member of Armed Forces	<input type="checkbox"/>	<input type="checkbox"/>	
In Prison	<input type="checkbox"/>	<input type="checkbox"/>	
Accommodation with job	<input type="checkbox"/>	<input type="checkbox"/>	
Temporary Accommodation	<input type="checkbox"/>	<input type="checkbox"/>	
Women's Refuge	<input type="checkbox"/>	<input type="checkbox"/>	
Supported Accommodation	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

If 'other', please specify

Does your current home have the following amenities?

	You				Your Partner				
		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		Yes	<input type="checkbox"/>	No
Bathroom	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Inside Toilet	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Lounge	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Kitchen	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

Hot water Supply	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Central Heating	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Do you share any of the amenities with people **not on your application**?

	You			
Bathroom	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Toilet	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Lounge	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Kitchen	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

	Your Partner			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

Do you have a bedroom for your own use?

N.B. For own use we also mean for yourself and a partner if you have one.

Yes No

6. About Your Current and Previous Addresses

Please give details of where you have lived in the **past seven years**, starting with your current address. We may use this information to get references from your previous landlords. *If this section is not completed satisfactorily your form will be returned to you.*

You: Name

	Address	Date From and To	Type of Tenure (Private Landlord, Council etc)	Name & Address of Landlord	Reason for Leaving
1.					
2.					
3.					
4.					

5.					
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Please give details of where you have lived in the **past seven years**, starting with your current address. We may use this information to get references from your previous landlords. . *If this section is not completed satisfactorily your form will be returned to you.*

Your Partner: Name

	Address	Date From and To	Type of Tenure (Private Landlord, Council etc)	Name & Address of Landlord	Reason for Leaving
1.					
2.					
3.					
4.					
5.					

Has anyone included in your application ever held a Council or Housing Association tenancy before?

Yes

No

If 'yes', please provide the name of the person who held a tenancy and the name of the landlord and the address:

Have you, or anyone included on this application, ever owned a property? Yes No

If 'yes', please provide the following information:

Name	Address	Date From and To	Name of Landlord / Mortgage Co.	Reason for Leaving

Anyone on the application who owns / has owned a property must provide proof of equity received; e.g. completion statement and details of current income with this form. This information must be provided in order for your application to be processed

7. Your Current Property Details

Your Partner's Current Property Details

Only complete this section if you are not currently living with Applicant 1

House	<input type="checkbox"/>	No. of bedrooms	<input type="text"/>
Flat	<input type="checkbox"/>	No. of bedrooms	<input type="text"/>
Maisonette	<input type="checkbox"/>	No. of bedrooms	<input type="text"/>
Bungalow	<input type="checkbox"/>	No. of bedrooms	<input type="text"/>
Bedsit	<input type="checkbox"/>	No. of bedrooms	<input type="text"/>
Other	<input type="checkbox"/>	No. of bedrooms	<input type="text"/>
Other Specify Detail	<input type="text"/>		

House	<input type="checkbox"/>	No. of bedrooms	<input type="text"/>
Flat	<input type="checkbox"/>	No. of bedrooms	<input type="text"/>
Maisonette	<input type="checkbox"/>	No. of bedrooms	<input type="text"/>
Bungalow	<input type="checkbox"/>	No. of bedrooms	<input type="text"/>
Bedsit	<input type="checkbox"/>	No. of bedrooms	<input type="text"/>
Other	<input type="checkbox"/>	No. of bedrooms	<input type="text"/>
Other Specify Detail	<input type="text"/>		

If flat or maisonette, what floor?

Applicant 1 Property

Applicant 2 Property

Is there a lift?

Your property	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Your partner's property	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Is there level access or ramped access?

Your property	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Your partner's property	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Has the bathroom been adapted? (e.g. walk in shower)

Your property	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Your partner's property	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Is there a Stairlift?

Your property	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Your partner's property	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Is there a Hoist / Fixed Platform?

Your property	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Your partner's property	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Are there Grab rails / stair rails?

Your property	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Your partner's property	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Have wider doorways been fitted?

Your property	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Has the kitchen been adapted?

Your property	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Your partner's property	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Your partner's property	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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8. Reasons Why You Need Rehousing

Tick all reasons listed which apply to:	<i>You</i>	<i>Your Partner</i>		<i>You</i>	<i>Your Partner</i>
Split up from partner	<input type="checkbox"/>	<input type="checkbox"/>	Need a smaller property	<input type="checkbox"/>	<input type="checkbox"/>
Losing home with job	<input type="checkbox"/>	<input type="checkbox"/>	Need a larger property	<input type="checkbox"/>	<input type="checkbox"/>
Mortgage repossession	<input type="checkbox"/>	<input type="checkbox"/>	Health reasons (Please complete a Medical Assessment form)	<input type="checkbox"/>	<input type="checkbox"/>
Property in disrepair or subject to compulsory purchase order	<input type="checkbox"/>	<input type="checkbox"/>	To leave home	<input type="checkbox"/>	<input type="checkbox"/>
Neighbourhood problems	<input type="checkbox"/>	<input type="checkbox"/>	Living apart from family	<input type="checkbox"/>	<input type="checkbox"/>
Victim of crime or fear of crime	<input type="checkbox"/>	<input type="checkbox"/>	Eviction Order	<input type="checkbox"/>	<input type="checkbox"/>
Victim of harassment	<input type="checkbox"/>	<input type="checkbox"/>	Landlord selling property	<input type="checkbox"/>	<input type="checkbox"/>
Asked to leave by friends/relatives	<input type="checkbox"/>	<input type="checkbox"/>	No longer requires property with adaptations	<input type="checkbox"/>	<input type="checkbox"/>
Need affordable housing	<input type="checkbox"/>	<input type="checkbox"/>	Need property suitable for adaptations / wheelchair user	<input type="checkbox"/>	<input type="checkbox"/>
Require smaller accommodation	<input type="checkbox"/>	<input type="checkbox"/>	Victim of Domestic Violence	<input type="checkbox"/>	<input type="checkbox"/>

If other reason , please specify

If suffering from Domestic Violence, can we contact you at your home address?

Yes No

If not, please give a contact address or telephone number:

Address

Telephone

9. Personal Connections

Are you, or is anybody else included on this application, related to a member of Brentwood Housing Trust's Committee of Management or a Brentwood Housing Trust Employee?

Yes No

If 'yes', please give details

10. Special Needs

Do you or a family member have a medical need for special access or adaptations?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have an occupational therapist working with you?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have any other support or medical needs not previously mentioned?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If you have answered 'yes' to any of the questions in this section, please give details:

Do you need support in maintaining a tenancy? (e.g. help with finances etc.)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Do you currently receive support from any other agency e.g. Social Care, Mental Health Service, Community Drug and Alcohol Team? Yes No

If 'yes', please give details for example name of social worker and contact number, frequency of visits.

11. Criminal Convictions

We take the safety of our staff, people acting on our behalf, and our residents very seriously. Answer the following questions if they apply to you, or anyone on your application.

Provide details and dates of any convictions against you, or anyone on your application, involving 'offences against the person', including offences of a sexual nature but not convictions which are spent under the Rehabilitations of Offenders Act 1974. ('Spent' convictions stay on your criminal record but you no longer have to declare them after a certain period of time.)

If it is later found that the information given is incomplete, misleading or inaccurate the Trust will take action for possession of any tenancy offered.

Name	Date of Conviction	Type of Conviction

Continue on a separate sheet

Do you have a probation officer? Yes No You Yes No Your Partner Yes No

If yes, please give his / her name and contact details including address:

- we reserve the right to request proof of any information given to ensure it is correct;
- we can contact all the organisations where you have held previous council or housing association tenancies to check details.
- that you give permission for other relevant professionals such as doctors, social workers, health care workers, probation officers, project workers or key workers, health visitors, district nurses, family liaison officers and the Police, to release information held by them to this Authority. In addition, this may include records such as mortgage accounts, landlord tenancy records, credit reference details, Social Care records, land registry records, Benefit Agency records and other Council records including Council Tax and Housing Benefit records.
- that you give permission for Brentwood Housing Trust to release relevant information about you to other organisations, e.g. the Local Authority, other housing associations, Social Care, Benefit Agency, Police and utility companies. This may also include giving details of your 'forwarding address' to Council Tax, Housing Benefits and Social Care;
- your application will be cancelled if you give false or misleading information, or if you withhold information.
- **tenancies granted on the basis of incorrect, incomplete or misleading statements may result in subsequent eviction proceedings**

<p>You</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>(print name)</p> <p>Signature</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>Date</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<p>Your Partner</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>(print name)</p> <p>Signature</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>Date</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
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Brentwood Housing Trust will not discuss your application for housing with any person not included on your application without your consent (subject to the above need to investigate your application fully). If you want your application to be discussed with another person such as a friend, relative, or representative from another agency, please give their details below.

Name	
Relationship to you	
Address	

Name	
Relationship to you	
Address	

Please provide details of your next of kin or of someone we can contact in case of emergency

APPLICANT 1	
Name of N.O.K.	
Relationship	
Address	

APPLICANT 2	
Name of N.O.K.	
Relationship	
Address	

Post Code	
Telephone no.	

Post Code	
Telephone no.	

14. Additional Information

You can contact us by either telephoning 01277 225084, by calling into The Lodge, 28 St Thomas Road, Brentwood, Essex. CM14 4DB or by e-mailing enquiries@brentwoodhousingtrust.co.uk

Please return this form in person to :

The Lodge
28 St Thomas Road
Brentwood
Essex
CM14 4DB

Please remember to bring original documents with you: your form will not be accepted without them. Forms submitted by post with original documents will not be returned. Once registered you will be sent a registration number. If you are not accepted on to our waiting list you will be informed.

15. Equal Opportunities Monitoring Form

We are striving to be an equal opportunities employer and provider of services. To help us monitor the success of the equal opportunities policy, it would be helpful if you could fill in this form. If you do not want to fill in this form, it will not affect your application. We will not pass on the information you give us to anyone else, and will only use it to monitor, develop and improve our housing policy.

This information will be used for statistical purposes only and will **not** be part of the decision making process on your application.

Please use the listings below to complete the table at the bottom, for all those included in your application. If there are more than 6 household members please give details of the 6 oldest.

Ethnic background / Nationality

White:

British, Irish

Any other white background:

Albanian, Bulgarian, Cypriot, Czech, Estonian, Hungarian, Italian, Latvian Lithuanian, Polish, Portuguese, Romanian, Slovakian, Slovenian, Other please state.

Mixed:

White & Black Caribbean, White & Black African, White & Asian, Other mixed background; please state.

Asian or Asian British:

Indian, Bangladeshi, Pakistani, Kashmiri (local category for 1 LA), Other Asian background: please state.

Black or Black British:

Caribbean, African, Other Black background: please state.

Gypsy/Traveller:

Roma, Irish, New/Other, Travelling Show People.

Chinese or other ethnic group:

Chinese, Vietnamese, Any other ethnic group: please state.

Faith/religion/belief

Baha'I, Buddhist, Christian, Hindu, Muslim, Jain, Jewish, Rastafarian, Shinto, Sikh, Taoist, Zoroastrian, None, Any other faith/religion: please state.

Sexual Orientation

Heterosexual, Gay, Bisexual, Lesbian, Transgender.

	Ethnic Background	Faith / Religion	Sexual Orientation
Applicant 1			
Applicant 2			
Household Member 1			
Household Member 2			
Household Member 3			
Household Member 4			
Household Member 5			
Household Member 6			

Questions declined

For Office Use Only

Application Number			
Ack. Letter Issued	Date:	By:	
Check:	Date	Initials.	Comments
Address confirmation			
Photo Identity			
Birth Certificates (dependants)			
Medical Form			