

Application Form for Rented Housing in Reigate & Banstead

Please read the 'Reigate and Banstead Housing Register and Nominations Policy Booklet' first. It will tell you whether we are likely to accept you onto one of the Housing Waiting Lists.

When you have filled in the form, please return it by hand to a Help Shop or by post to: Housing Services, Town Hall, Castlefield Road, Reigate RH2 0SH ensuring that you have the correct postage. Please note: postage may be more than a first class stamp. **If you do not provide all the information we ask for, it will delay the processing of your application.**

Office Use Only	
Checked by	
Registration Date	
Registration No.	

If you need advice or help with filling in the form, please visit a Help Shop or phone Housing Services on 01737 276791.

Section A Personal Details

About You : Please complete in BLOCK CAPITALS.

Applicant

Joint Applicant

e.g. husband, wife, partner

Title	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>
First Name(s)	<input type="text"/>	<input type="text"/>
Male / Female / Transgendered	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>
Marital Status	<input type="text"/>	<input type="text"/>
Relationship	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>
Home Tel	<input type="text"/>	<input type="text"/>
Work Tel	<input type="text"/>	<input type="text"/>
Mobile Tel	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>
National Insurance No.	<input type="text"/>	<input type="text"/>

Current address

 Postcode

Partner's address (if different)

 Postcode

When did you move to this address?

1.2 If you do not currently live in the Borough, please give your reasons for wanting to move into the Borough.

Some properties are not suitable for pets. Please answer the questions below 2. Do you have any pets? Yes No

to tell us about any pets that you own. If you have a pet, you will not be given any additional priority for a property with a garden.

If Yes, please say what kind of animal it is.

We will not ask you to make other arrangements for pets but you may have more choice of properties if you can.

2.1 Would you be able or prepared to make other arrangements for your pet to increase your choice of properties? Yes No

3. Is anyone included on your application subject to immigration control?

Yes Please complete details below

No Please go to Part C on page 4

Name

Type of passport held and current status in the UK
e.g. VISA for work or study, joining a family member, seeking asylum

When do current restrictions end?

Section C Accommodation History - Please give details of ALL your addresses over the last 5 years

Address	Date from	Date to	Type of accommodation e.g. Council, Housing Association, private landlord, living with family or friends	Name of landlord	Reason for leaving e.g. evicted, moved to other accommodation

Other housing background

Has a member of your household spent time in H.M. Armed Forces, H.M. Prisons or during childhood, been in the care of social services?

Yes No

(If Yes, please give
the following details:)

Applicant

Joint Applicant e.g. husband, wife, partner

Name	
Please state where you were in the armed forces, prison or care	
Dates	From To
Contact name & address of your armed forces welfare officer, probation officer or social worker	

Section D Current Accommodation

4. What type of property do you currently live in?

House Flat Maisonette Bungalow Bedsit Room Other Please state:

Total number of bedrooms:

4.1 Do you have to share your accommodation with anyone that is not included on your application?

Yes No

(If Yes, please give details below.)

Name	Sex : Male or Female	Relationship to you
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

4.2 Please complete the table below to tell us about the rooms in your current home

	Please tick which rooms you or any person included on this application can use	Please tick any rooms you share with other people as detailed above	Please state the floor level
*Kitchen/kitchen area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Bath/Shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Bedroom 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Bedroom 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Bedroom 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Bedroom 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Bedroom 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Living Room 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Living Room 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

5. Has your current property been inspected by an Environmental Health Officer in the last 12 months?

Yes No If Yes, please give details below,

* Guidance: this includes cooking facilities except where only a microwave is available.

Section E Current Living Situation

6. Please tick which best describes your status in your current home.

- Owner
- Council Tenant
- Housing Association Tenant
- Private Tenant
- Living with Parents
- Living with Friends/Relatives
- No Fixed Abode
- Other - please state

6.1 Please enter the name, address and telephone number of the owner or landlord of your current property (if you own your property, write 'self').

7. Do you have a Council or Housing Association Tenancy that you do not live in at the current time?

Yes No

If Yes, please give details below.

Address of property:

Name of Council/Housing Association:

8. Do you or anyone included on this application own a property in the UK or anywhere in the world?

Yes No

Have you or anyone included on this application ever owned a property in the UK or anywhere in the world?

Yes No

If Yes, please tell us the address of the property and **supply proof of sale or transfer. Also give reasons for sale or transfer of property.**

8.1 If you own a property, whether you are currently living in it or not, please enter the current value of your property.

£

8.2 Please enter amount of mortgage outstanding:

£

9. Do you pay rent? Yes No

9.1 Do you have a tenancy agreement? Yes No

9.2 Have you been asked to leave your home? Yes No

If Yes, enter date:

10. Please tick the reasons why you want to move (tick all that apply):

Financial (if you are having difficulty paying rent/mortgage)

Different area (if you want to move to different area of the Borough)

Leaving Institution/Care (e.g. prison, hospital, care home)

Newly formed family (if you have recently become a family and need to move to a new home together)

Medical Reason (if your current home is unsuitable because of a medical condition)

Harassment (if you are in fear of harassment or violence)

Employment (if you want to be nearer to or take up employment)

Sharing with other relatives (if you currently live with your family and want to move into your own home)

No fixed address (if you have no permanent address or stay at various locations for periods of less than 1 month)

Current tenancy has ended (if you have been asked to leave your current home)

Improve quality of accommodation (to have better quality accommodation)

Other (*please specify*)

Disrepair (if your home needs major repairs or is unfit to be lived in)

Property not large enough (if your home is too small for your family)

To give or receive care/support (to be nearer to someone for this reason). If Yes to care and support give details on page 13, Part 1.

Section F Financial Situation

11. When entering your income details, please give the amount you receive **per year** before deductions (i.e. the amount you receive before Tax or National Insurance is taken away).

	Applicant	Joint Applicant <i>e.g. husband, wife, partner</i>
Employed	<input type="text"/>	<input type="text"/>
Yearly Income	<input type="text"/>	<input type="text"/>
Name of Employer	<input type="text"/>	<input type="text"/>
Address of place of work	<input type="text"/>	<input type="text"/>
Occupation (<i>inc. full job title</i>)	<input type="text"/>	<input type="text"/>
Date employment started	<input type="text"/>	<input type="text"/>
Is your job permanent or temporary?	<input type="text"/>	<input type="text"/>
Yearly income from any other employment	<input type="text"/>	<input type="text"/>

11.1 Other Income/Savings

Applicant

Joint Applicant

e.g. husband, wife, partner

Any other income excluding pensions/benefits (yearly)

£

£

Savings

£

£

11.2 Please enter the **yearly** amount of any Benefit Income you receive

Applicant

Joint Applicant

e.g. husband, wife, partner

Income Support

£

£

Job Seekers Allowance

£

£

Incapacity Benefit

£

£

Tax Credits

£

£

Child Benefit

£

£

DLA - Care

£

£

DLA - Mobility

£

£

Invalid Care Allowance

£

£

Severe Disablement Allowance

£

£

Attendance Allowance

£

£

Housing Benefit

£

£

11.3 Please enter the **yearly** amount of Pension that you receive

Applicant

Joint Applicant

e.g. husband, wife, partner

State Pension

£

£

Employment Pension

£

£

Other Pension

£

£

12. Do you have any rent/mortgage arrears?

Yes

No

If Yes, please specify amount:

£

12.1 Have you made any arrangements to repay these arrears?

Yes

No

If Yes, please give details below.

Section G Special Needs

13. Do you or anyone included on your application have any of the following:

- Mental Health difficulties Yes No
- Learning disability Yes No
- Physical disability Yes No
- Long term debilitating illness Yes No

14. Do you have any of the following communication difficulties?

- Reading Yes No
- Writing Yes No
- Language Yes No
- Hearing Yes No
- Other Yes No

14.1 If you have answered Yes to question 14, how would you prefer to be informed of vacancies?

- By telephone Yes No
- By letter Yes No
- By letter in large print Yes No
- By letter in another language Yes No

Please specify:

Other Yes No

Please specify:

Section H Medical Information

Only complete this section if you, or anyone included on your application, has an illness or disability that is made worse by your housing.

15. Do you have an illness or a disability that is made worse by your housing? Yes No

If No, please go to Part 1 on Page 13.

You do not need to contact your doctor to complete this part of the form, but you may attach copies of any letters you have about your illness or disability if you wish to do so.

Where the information you have provided relates to minor ailments, a Council Officer will carry out an assessment.

The Council's Medical Officer will assess information of a more serious nature, and will provide recommendations regarding the level of priority and the type of accommodation that is needed.

Health Care Details

16. Please fill in this part with details of your doctor and other people involved with the treatment of your illness or disability.

	Doctor (GP) (Required)	Consultant	Other Health Care Professional (specify)
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of family member(s) seen	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of times seen in last 12 months	<input type="text"/>	<input type="text"/>	<input type="text"/>

Details of Illness/Disability

17. Please fill in the boxes below with details of your illness or disability. Write as much details as you can and use a separate sheet if you need to.

Name and date of birth of person affected	Details of medical condition	Medicines prescribed at present and dosage	No. of times attended hospital in last 12 mths	Name of hospital	Was hospital attended as an outpatient or inpatient?	If inpatient, please enter length of stay

18. Does anyone in your household usually use any of the following (please write the name of the person).

Walking stick	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Name <input type="text"/>
Walking frame	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Name <input type="text"/>
Wheelchair inside	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Name <input type="text"/>
Wheelchair outside	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Name <input type="text"/>
Mobility Scooter - outside	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Name <input type="text"/>

Services

19. Please give details of any service that you or your family receive from the list below.

	Yes / No	Name of person receiving the service	Frequency	No. of hrs.
Home Carer	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
District Nurse	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Community Psychiatric Nurse	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social worker	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Meals on wheels	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupational Therapist	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Community Support Worker	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

19.1 Please tell us the name of your Care Manager if you have one:

20. Does your home have any of the following adaptations? Or are you waiting to have any of these adaptations put into your home:

	Already have		Waiting for	
Stair lift	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ramps	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Other - please give details

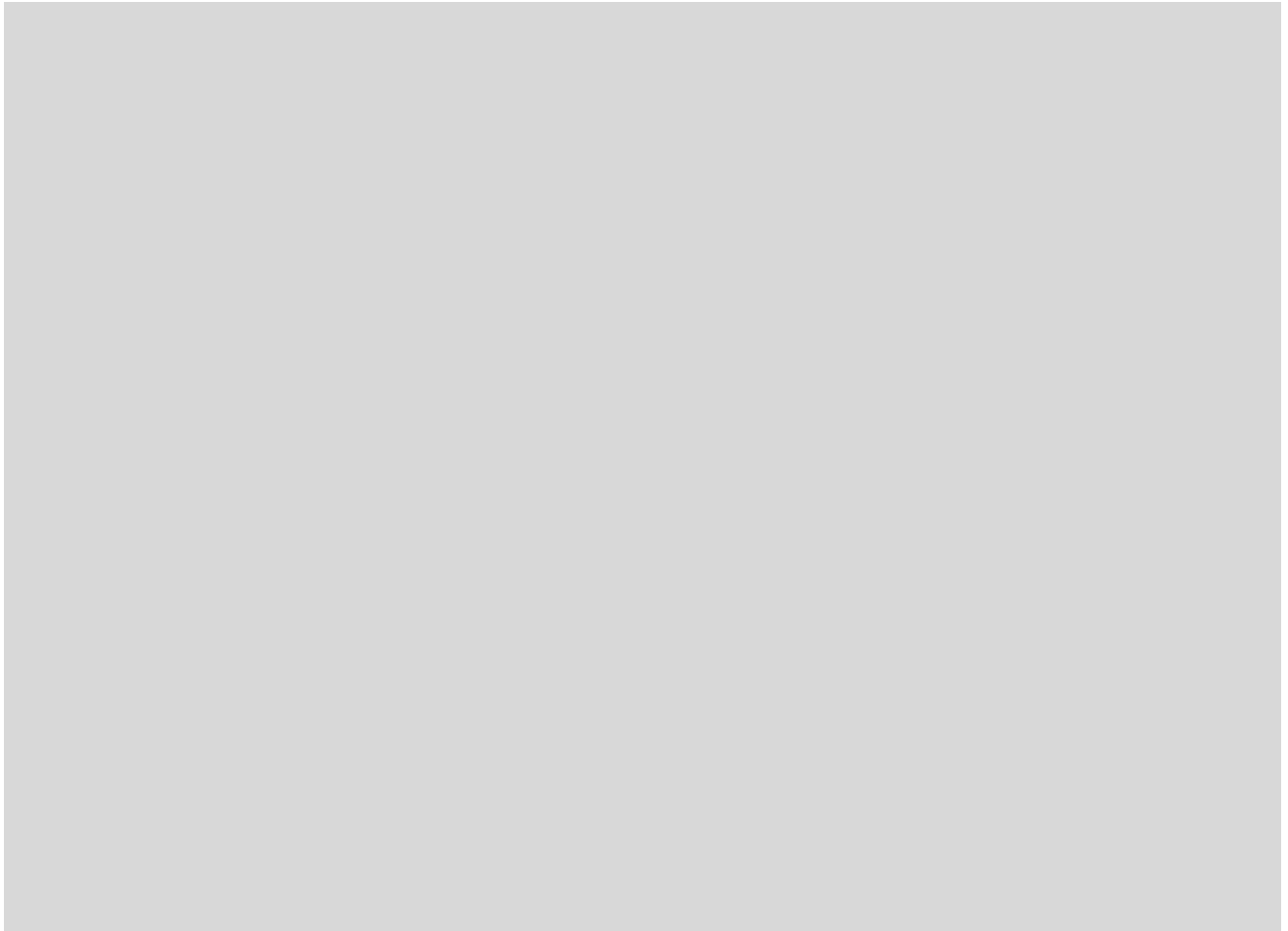
20.1 Has an Occupational Therapist ever assessed you in your home? Yes No

If Yes, please give details.

21. Please tell us why your current property is unsuitable for you or your family on medical grounds. Please give us as much information as you can, and continue on a separate sheet if you need to.

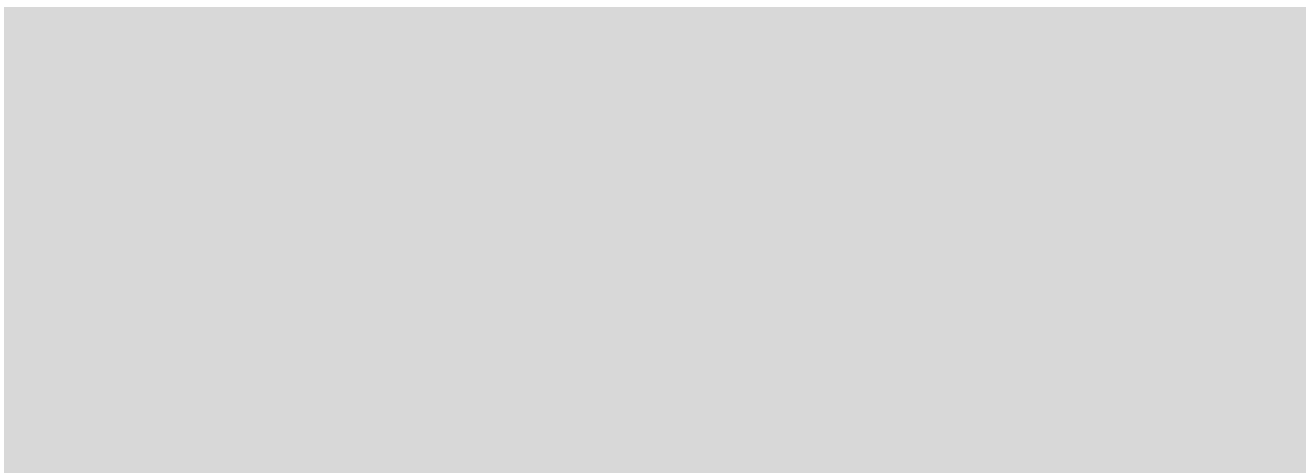
This can include:

- difficulties you have getting in or out of your home; and
- the condition of your home that makes your illness or disability worse



22. Is anyone in your household waiting to come out of hospital? Yes No

If Yes, please complete details below.



Accommodation Requirements

23. Do you want to move to a sheltered/warden-assisted property? Yes No

Please note, sheltered properties are usually only given to people over the age of 60.

Section I Care and Support Needs

Only complete this section if you are currently living outside Reigate & Banstead Borough Council and need to move into Reigate & Banstead to be closer to someone who:

gives you support, or

receives support from you, and

if that support were not given, home care or other council services would need to be provided, and

the distance between your homes means that you will not be able to continue giving/receiving this support.

24. Do you need to move closer to someone who

needs your support Yes No Please go to Part J on page 14

gives you support Yes No Please go to Part J on page 14

24.1 If Yes to above, please write their name, address and telephone number below.

Name

Address

Tel.No.

Relationship to you

Why do you want to move, for example to be nearer your family, for work reasons or because of any problems you have. Please attach any supporting evidence or copies of documents, such as a social worker's report or a letter from your employer.

Local connection (other than living/working in this Borough)

Do you have a close relative who lives in the Borough?

Mother Father Brother Sister Adult son or daughter

Please give their name and address and tell us how long they have lived here:

Length of time:

Section J Declaration, Consent and Authorisation

Each person included on this application, who is over the age of 16, must sign the declaration below. If anyone over 16 has not signed this form, it will be returned to you for signature.

Any information you provide about yourself or your household may be shared with our housing partners, with other council departments or organisations that are responsible for public money (e.g. benefit agencies). They may use the information to prevent or detect fraud. We may also need to contact other people about your application and to get extra information.

When making an application for housing under the Housing Act 1996 it is a criminal offence if you give false information or withhold information.

I/we understand that if I/we obtain a property as a result of any information I/we have given on this form being incorrect, action may be taken under the Housing Act 1980 to recover possession of that property.

I/we understand that any information I/we have provided on this form may be shared with other Council services, Health services, partner Housing Associations and benefit agencies.

I/we understand that it is my/our responsibility to advise the Housing Register Team about any change in my/our situation.

I/we certify that the information given on this form is correct to the best of my/our knowledge.

I/we consent to the Housing Registrations Team of Reigate & Banstead Borough Council's Medical Officer, making enquiries relevant to my housing application to people or organisations in connection with my application, for example, my landlord, Doctor, other medical professional, Health Care Worker, Social Worker, Employer, other family members.

Name	Signature	Date

IMPORTANT INFORMATION FOR ALL APPLICANTS

- To enable us to accurately assess your application for housing, you must provide the documents requested on the list below.
- We cannot accept any responsibility for the loss of any original documents sent to us in the post. Please telephone us on 01737 276791 if you have any queries about what proof is acceptable to us.

Must have to accept application: ID and form (otherwise reject application):

- If not UK Passport holders- ID must be passport along with any Home Office Docs and/or Workers Registration Cert.
- For UK Passport holders- ID can be Passport, Photo ID or Birth Certificate

Additional documentation needed to register application

- **Household:**
 - Adults: ID for others on the application- (as above). Proof of address and income for all adults on the application.
 - Child: Recent Child Benefit letter, correctly addressed, naming all children on application and birth certificates for all children on the application.
- **Proof of address:**
 - Tenancy details - (Prefer pg 1 & 2 of Tenancy agreement) type, start date and Landlord contact details.
 - Utility bill dated within last month with Applicants name on it.
- **Proof of income and savings: Applies to all adults on register**
 - Bank statements - current and savings- 2 months
 - Payslips - 1 month
 - Benefits letters for all benefits received
- **Financial assets: property value and/or sold details**

Section K Complaints & Equalities Monitoring

Reigate and Banstead Borough Council wants to improve the service it provides and want to check that our services do not treat anyone unfairly. Knowing more about the needs of our customers will help us to do this. Your answer to these questions will not affect the way in which we investigate your complaint. This information is strictly confidential and will be used to inform policy and service development for monitoring and statistical purposes only.

Please tick the appropriate boxes below:

Gender Male Female

Ethnicity

Asian British	<input type="checkbox"/>	Black or Black British	<input type="checkbox"/>
Asian Bangladeshi	<input type="checkbox"/>	African	<input type="checkbox"/>
Asian Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Asian Pakistani	<input type="checkbox"/>	Other Black background	<input type="checkbox"/>
Tamil	<input type="checkbox"/>	Do not wish to answer	<input type="checkbox"/>
Chinese	<input type="checkbox"/>		
Other Asian background	<input type="checkbox"/>	Asian and white	<input type="checkbox"/>
		Black African and White	<input type="checkbox"/>
White British	<input type="checkbox"/>	Black Caribbean and White	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Chinese and White	<input type="checkbox"/>
Other White background	<input type="checkbox"/>	Other mixed background	<input type="checkbox"/>
Do not wish to answer	<input type="checkbox"/>	Do not wish to answer	<input type="checkbox"/>

Age Range

16 to 24	<input type="checkbox"/>	25 to 34	<input type="checkbox"/>	35 to 44	<input type="checkbox"/>
45 to 54	<input type="checkbox"/>	55 to 64	<input type="checkbox"/>	65 & over	<input type="checkbox"/>

Disability or impairment

Sensory	<input type="checkbox"/>	Physical	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>
Learning	<input type="checkbox"/>	Long standing illness	<input type="checkbox"/>	Other - please state:	<input type="text"/>
Do not wish to answer	<input type="checkbox"/>				

Religion or Belief

Please state:

Do not wish to answer

Marital status

Divorced/legally dissolved	<input type="checkbox"/>	In a civil partnership	<input type="checkbox"/>	Living with partner	<input type="checkbox"/>
Married	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Single	<input type="checkbox"/>
Widowed	<input type="checkbox"/>	Do no wish to answer	<input type="checkbox"/>		

Sexual Orientation

Bisexual	<input type="checkbox"/>	Gay man	<input type="checkbox"/>	Lesbian/Gay woman	<input type="checkbox"/>
Heterosexual/straight	<input type="checkbox"/>	Other (<i>please state</i>)	<input type="checkbox"/>	<input type="text"/>	
Do not wish to answer	<input type="checkbox"/>				

Complete this form to apply for housing in Reigate & Banstead Borough Council. If you need assistance with completing this form, please telephone us on 01737 276791. Help is also available from our Help Shops as listed below:-

Merstham Help Shop
26 Portland Drive, Merstham RH1 3HX

Horley Help Shop
Victoria Square, Consort Way, Horley RH6 4AF

Banstead Help Shop
The Horseshoe, Banstead SM7 2BQ

Redhill Help Shop
26-28 Cromwell Road, Redhill RH1 1RT

Preston Help Shop
71 Marbles Way, Tadworth KT20 5JP
(9am -12pm Monday - Wednesday)

Reigate Customer Services
Town Hall, Castlefield Road, Reigate RH2 0SH

When you have complete this form, please return it to:

Housing Register Team
Reigate & Banstead Borough Council
Town Hall
Castlefield Road
Reigate
Surrey
RH2 0SH

or hand it into one of our Help Shops.

If you would like this in an alternative format, such as large print, on tape or in another language, please call 01737 276000.

Thank you for taking the time to complete this questionnaire.

It will enable us to monitor the success of the
Council's Equal Opportunities in Employment Policy.

For Office Use Only

List Type: Waiting List Transfer Supported Registration Date

Band (local): A B C D E

For Office Use Only

Band (sub reg): 1 2 3 4 5