



Housing Application Form

Housing Application Form

If you need any help to complete this form, please get in touch with the Choice Move Team on 01246 217670, visit our website at www.rykneldhomes.org.uk. You can return your application

- by post to Rykneld Homes Ltd, Pioneer House, Mill Lane, Wingerworth, Chesterfield, S42 6NG
- by dropping it in the post box at Pioneer House
- by emailing it to us at choicemove@rykneldhomes.org.uk.

Notes and Guidance:

Please complete the application form and gather all the required documentation listed. A checklist of documents is on page 22.

Post or email the completed form and your documents to Pioneer House so the supporting documents can be copied.

You will receive an acknowledgement of your application.

The Choice Move team will process your application and contact you if we need more information. We will notify you with the result of your application.

If you do not provide all the documents we require to register your application, you will not be able to bid for properties.

Important Information before you complete this Form:

Rykneld Homes operates NEDDC's Allocation Policy. If you would like full details of this, it is available on our website.

Current Tenants and Customers

If you are currently a tenant of Rykneld Homes or North East Derbyshire District Council (NEDDC), your application will be checked to make sure you are not in breach of your Tenancy Agreement, for example, rent arrears, an outstanding debt or property damage. If you or anyone moving with you has a breach of tenancy or outstanding debt, your application may be registered but you will not be able to bid for a property until the breaches are remedied and debts repaid.

Your reasons for moving will be given full consideration, which could result in an alternative solution for you to be able to remain in your current home.

Owner-Occupiers and Savings

If you own your home or have equity/savings then your housing application will have a financial assessment completed to determine affordability of alternative accommodation. You may not be eligible to register an application (excluding current tenants).

Extra Care and Specialist Housing

Are you applying for Extra Care and Specialist Housing only? ☐ Yes ☐ No TICK BOX ✓

If Yes, you are only required to complete sections 1, 2, 24 and 35 of this form. An alternative Extra Care Home application form is available on request.

Information About You

Please provide one form of identification, proof of National Insurance Number, income and savings and proof of address for anyone over the age of 16.

Please provide the full Birth Certificate (this must show parents' names), child benefit or tax credit award letter (this must show child's name) for anyone under the age of 16.

If you have indefinite leave to remain in the UK, proof will be required.

1

TICK BOX ✓

Your Household	Main Applicant	Joint Applicant
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms Other:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms Other:
Surname:		
First Name(s)		
Previous Name(s): Please tell us if you have ever been known by any other name(s)		
National Insurance Number:		
Date of Birth (dd/mm/yyyy):		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Transgender:	<input type="checkbox"/> Female to male <input type="checkbox"/> Male to female <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Female to male <input type="checkbox"/> Male to female <input type="checkbox"/> Prefer not to say
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Co-habiting <input type="checkbox"/> Civil Partnership/Married <input type="checkbox"/> Divorced/Dissolution <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Co-habiting <input type="checkbox"/> Civil Partnership/Married <input type="checkbox"/> Divorced/Dissolution <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Employment Status:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired
Relationship to Main Applicant (for joint applicant only) (e.g. spouse, parent, partner, child etc):		
Current Address:		
When did you move to this address? (dd/mm/yyyy):		
Home phone number:		
Mobile phone number:		
Work phone number:		
Email:		
Other, please specify:		

Your Household	Main Applicant	Joint Applicant
Mailing Address: (If you are homeless or want us to post letters to a different place than your home address, please tell us here)		
Preferred method of contact:		
What is your first language?		
What is your nationality?		
Have you lived in any other Country in the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where?		
Do you, or anyone moving with you, own a property in another Country?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:		
When did you move to this Country?		
Do you have 'indefinite leave to remain' in the UK?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an asylum seeker or refugee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you enter the UK on a sponsorship undertaking?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Where you live now

2 Current Address details

Please tick ✓ one of the following that best describes the type of home you live in now.

If you currently rent your property, please provide your Tenancy Agreement. Please note, tenants of NEDDC are not required to provide their Tenancy Agreement.

TICK BOX ✓	Main Applicant	Joint Applicant
NEDDC/Rykneld Homes Tenancy		
Housing Association Tenancy		
Other Local Authority Tenancy		
Private Tenancy		
Owner Occupier		
Living with Friends/Family		
Armed Forces		

TICK BOX ✓	Main Applicant	Joint Applicant
Bed and Breakfast/Hostel/Supported Housing		
Care Home/Hospital		
Prison/Youth Offending Institute		
Mobile Home/Caravan		
No Fixed Address/Sofa Surfing		
Homeless/Sleeping Rough		

Other, please specify:

3 What type of Building is your current home?

TICK BOX ✓	Main Applicant	Joint Applicant
House		
Maisonette		
Upper Floor Flat		
Ground Floor Flat		
Other, please specify:		

TICK BOX ✓	Main Applicant	Joint Applicant
Bungalow		
Bedsit		
Sheltered Accommodation		
Mobile Home/Caravan		

	Main Applicant	Joint Applicant
Number of Bedrooms		

4 Are there any basic amenities that you do not have in your current home?

For example, heating, kitchen, bathroom, hot water. Please give details below:

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5 Adaptations in the Property?

Please tick ✓ all the adaptations that are in your current property.

TICK BOX ✓	Main Applicant	Joint Applicant
Grab Rails		
Extra Handrail		
Ramp		
Wet Room/Level Access Shower		

TICK BOX ✓	Main Applicant	Joint Applicant
Stairlift		
Widened Doors		
Wheelchair Accessible		
Other, please specify		

If you have any of these adaptations, please confirm who these were installed for/used by:
Name:

6 Do you have any Pets?

☐ Yes ☐ No
TICK BOX ✓

If yes, please specify the kind of pet and how many:

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Landlord's Details

7 If you are currently renting your home, please provide your Landlord's details:

	Main Applicant	Joint Applicant
Landlord Name:		
Address:		
Contact Number:		

8 Have you been served notice to leave by your current Landlord?

☐ Yes
☐ No
 TICK BOX ✓

If yes, why have you been served notice, please provide a copy of the notice with this application:

9 Are there any current rent arrears owing on the main or joint applicant's tenancy?

☐ Yes
☐ No
 TICK BOX ✓

If yes, please answer the following questions and state which person they apply to:

	Main Applicant	Joint Applicant
Amount of arrears owed?		
Reason for the arrears?		
What arrangements have been made to pay these arrears?		
What payments have been made?		

Do you, or anybody moving with you, have any rent arrears from any previous addresses? ☐ Yes ☐ No TICK BOX ✓

If yes, please provide details of address, landlord and the amount outstanding:

1. Landlord's Name	Amount Outstanding: £
Address of property:	
2. Landlord's Name	Amount Outstanding: £
Address of property:	

We will be contacting your landlord for a reference. If you do not want us to contact them, please tick ✓ the box and explain why:	<input type="checkbox"/> TICK BOX ✓
Have you, or anybody moving with you, ever been evicted from a property? If yes, please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No TICK BOX ✓
Have any landlords ever taken legal action against you or anybody moving with you? If yes, please provide details including the landlord, property address and year of action:	<input type="checkbox"/> Yes <input type="checkbox"/> No TICK BOX ✓
Landlord's Name	Year of Action:
Address of property:	

Property Ownership and Savings

10 Current Property

You must provide proof of any mortgage outstanding, any second charges against the property, any loan/credit card amounts, documentation of property valuation, repossession, sale or transfer.

TICK BOX ✓	
Do you, or anybody moving with you, currently own a property either inside or outside the United Kingdom? (This includes mobile homes/static caravans/motor caravans) If no, please go to question 11	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please tell us the names listed on the Title Deeds/Proprietorship Register:	
What is the current valuation of the property? Please provide a recent Estate Agents valuation	£
Is your property currently for sale? If yes, please provide your contract with the Estate Agent.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there an outstanding mortgage on the property? Please provide a recent mortgage statement	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many years are left on the mortgage?	Years
What type of mortgage do you have?	
Are there any charges secured against the property? For example, second mortgage, loans, equity release, debt management, IVA. If yes, please specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any outstanding loan/credit cards etc that will be cleared with any equity gained from a sale?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please specify amounts and provide proof:	£
Is this property subject to an Equity Release Scheme? If yes, please give details and provide proof:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any debts? If yes, how much do you owe in total?	<input type="checkbox"/> Yes <input type="checkbox"/> No £

11 Previous Property

TICK BOX ✓

A Have you or anybody moving with you, owned a property in the past five years either inside or outside the United Kingdom, including mobile homes/static caravans/motor homes? If no, please go to question D	<input type="checkbox"/> Yes <input type="checkbox"/> No
B What was the sale price?	£
C Amount received from sale. <i>Please note, this is the total received after mortgage, Solicitors fees and other relevant fees have been deducted. Please provide the letter from your Solicitor showing proceeds of the sale.</i> <i>If you no longer have this amount, please specify what it has been spent on:</i>	£
D Have you or anybody moving with you, ever had a property repossessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E Have you or anybody moving with you, ever transferred a property into somebody else's name? If yes, please provide details below: Address: _____ Dates: _____ Who transferred it: _____ Their relationship to you: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
F Have you or anybody moving with you, ever purchased a property from NEDDC or another Local Authority under the Right to Buy Scheme? If yes, please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Previous Addresses

12a Please provide details of all the main and joint applicants' previous addresses in the last five years. Please do not list your current home below. If you have named your partner/spouse as moving with you, please provide their previous address(es) in the joint applicant section.

You must provide proof of any previous address if you have lived there within the past six months.

TICK BOX ✓

	Main Applicant	Joint Applicant
Address 1:		

	Main Applicant	Joint Applicant
Dates:	From: to:	From: to:
Tenure:	<input type="checkbox"/> Lodging <input type="checkbox"/> Owner <input type="checkbox"/> Private Rent <input type="checkbox"/> Other <input type="checkbox"/> Council/Housing Association	<input type="checkbox"/> Lodging <input type="checkbox"/> Owner <input type="checkbox"/> Private Rent <input type="checkbox"/> Other <input type="checkbox"/> Council/Housing Association
Why did you leave this address?		
Address 2:		
Dates:	From: to:	From: to:
Tenure:	<input type="checkbox"/> Lodging <input type="checkbox"/> Owner <input type="checkbox"/> Private Rent <input type="checkbox"/> Other <input type="checkbox"/> Council/Housing Association	<input type="checkbox"/> Lodging <input type="checkbox"/> Owner <input type="checkbox"/> Private Rent <input type="checkbox"/> Other <input type="checkbox"/> Council/Housing Association
Why did you leave this address?		
Address 3:		
Dates:	From: to:	From: to:
Tenure:	<input type="checkbox"/> Lodging <input type="checkbox"/> Owner <input type="checkbox"/> Private Rent <input type="checkbox"/> Other <input type="checkbox"/> Council/Housing Association	<input type="checkbox"/> Lodging <input type="checkbox"/> Owner <input type="checkbox"/> Private Rent <input type="checkbox"/> Other <input type="checkbox"/> Council/Housing Association
Why did you leave this address?		

12b

	Main Applicant	Joint Applicant
Have you or anybody moving with you, ever been a Council or Housing Association tenant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide the landlord's name and their address:	Landlord's Name: Address:	Landlord's Name: Address:
Address of the property:		

People moving with you

- 13** Please use the table below to list any other people who you want to include on your housing application. This includes partners, children, other relatives and friends. Please do not include yourself (main applicant) or the joint applicant. If you have access to any children, the section relating to this is on page 10.

Please provide one form of identification, proof of National Insurance Number and proof of address for anyone over the age of 16.

Please provide the full Birth Certificate (this must show parents' names), child benefit and tax credit award letter (this must show child's name) where relevant for anyone under the age of 16.

First Name	Surname	Relationship to Main Applicant	Gender TICK BOX ✓	Date of Birth	National Insurance Number	Living with you now? TICK BOX ✓
			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No

If any of the people moving with you do not currently live with you, please provide their address(es) here:

- 14** You must provide proof of any pregnancy, this must show baby's due date.

Are you or anyone moving with you pregnant?	TICK BOX ✓	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of person who is pregnant:		
When is the baby due? (dd/mm/yyyy):		

- 15** Please provide details of anybody in your current home that will NOT be re-housed with you.

First Name	Surname	Relationship to you	Gender TICK BOX ✓	Date of Birth
			<input type="checkbox"/> M <input type="checkbox"/> F	
			<input type="checkbox"/> M <input type="checkbox"/> F	
			<input type="checkbox"/> M <input type="checkbox"/> F	
			<input type="checkbox"/> M <input type="checkbox"/> F	
			<input type="checkbox"/> M <input type="checkbox"/> F	

16 Access Details

This section deals with any access you have to children. This can be access that is mutually arranged with another parent/guardian or access that is granted through the Courts.

Please note: we will contact the parent/guardian of the child/children to confirm these details.

Please provide the full Birth Certificate for each child (showing parent's names). If you are not their parent, please provide documentation confirming that you are a legal guardian.

If you have legal access to the child/children, please provide the Court papers showing this.

First Name	Surname	Relationship to you	Gender TICK BOX ✓	Date of Birth	Stay overnight now? TICK BOX ✓	Will stay overnight when you move? TICK BOX ✓	If yes, how many nights per week?
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	

Please provide the following details for each child:

Name	Current Address	Parent/Guardian Name	Parent/Guardian Contact Number

Income and Expenditure

17 Income

You will be asked to provide proof of benefits, and you may be asked to provide proof of income and savings (e.g. payslips, bank statements, award letters). Please complete the income boxes that are relevant to the main and joint applicant.

Income	Main Applicant (amount)	Joint Applicant (amount)
Wages (net – after all deductions)	£ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	£ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Maternity Allowance	£	£
Pension Credit	£	£
State Retirement Pension	£	£
Private/Occupational Pension	£	£
Money received from a non-dependent	£	£
Money received from a lodger	£	£
Universal Credit	£	£
Employment and Support Allowance/ Job Seekers Allowance	£	£
Disability Living Allowance/ Personal Independence Payment	£	£
Child Benefit	£	£
Tax Credit	£	£
Other (please specify) e.g. maintenance, interest	£	£
Total Income	£	£
Do you claim Council Tax or Housing Benefit Payment?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how much? £ <input type="text"/>		
Are you currently subject to Housing Benefit overpayment?		<input type="checkbox"/> Yes <input type="checkbox"/> No

18 Outgoings

Please add together all your outgoings and write the total below (if you do not currently have any outgoings then please estimate what you think they will be when you have a property).

	Main Applicant	Joint Applicant
Monthly	£	£
Fortnightly	£	£
Weekly	£	£
Total Outgoings	£	£

19 Debts, Fines and Court Orders

Please complete the income boxes that are relevant to the main and joint applicant.

	Main Applicant (amount)	Joint Applicant (amount)
Rent Arrears	£	£
Mortgage Arrears	£	£
Electricity Arrears	£	£
Gas Arrears	£	£
Water Arrears	£	£
Credit Cards	£	£
Hire Purchase	£	£
Loan Payment (please state what loan(s) was for)	£	£
County Court Judgement (CCJ)	£	£
Court Fines	£	£
Tax/National Insurance (non-PAYE)	£	£
Individual Voluntary Arrangement (IVA)	£	£
Debt Management Plan	£	£
Other (please specify) e.g. catalogue payments	£	£
Total Outgoings	£	£

Do you require assistance to help with budgeting?

Our team of Financial Inclusion Officers can offer help and support.

TICK BOX ✓

☐ Yes

☐ No

20 Savings and Assets

We may require proof of any savings or any assets.

	Yes or No TICK BOX ✓	Main Applicant (amount) £	Joint Applicant (amount) £
Do you have any Bank or Building Society accounts?	<input type="checkbox"/> Y <input type="checkbox"/> N		
Do you have any Post Office accounts?	<input type="checkbox"/> Y <input type="checkbox"/> N		
Do you have any Premium Bonds?	<input type="checkbox"/> Y <input type="checkbox"/> N		
Do you have any National Savings Certificates?	<input type="checkbox"/> Y <input type="checkbox"/> N		
Do you have any Stocks and Shares?	<input type="checkbox"/> Y <input type="checkbox"/> N		
Do you have any savings such as personal Equity Plans, ISA's, Unit Trusts, or Income Bonds?	<input type="checkbox"/> Y <input type="checkbox"/> N		
Do you have any money or property held in trust?	<input type="checkbox"/> Y <input type="checkbox"/> N		
Do you have any other savings, investments or cash?	<input type="checkbox"/> Y <input type="checkbox"/> N		
		Total £	Total £

Reasons for Moving

21 What is your main reason for moving?

You may be asked to provide evidence to support your reason for moving.

	TICK BOX ✓
At risk of losing current home	
Relationship breakdown	
Overcrowded	
Moving on from supported housing/care	
Domestic/financial abuse	
Medical (please complete the section below)	
Under-occupying	

	TICK BOX ✓
Homeless (including sofa surfing)	
Support	
Notice to leave Armed Forces	
Anti-Social Behaviour	
Harassment/Hate Crime	
Temporary housing (e.g. Bed and Breakfast, Homeless Unit)	
Choice/preference to move to social housing	

Please tell us why you need to move in more detail, for example, medical needs – please tell us what your health condition is and why your current home is not suitable:

If you are 'sofa surfing', please provide name and addresses:

If you are currently a tenant of NEDDC or Rykneld Homes, your house will be inspected to ensure there are no breaches of tenancy conditions, for example, rent arrears, property damage, untidy garden, causing nuisance or anti-social behaviour. Until these are rectified you will not be able to bid for properties.

**If you have health issues, please complete a medical needs assessment form.
Please note, we will require proof from your GP/Consultant.**

Do you feel you require any adaptations in your new property? TICK BOX ✓ ☐ Yes ☐ No

Please specify (for example – grabrail, additional stair rail):

22 Where do you want to live?

This section is to establish whether you have a connection to any area within North East Derbyshire. If you do have a connection, you will benefit from one extra year on the Housing Register for bids placed in that area and surrounding parishes.

You may still be allocated a property in another area dependant on where you place your bids.

In all the below cases you must provide documentary proof of this connection (e.g. family member's utility bills that cover five years).

A. Please tick the appropriate reasons below to establish if you have a connection.	TICK BOX ✓
Have you been living in the community for the last 12 months, or three out of the last five years?	<input type="checkbox"/>
Have a close family member (child, parent, sibling) who has lived in the community for at least the last five years	<input type="checkbox"/>
Do you give or receive care/support from someone living in the community?	<input type="checkbox"/>
Education/training purposes from children in Secondary School year 10 and above	<input type="checkbox"/>
Do you receive specialist medical treatment?	<input type="checkbox"/>
Do you need to move to or from supported housing which is near family?	<input type="checkbox"/>
Have employment in the community (qualifying criteria applies)	<input type="checkbox"/>
Have employment in line with the Right to Move criteria? (you are a tenant of social housing and you need to move to take up a job or live closer to employment or training (including apprenticeships))	<input type="checkbox"/>
A care leaver aged between 16 and 21?	<input type="checkbox"/>

B. Which area do you have a connection to? <i>Please note, you can only have a connection to one area</i>	
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C. Please list the top five areas you wish to live in, in order of preference:	
1. _____	2. _____
3. _____	4. _____
5. _____	
6. <input type="checkbox"/> No preference (anywhere in North East Derbyshire)	
Refer to map overleaf	

23 Map of the District



All areas highlighted in grey are within the North East Derbyshire District.

General Support

24 Nominated Person

If you would like to give permission for someone to act on your behalf, please give their details below.

Please note: By providing these details you are giving us permission to discuss your re-housing with this person. You may withdraw this consent at any time by contacting us.

Nominated person details	
Name:	
Phone Number(s):	
Address:	
Agency (if applicable):	
Relationship to you:	

25 Accessing Choice Move

Rykneld Homes operates an online Choice Move system. This requires you to register your interest by 'placing a bid' on the advertised properties you are interested and eligible for.

Are you able to place bids yourself?	TICK BOX ✓	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please explain why:			
Do you require support from the Choice Move team to place bids?	TICK BOX ✓	<input type="checkbox"/> Yes	<input type="checkbox"/> No

26 Are you or anyone moving with you, receiving or providing support from, or to, a family member?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	TICK BOX ✓	If yes, please request a Support Needs form
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27 Support Needs

Are you being supported by a professional/agency (e.g. Social Worker)? TICK BOX ✓	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Please provide any supporting letters from your support worker(s).

Please provide details of any agencies you, or anyone moving with you, are currently working with or receive support from. This could include Support Workers, Social Workers, Health Visitors, Doctors, Consultants, Mental Health Workers, carers, family etc. Please provide name, address and contact details.

28 Are you or anyone being re-housed with you?

	Yes or No TICK BOX ✓	Person Affected
A wheelchair user? If yes, please state if just indoors or outdoors or both	<input type="checkbox"/> Y <input type="checkbox"/> N	
A frail person who requires support?	<input type="checkbox"/> Y <input type="checkbox"/> N	
A person with a learning difficulty?	<input type="checkbox"/> Y <input type="checkbox"/> N	
A person with a visual impairment?	<input type="checkbox"/> Y <input type="checkbox"/> N	
A deaf person?	<input type="checkbox"/> Y <input type="checkbox"/> N	
A person with mental health problems?	<input type="checkbox"/> Y <input type="checkbox"/> N	
A substance abuser e.g. drugs or alcohol?	<input type="checkbox"/> Y <input type="checkbox"/> N	
A person who needs housing with a support worker?	<input type="checkbox"/> Y <input type="checkbox"/> N	

Convictions

Please provide any Court documents relevant to the conviction(s).

29 Have you, or anybody moving with you, been subject to an anti-social behaviour investigation or received an Anti-Social Behaviour Order (ASBO), Criminal Behaviour Order (CBO) or Civil Injunction?

☐ Yes ☐ No TICK BOX ✓

If yes, please tell us who, when and why they received it:

30 Have you, or anybody moving with you, ever been convicted of a criminal offence?

☐ Yes ☐ No TICK BOX ✓

Who has the conviction:	
Date(s) convicted:	
Nature of the offence:	
Sentence received, if any: <i>(Please include suspended sentences, fines, community orders etc)</i>	

Relationships

31 Are you or the joint applicant, employed, or have ever been employed, by Rykneld Homes or NEDDC?

☐ Yes ☐ No TICK BOX ✓

32 Are you or the joint applicant, a Councillor of NEDDC or related to a Councillor of NEDDC?

☐ Yes ☐ No TICK BOX ✓

33 Are you or the joint applicant, related to a Board Member or employee of Rykneld Homes?

☐ Yes ☐ No TICK BOX ✓

If yes to any of the above, please give details:

34 If Social Housing is your preferred option for re-housing, please be aware that it may take some time to be offered a property.

Have you considered other Housing Options, such as:	TICK BOX ✓
Private rented	
Help to Buy Scheme	
Shared Ownership	
Mutual Exchange	
Supported Accommodation	
HomeSwapper <i>If you are currently a tenant, you may wish to register on the HomeSwapper site. This is where our tenants can swap with other NEDDC, Housing Association or Local Authority tenants. You can register at www.homeswapper.co.uk.</i>	

The Housing Options team at NEDDC may be able to give you some help and advice on options available to you. They can be contacted on 01246 231111.

35 Equal Opportunities

How would you describe your religion or belief, including non-belief?	<input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/> Hinduism <input type="checkbox"/> Judaism <input type="checkbox"/> Islam <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> Sikhism <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/> Hinduism <input type="checkbox"/> Judaism <input type="checkbox"/> Islam <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> Sikhism <input type="checkbox"/> Prefer not to say
How would you best describe your sexual orientation?	<input type="checkbox"/> Heterosexual/Straight <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Heterosexual/Straight <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say
The <u>Equality Act 2010</u> defines a person as disabled if they have a physical or mental impairment, which has a substantial and long-term (i.e. has lasted or is expected to last at least 12 months) and adverse effect on the person's ability to carry out normal day-to-day activities.		
Do you have a disability, long-term illness or health condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
If yes, please tick ✓ the relevant box or boxes if any of the below apply to you:		
Mobility:	<input type="checkbox"/> Wheelchair user inside <input type="checkbox"/> Wheelchair user outside only <input type="checkbox"/> Walking aids <input type="checkbox"/> Cannot climb stairs	<input type="checkbox"/> Wheelchair user inside <input type="checkbox"/> Wheelchair user outside only <input type="checkbox"/> Walking aids <input type="checkbox"/> Cannot climb stairs
Hearing level:	<input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Hearing aids	<input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Hearing aids
Vision level:	<input type="checkbox"/> Blind <input type="checkbox"/> Partially sighted	<input type="checkbox"/> Blind <input type="checkbox"/> Partially sighted

Mental Health (e.g. Depression, Schizophrenia)	<input type="checkbox"/> Yes <input type="checkbox"/> No Please specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No Please specify:
Other, please specify:		
What is your ethnic background?	<p>A: White:</p> <input type="checkbox"/> British, English, Northern Irish, Scottish or Welsh <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish traveller <input type="checkbox"/> Any other White background, please specify _____	<p>A: White:</p> <input type="checkbox"/> British, English, Northern Irish, Scottish or Welsh <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish traveller <input type="checkbox"/> other White background, please specify _____
	<p>B: Mixed or multiple ethnic groups:</p> <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed or multiple ethnic background, please specify _____	<p>B: Mixed or multiple ethnic groups:</p> <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed or multiple ethnic background, please specify _____
	<p>C: Asian or Asian British:</p> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background, please specify _____	<p>C: Asian or Asian British:</p> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background, please specify _____
	<p>D: Black, African, Caribbean or Black British:</p> <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black British, African or Caribbean background, please specify _____	<p>D: Black, African, Caribbean or Black British:</p> <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black British, African or Caribbean background, please specify _____
	<p>E: Other ethnic group:</p> <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group, please specify _____	<p>E: Other ethnic group:</p> <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group, please specify _____
	<p>F: Prefer not to say:</p> <input type="checkbox"/>	<p>F: Prefer not to say:</p> <input type="checkbox"/>

36 Application Checklist

Have you completed all sections of the housing application that are relevant to you?

If you are applying for Extra Care or Specialist housing you only need to complete sections 1, 2, 24 and 35.

Throughout the application you have been requested to provide evidence of your identity, address and circumstances. Your application may not be accepted and will be returned to you if you have not provided all these documents or if the application is incomplete.

If required, we may ask you for additional information and evidence.

Please complete the checklist below to ensure you have provided all necessary documentation:

	Main Applicant TICK BOX ✓	Joint Applicant TICK BOX ✓
Information about you		
One form of Identification (see page 3)		
Proof of National Insurance Number (see page 3)		
Proof of your current address (see page 3)		
Proof of indefinite leave to remain in the UK (see page 4)		
Where you live now		
Tenancy Agreement (see page 4)		
Property ownership and savings		
Proof of your outstanding mortgage (see page 7)		
Proof of any charges outstanding on properties (see page 7)		
Proof of any loans/credit card amounts (see page 13)		
Proof of property sale and amount received (see pages 7 and 8)		
Proof of any property repossession (see pages 7 and 8)		
Proof of any transfer of property (see page 8)		
Previous address(es)		
Proof of previous address(es), if moved in the last six months (see pages 8 & 9)		
People moving with you		
One form of ID for anyone aged over 16 (see page 10)		
Proof of current address for anyone aged over 16 (see page 10)		
The National Insurance Number for anyone aged over 16 (see page 10)		
The full Birth Certificate, child benefit or tax credit letter for every child under 16 (showing parent/child's name) (see page 10)		
Proof of pregnancy (must show due date) (see page 10)		
Proof of access details (e.g. Court papers) (see page 11)		
Full Birth Certificate for each child you have access to (showing parent's name) (see page 11)		
Income and expenditure		
Proof of all benefits you receive (see page 12)		
Reason for moving		
Proof of your community connection (see page 15)		
General support		
Proof of supporting letters from your support worker(s) (see page 18)		
Convictions		
Proof of any criminal convictions) (see page 18)		
Data Protection		
Privacy Notice – read and signed		

Declaration

You are responsible for the information on this form and must sign the declaration – even if someone else has filled in this form for you. If you have a joint applicant, they must sign the declaration as well. Please read it carefully before you sign and date it.

We will treat all the information you provide in confidence and in accordance with the Data Protection Act 1998. We will use it for the purpose of processing your application and to deliver services if you become a tenant. We will need to share it with other departments or organisations to get further information. These include, but are not restricted to, Department for Work and Pensions, Probation Service, Police, Social Services and companies providing services on behalf of Rykneld Homes such as repairs and maintenance.

- I give Rykneld Homes/partner landlords permission to contact my present and/or former landlords, any of the agencies listed and any other relevant agencies
- I authorise them to disclose any information held by them for the purpose of dealing with my application for housing
- I understand that any information given to Rykneld Homes/partner landlords will be used by them in relation to my application for housing and to provide services if I become a tenant
- I understand that if I bid for a Housing Association property, this application form will be shared with them
- I also authorise Rykneld Homes to undertake a credit reference check if considered necessary
- I understand Rykneld Homes may offer different tenancy types depending on the information given in my application, and subject to Rykneld Homes/NEDDC Tenancy Policies
- I understand that any information I have given may be shared with other parts of NEDDC and other organisations responsible for managing public money for reasons of preventing and detecting fraud
- I confirm that the details I have given in this application are true and correct
- I also agree to inform Rykneld Homes of any change in my personal or housing circumstances
- I understand that if I have knowingly or recklessly given any false information or have not given information which would affect my application, Rykneld Homes will not process my application form, may take legal action against me, and Rykneld Homes/partner landlords may, by law, end my tenancy.

Main Applicant Signature: Date:

Joint Applicant Signature: Date:

Has anyone other than the main or joint applicant filled in this form		Yes <input type="checkbox"/>	No <input type="checkbox"/>	TICK BOX <input checked="" type="checkbox"/>
Name of person who filled in the form				
Signature				
Phone Number				
Relationship to Applicant				
Agency (if applicable)				
Date				

No English? No problem

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large print, braille or on
audio CD please call us on
01246 217670

Rykneld
HOMES
at the heart of communities

TALKBACK



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We care. We want all of our customers to be able to access all of our services. To talk to someone in English, ring this number.

You will not be charged for the TALKBACK service.

☎ **01430 457421** (CANTONESE) 廣東話

☎ **01430 457423** (MANDARIN) 國語

本市政府關心閣下，我們希望區內所有的市民都能夠使用我們所有的服務。請致電上列這一號碼，可用廣東話或國語和我們交談。

免費為你提供此項服務。

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☎ **01430 457422** (ITALIAN)

Noi ci prendiamo cura di voi. Il nostro obiettivo è quello di dare a tutti i nostri clienti la possibilità di accedere ai nostri servizi. Per parlare in **italiano**, chiamate questo numero

Questo servizio è senza spese o commissioni

☎ **01430 457426** (URDU) اُردو

ہم احساس کرتے ہیں۔ ہم چاہتے ہیں کہ ہمارے صارفین ہماری تمام سروسز سے استفادہ حاصل کریں۔ اگر آپ کسی سے اُردو میں بات کرنا چاہیں تو اس ٹیلیفون نمبر پر رابطہ کریں اس سروس کو استعمال کرنے کے لیے آپ سے کوئی معاوضہ نہیں لیا جائے گا۔

☎ **01430 457424** (POLISH)

Dbamy o naszych klientów.

Pragniemy, by wszyscy mogli skorzystać z całości oferowanych przez nas usług. Aby porozmawiać w języku **polskim**, wybierz ten numer telefonu.

Korzystanie z tej usługi jest bezpłatne.

☎ **01430 457425** (PUNJABI)

ਅਸੀਂ ਦੇਖ-ਭਾਲ ਕਰਦੇ ਹਾਂ। ਅਸੀਂ ਚਾਹੁੰਦੇ ਹਾਂ ਕਿ ਸਾਡੇ ਸਾਰੇ ਗਾਹਕ ਸਾਡੀਆਂ ਸਾਰੀਆਂ ਸੇਵਾਵਾਂ ਤੱਕ ਪਹੁੰਚ ਕਰ ਸਕਣ। ਕਿਸੇ ਨਾਲ **ਪੰਜਾਬੀ** ਵਿਚ ਗੱਲਬਾਤ ਕਰਨ ਵਾਸਤੇ, ਇਸ ਨੰਬਰ ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

ਇਸ ਸੇਵਾ ਦੀ ਵਰਤੋਂ ਲਈ ਤੁਹਾਡੇ ਕੋਲੋਂ ਪੈਸੇ ਨਹੀਂ ਲਏ ਜਾਣਗੇ।

☎ **0800 731 7878** (OTHER LANGUAGES)