

FRANKLANDS VILLAGE HOUSING ASSOCIATION

Name _____
Address _____



HOUSING APPLICATION FORM

Please use this form to apply for housing if you are not already a Housing Association Tenant.

There is a high demand for accommodation in Franklands Village, yet there are very few social housing vacancies each year. This high demand for accommodation means we are unable to provide accommodation to the majority of people applying for help.

To help us understand your particular situation, please try to be as accurate as possible and give us as much detail as you can.

Please contact us if you need any help or advice.

You can phone us on 01444 413771

Fax us on 01444 441140

Write to us at: Franklands Village Housing Association
The Estate Office
Franklands Village
Haywards Heath
West Sussex
RH16 3RS

Or visit our Website at: www.fvha.org.uk

Please see Page 9 of this form regarding Proof of Circumstances. If you DO NOT enclose the information we require we will be unable to process your application and it will be returned to you.

For Office Use Only

TNT Code

Name and Address

Applicant

Co-Applicant

Name _____

Name _____

Address _____

Address _____

Post Code _____

Post Code _____

Home Tel: _____

Home Tel: _____

Work Tel: _____

Work Tel: _____

Mobile: _____

Mobile: _____

Nationality _____

Nationality _____

National Insurance No:

National Insurance No:

Have you ever been known by another name? If so please give details below.

Applicant

Co-Applicant

You and Your Household

Please use this section to tell us about yourself and the people who are part of your application.

Title	Surname	First Names(s)	Relationship to Applicant	Date of Birth	Sex M/F

Is any person listed above expecting a baby? If so tell us who and when the baby is due.

Name _____

Date baby due _____

Warning to Applicants

Please note that, when making an application for housing under part VI of the Housing Act 1996, it is a criminal offence if you knowingly or recklessly give false information in respect of any matter relating to your application, or withhold information or fail to notify us of any relevant changes in your circumstances which occur after the housing application has been submitted and which may affect your eligibility for rehousing.

Franklands Village Housing Association must be notified of changes which may affect your application.

Your Eligibility for Housing

The following information is required in order to assess whether you are eligible for Housing within the meaning of the Housing Act 1996 (as amended). If you are not eligible for Housing you will not be offered accommodation.

- A. Have you or anyone who forms part of your application recently come from abroad even if you are a British or European National?

Yes No

- B. Are you or anyone who forms part of this application subject to Immigration Control?

Yes No

- C. If you have answered YES to question(s) A and/or B please give full details and the names(s) of the member(s) of your household who is/are affected.

Present Immigration Status

- D. Have you or any member of your household lived in a property where an Injunction, Notice of Possession Proceedings or a Court Order in connection with violence, harassment, racial harassment or any other anti social behaviour as outlined above has been served?

Yes No If YES please give details below:

- E. Have you or a member of your household been convicted of any criminal offence(s) in connection with violence, harassment, racial harassment, malicious damage, criminal or immoral behaviour, threatening words or behaviour, neglect or damage to property, nuisance or annoyance?

Yes No If YES please give details below:

Medical

Please where necessary

Does anyone in your household have a medical condition or a disability which is affected by your current housing situation?

Yes No

If Yes, please give us some brief details.

Name(s)	
Details	

Employment

First Applicant (please one box)

1. Employed full time
2. Employed part time
3. Self employed
4. Home maker
5. Retired
6. Full time student
7. Unemployed

Employment address

--

Length of time with this employer

Employer's trade or business
e.g. media company, garage, hospital etc.

--

Name of employer	
Job title/occupation	
Gross Wage/Salary per month	

Second Applicant (please one box)

1. Employed full time
2. Employed part time
3. Self employed
4. Home maker
5. Retired
6. Full time student
7. Unemployed

Employment address

--

Length of time with this employer

Employer's trade or business
e.g. media company, garage, hospital etc.

--

Name of employer	
Job title/occupation	
Gross Wage/Salary per month	

Do you or your co-applicant have any savings/investments?

Yes No

If Yes, please tell us how much:

Applicant

Co-Applicant

Benefits & Pensions

Please tell us if anyone receives any benefits or pensions.

Name	Benefit	Amount * per week

Your Current Housing Situation

Please use this section to tell us about your present home.

<p>(a) When did you move into your present home?</p>	<p>Applicant</p> <input style="width: 100%; height: 20px;" type="text"/>	<p>Co-Applicant</p> <input style="width: 100%; height: 20px;" type="text"/>
<p>(b) Is your home a</p> <p>House <input type="checkbox"/></p> <p>Bungalow <input type="checkbox"/></p> <p>Flat <input type="checkbox"/></p> <p>Bedsitter/Studio Flat <input type="checkbox"/></p> <p>Maisonette <input type="checkbox"/></p> <p>Mobile Home/Caravan <input type="checkbox"/></p> <p>Hostel/Guest House <input type="checkbox"/></p> <p>Other, please specify <input style="width: 100%;" type="text"/></p> <p>How many bedrooms does your home have?</p> <p><input type="checkbox"/> double <input type="checkbox"/> single</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input style="width: 100%;" type="text"/></p> <p><input type="checkbox"/> double <input type="checkbox"/> single</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input style="width: 100%;" type="text"/></p> <p><input type="checkbox"/> double <input type="checkbox"/> single</p>
<p>(c) Are You:</p> <p>A Tenant Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>A Lodger Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Living with Family Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Living with Friends Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Other, please specify <input style="width: 100%;" type="text"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input style="width: 100%;" type="text"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input style="width: 100%;" type="text"/></p>

Do you share your home with anyone else who is **not** included on this application? Yes No

If you or your co-applicant are a tenant please tell us the name and address of the landlord(s)

To the best of your knowledge have you broken any of your tenancy conditions? Yes No

Details

What is your monthly rent? £

And/or contribution to household expenses £

Your Current Housing Situation (continued)

(d) If you are homeless or threatened with homelessness have you approached Mid Sussex District Council for help?

Yes

No

If YES, when

(e) Please complete the details requested below. For example, if you have three bedrooms you should tick three of the bedroom boxes even if you do not use them all. **YOU MUST COMPLETE THIS QUESTION FOR US TO ASSESS YOUR HOUSING NEEDS.**

Rooms	Applicant One (Name & Relationship of each person occupying bedrooms)	Co-Applicant (Name & Relationship of each person occupying bedrooms)
Bedsit/Studio Flat		
Bedroom 1		
Bedroom 2		
Bedroom 3		
Bedroom 4		
Living Room		
Dining Room		
Kitchen		
Bathroom		
Separate WC		
Other		

If other please give details

Any other additional information on Current Housing Situation you would like to bring to our attention:

Local Connection

Do you have local connection with Mid Sussex District Area?

Yes

No

If Yes, please give details of any relatives below:

Name	Address & Tel No.	Relationship to you	Time lived in area

Pets

Do you have any pets?

Yes

No

Details

Previous Residence

Please use this section to tell us about your previous addresses in this country or abroad.

(a) Applicant

ALL addresses over the past FIVE years.	Name of landlord/housing association	DATES	
		From	To
FORMER RENT ARREARS	Yes <input type="checkbox"/> No <input type="checkbox"/>	Landlord	Amount
Address			

(b) Co-Applicant

ALL addresses over the past FIVE years.	Name of landlord/housing association	DATES	
		From	To
FORMER RENT ARREARS	Yes <input type="checkbox"/> No <input type="checkbox"/>	Landlord	Amount
Address			

Home Ownership

Please use this section to tell us about any home that you or your co-applicant own, or have owned previously

(a) Property Currently Owned

Do either you or your co-applicant currently own any residential property (including joint ownership with another person)?

Yes No

If yes, please give the address:

(a) Property Previously Owned

Have you or your co-applicant owned any property previously?

Yes No

If yes, please give the address:

When did you dispose of this home?

Ethnic Monitoring

FVHA has introduced procedures designed to prevent the possibility of discrimination to any applicant.

Please tick the category that most closely fits your household ethnic origin.

- | | | | |
|------------------------------------|-------------------------------------|--|-------------------------------------|
| 1. White British | <input checked="" type="checkbox"/> | 10. Asian / Asian British Bangladeshi | <input checked="" type="checkbox"/> |
| 2. White Irish | <input type="checkbox"/> | 11. Asian / Asian British Other | <input type="checkbox"/> |
| 3. White Other | <input type="checkbox"/> | 12. Black / Black British Caribbean | <input type="checkbox"/> |
| 4. Mixed White & Black Caribbean | <input type="checkbox"/> | 13. Black / Black British African | <input type="checkbox"/> |
| 5. Mixed White & Black African | <input type="checkbox"/> | 14. Black / Black British Other | <input type="checkbox"/> |
| 6. Mixed White & Asian | <input type="checkbox"/> | 15. Chinese / Other Ethnic Group Chinese | <input type="checkbox"/> |
| 7. Mixed Other | <input type="checkbox"/> | 16. Chinese / Other Ethnic Group Other | <input type="checkbox"/> |
| 8. Asian / Asian British Indian | <input type="checkbox"/> | 17. Refused | <input type="checkbox"/> |
| 9. Asian / Asian British Pakistani | <input type="checkbox"/> | | |

Reasons for Applying and Additional Information

Please tell us why you are in housing need and the reason for your application

Is there any information relating to your housing situation that you would like us to know about?

Proof of Circumstances

ALL NEW APPLICANTS

If you are applying to join the FVHA Housing Register for the first time, you will need to provide:

- Proof of Identity for all people listed on your application
- Proof of Residence
- Your National Insurance Number

Where applicable, please also provide evidence of:

- Pregnancy
- Contact arrangements with any children from a previous relationship
- Any current tenancy
- Ownership (past or present) of any other property
- Current total income including any benefits & 3 month's bank statements
- Any savings/investments

UPDATING YOUR APPLICATION

Please provide evidence of identity for any new applicant being added to your application, along with appropriate evidence of any change in circumstances of anyone included in the application. (For example, if changing name by marriage, please provide Marriage Certificate.)

CHECK LIST – Please list the documents you have included:-

Evidence of:-	Format (passport/payslip etc.)	FOR OFFICE USE ONLY
1. Identity		
2. Residence		
3. National Insurance No.		
4. Pregnancy/Access to or full-time care of children		
5. Current tenancy		
6. Home ownership or sale		
7. Income/Savings/Benefits		
OTHER 3 months bank statements		

Acceptable Documentation

PLEASE NOTE: At the initial stages of an application, photocopies of documents are acceptable. However, you may be required to produce original documents at interview.

1. Proof of identity (Any one of the following for each applicant)
 - ✓ Birth Certificate/Adoption Certificates
 - ✓ Passport
 - ✓ New type Driving Licence
 - ✓ Photo ID Card (Employees/Student/HM Forces/Proof of Age card)
 - ✓ EU Identity Card
 - ✓ Approved Immigration Status Document
2. Proof of Residence (Any two of the following)
 - Household Bill (gas, electricity, Council Tax etc.)
 - Tenancy or Licence Agreement
 - Benefits Agency document (Award Letter/payment book)
 - Driving Licence
 - Bank/Credit Card/Mail Order Account statement
3. Proof of National Insurance Number (One of the following)
 - ✓ National Insurance Card
 - ✓ Pay Advice
 - ✓ Income Tax Statement
4. Proof of Pregnancy/Responsibility for children
 - EDC certificate or GP letter giving date of confinement
 - Residence Order or Child Benefit Award letter or Payment Book
 - Confirmation of arrangements from Solicitor or other parent/Guardian
5. Proof of Current Tenancy (Any one of the following for each applicant)
 - Tenancy or Licence Agreement
 - Rent Book
 - Letter from your Landlord
6. Proof of Sale of Property
 - Completion Statement
 - Letter of Confirmation from Solicitor/Mortgage Lender
7. Proof of Income and Savings
 - Recent payslips
 - Bank/Building Society Statements
 - Benefit Award Letters

Declaration

- (a) Are you or any member of your household related to any Board Member or employee working for Franklands Housing Association?

Yes

No

If Yes, please state name and relationship to you.

(b) IMPORTANT NOTICE

Section 171 Part IV (1)(2) (Allocations) Housing Act 1996

The attention of all applicants is drawn to the above provisions of the Housing Act 1996. A person commits a criminal offence if, in connection with this application:

He/she knowingly or recklessly makes a statement which is false in a material particular. A person guilty of an offence under this section is liable in summary conviction to a fine not exceeding level 5 on the standard scale (Maximum £5000).

- (c) I/We will declare that the answers I/We have given are true and complete and that I/We have not left any details out which might affect my/our application.

I/We will ensure that any change in circumstances relating to my/our household will be notified to Franklands Village Housing Association. I/We understand that the Association reserves the right to recover possession if a tenancy is allocated to me/us on false or misleading information.

I/We agree that the details given in this form can be used in the decision about any homeless application I make under Part VII of the 1996 Housing Act (as amended).

I/We hereby give consent for the Association to make any enquiries it deems fit as part of their investigation into my/our application for housing.

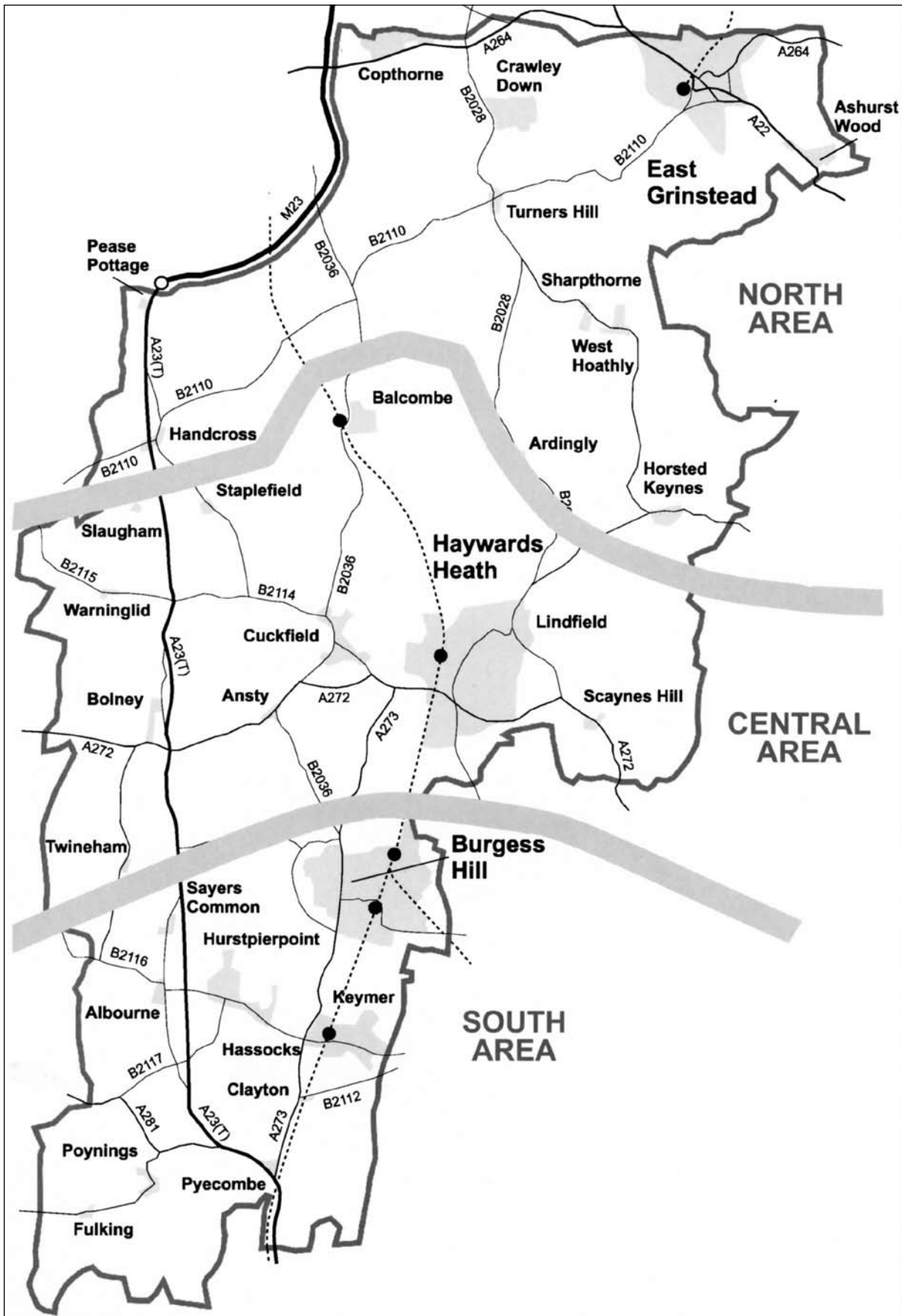
(If consent is not given the Association may be unable to determine your application).

In completing and signing this form, I hereby consent to the Association using any information given pursuant to the Data Protection Act 1998:

1. In connection with the supply of the service, permission, consent, approval, financial or other assistance for which this application is made;
2. For the furtherance of any other of the Association's statutory purposes;
3. For the of sharing with any of its statutory purposes;
4. In connection with the prevention and detection of fraud or evasion of tax; and
5. For the purposes of statutory monitoring or regulatory compliance requirements.

1st Applicant Signature	Date
Please Print Name	
2nd Applicant Signature	Date
Please Print Name	

A Map of the Mid Sussex District



Any additional information in support of your application (optional)

