



For office use only:

Name:	Application No:
-------	-----------------

HOUSING APPLICATION FORM

We are aware that this is a long form; however it is important that you should answer all of the questions relevant to your application and read all sections carefully.

Please read the Guide to Tenancy Selection and Property Allocation leaflet to make sure you are eligible to apply to us for housing.

The main eligibility criteria are that you must have a British Armed Forces connection and be in housing need.

- Fill in the appropriate boxes to answer the questions in BLUE or BLACK ink
- Carefully read the declaration in Section 10 and sign the form to show that you have read and understood it. We do not accept unsigned applications
- Your form will NOT be sent back to you if it is incorrectly filled in and, therefore, your application will NOT be processed further
- If you have difficulty in filling in this form contact your local authority Housing Advice Centre or Citizens' Advice Bureau for assistance.

Please Note: Please ensure you have filled in your application form correctly and truthfully and have answered all the questions which apply to you.

- Haig Housing, in common with other housing associations, may employ credit agencies to verify applicants' credit history. By signing this application form you agree to Haig carrying out a check on your credit history
- Checks will be made on information given in this application for housing with Haig Housing.
- We may not be able to grant you a tenancy if you have made a false statement or withheld relevant information. If we subsequently find that any information on this application form is false or deliberately withheld, we may take legal action to repossess any home we have let to you

Receipt of your application will be acknowledged within 14 days. Please contact us if you do not hear from us within that time. **DO NOT SUBMIT A SECOND APPLICATION FORM.**

If your application is initially accepted, you will be sent a further form which will ask for details of your income, any benefits you receive and for two separate referees (ideally your current, or most recent, employer and current landlord). Copies of the relevant documents to support your application will also have to be provided. **Please start making sure you have all the information ready to avoid delaying your application.** Throughout the form you will see notes about what further information will need to be supplied.

Please send the completed form to:

HAIG HOUSING, ALBAN DOBSON HOUSE, GREEN LANE, MORDEN, SURREY SM4 5NS

For office use only:

Date received:			
Logged by:	Date:	Checked by:	Date:
Returned to applicant YES / NO			
Date received (second):			
Checked by:	Date:	Approved by:	Date:

SECTION 1: ABOUT YOU AND THE PEOPLE WHO MAY LIVE WITH YOU

1.A. YOUR DETAILS

Title:	Surname:	Previous surname:
First name(s):		Date of birth:
Status: Married / Single / Widow(er) / Divorced / Separated / Civil Partner / Co-habitee		
Home Tel:	Work Tel:	Mobile:
Address:		Email:
		Postcode:
National Insurance number:		

NB: We do not normally accept applications from people living with an existing Haig Housing tenant

1.B. YOUR PARTNER'S DETAILS

Title:	Surname:	Previous surname:
First name(s):		Date of birth:
Status: Married / Single / Widow(er) / Divorced / Separated / Civil Partner / Co-habitee		
Home Tel:	Work Tel:	Mobile:
Address:		Email:
		Postcode:
National Insurance number:		

1.C. ANY OTHER PEOPLE WHO WILL LIVE WITH YOU

Surname	First Name	Sex	Date of Birth	Relationship to you	Education/Employment Status

Carry on to a separate sheet if necessary (*note 1*)

1.D. ARE YOU OR IS ANYBODY IN THIS APPLICATION PREGNANT? (*note 2*)

YES / NO If YES, please give following details:

Name of pregnant person:	
Date baby expected:	

1.E. DO YOU HAVE ANY PETS? (*note 3*)

YES / NO If YES, please give details:

Animal	Type (dog/cat etc)	Animal	Type (dog/cat etc)
1		3	
2		4	

ARE YOU PREPARED TO RE-HOME YOUR PETS?

YES / NO

1.F. CRIMINAL CONVICTIONS

Do you or any person who will be living with you have any criminal conviction(s) which are not spent as explained in the Rehabilitation of Offenders Act 1974 YES/NO

If yes please give details and dates of the conviction(s)

--

SECTION 2: YOUR CONNECTION WITH THE SERVICES

(Please read note 4) This section applies to the person with the Service connection. If you are applying as a widow/er of a Service person, you must fill in the details of your late spouse . We will need to see a copy of the Death Certificate.

If you are applying as a divorced or separated partner, you must fill in the details of the Service person you have the connection with and provide their name, address and contact details – we will confirm with them that they are in agreement with you using their eligibility. **We also need to see your original divorce or legal separation papers**

If the applicant and their partner are eligible to apply for housing with Haig Housing as they are BOTH ex-Service, we may be able to offer a joint tenancy

Name of qualifying person:	
Service:	Navy <input type="checkbox"/> RAF <input type="checkbox"/> Army <input type="checkbox"/> Merchant Navy/Fishing Fleets <input type="checkbox"/> TA <input type="checkbox"/>
Regiment, branch, corps:	
Rank:	Service No:
Date enlisted:	Whether still serving: YES / NO (please circle)
Date of discharge:	Reason for discharge:

If you are a widow/er of an ex-Serviceman or woman, please fill in this section:

Date and circumstances of death: (please state whether the death occurred whilst in Service)

SECTION 3 – YOUR INCOME

3.A. EMPLOYMENT

Are you employed? YES / NO

Is your partner employed? YES / NO

Do you receive Welfare Benefits

YES / NO

3.C. SAVINGS

	Applicant	Partner
How much money do you have in any bank/building society/savings accounts and investments? <i>(note 5)</i>	£	£

SECTION 4: PRESENT AND PREVIOUS ADDRESSES

4.A. YOUR CURRENT HOME

Please indicate your present housing situation:

Service accommodation	<input type="checkbox"/>	Living with family	<input type="checkbox"/>
Local Authority (LA) <i>(note 6)</i>	<input type="checkbox"/>	Living with friends	<input type="checkbox"/>
Housing Association (HA) <i>(note 6)</i>	<input type="checkbox"/>	Women's refuge	<input type="checkbox"/>
Private rental	<input type="checkbox"/>	Hostel	<input type="checkbox"/>
Owner occupier	<input type="checkbox"/>	Mobile home / caravan	<input type="checkbox"/>
Tied to employment	<input type="checkbox"/>	Statutorily homeless	<input type="checkbox"/>
Supported housing	<input type="checkbox"/>		
Other – give details:			

Please tell us about your current home:

Type of home:	House <input type="checkbox"/>	Flat <input type="checkbox"/>	Maisonette <input type="checkbox"/>	Other <input type="checkbox"/>
Number of bedrooms:	Bedsit / one / two / three / four			
Floor level: (if applicable)	Ground <input type="checkbox"/>	First <input type="checkbox"/>	Second <input type="checkbox"/>	Other <input type="checkbox"/>
Is there a lift? (if applicable)	Yes / No			

Why do you need to leave your current home?

Leaving service accommodation*	<input type="checkbox"/>	Other neighbourhood problems	<input type="checkbox"/>
Loss of accommodation tied to employment*	<input type="checkbox"/>	Overcrowding	<input type="checkbox"/>
End of assured short-hold tenancy*	<input type="checkbox"/>	Ill health/disability	<input type="checkbox"/>
Eviction or repossession*	<input type="checkbox"/>	Poor condition of property	<input type="checkbox"/>
Domestic violence	<input type="checkbox"/>	Can't afford to buy or mortgage	<input type="checkbox"/>
(Non-violent) breakdown of relationship with partner	<input type="checkbox"/>	To move nearer family/friends	<input type="checkbox"/>
Asked to leave by family/friends*	<input type="checkbox"/>	To move nearer work	<input type="checkbox"/>
Racial harassment	<input type="checkbox"/>	Under bailiff order*	<input type="checkbox"/>
Other (please state):			

4.B. YOUR LANDLORD / TENANCY

What is your current landlord's name and address?

Landlord's name:
Address:
Date you moved in: / /
Type of tenancy, eg an assured short-hold:

Have you or your partner EVER been a tenant of a Local Authority or Housing Association?

YES / NO If YES, please give details:

Name of LA or HA:	
Address:	
Tenancy start date:	Tenancy end date:
Reason for leaving:	

Have you or your partner ever had any action taken against you by a landlord for a breach of your tenancy agreement?

YES / NO If YES, please give details including dates and outcome:

4.C. HOME OWNERSHIP

Do you, or your partner, currently have a legal or financial interest in any property whether in the UK or overseas? (note 8)

YES / NO

Have you, or your partner, had a legal or financial interest in any property in the last 2 years? (note 10)

YES / NO If YES, please confirm your interest (ie 20%, joint or sole ownership) _____

Please provide the address here:

.....

SECTION 5: WHERE YOU WOULD LIKE TO LIVE (note 11)

First Choice Location:	
Second Choice Location:	
Third Choice Location:	
Would you be prepared to consider <u>ANY</u> location where Haig Housing has properties? YES/NO	

Market Survey Question

Haig has estates across the UK but there are areas where we do not have housing. For future planning purposes Haig needs to collect data to inform us of where new housing is most needed.

For this reason tell us in, or near, which city or town in the UK would you ideally like to be housed?

.....

If the answer above is London, please circle the following preferred area:

London North West / London North East / London South West / London South East

SECTION 6: THINGS WHICH AFFECT YOUR HOUSING REQUIREMENTS

Medical and/or Special Needs Information

If you, or any person named on the application, have any medical conditions or special needs which would affect the type of housing you need and which you would like us to consider when assessing your application, please complete the details below. (Note 12)

If you do not have any medical conditions or special needs, please go on to Section 7

Name and date of birth of family member with medical condition:

SECTION 7: REASON FOR YOUR APPLICATION

Please tell us about your present circumstances for example why your current living arrangements are not suitable and why you are applying to Haig Housing for housing assistance (if you require additional space for your answer, please use a separate sheet and attach it to your application)

SECTION 8: ADDITIONAL INFORMATION

Do you, or anyone listed on this application, have any connection to any member of staff or Trustee of Haig Housing? YES / NO

If YES, please give details:

.....

Are you happy for us to contact your previous landlord/s? YES / NO

IF NO, please tell us why

.....

Are you happy for us to arrange a visit from one of our Agents, a member of staff, or a SSAFA representative if we need help to assess your application? YES / NO

If NO, please tell us why

Please tell us where you heard about us (note 13)

- | | | | | | |
|---------|--------------------------|-------------------|--------------------------|-------------------------------------|--------------------------|
| Website | <input type="checkbox"/> | Family or friends | <input type="checkbox"/> | RBL | <input type="checkbox"/> |
| JSHAO | <input type="checkbox"/> | Existing tenants | <input type="checkbox"/> | Service Resettlement Advisors | <input type="checkbox"/> |
| SSAFA | <input type="checkbox"/> | HomeSwapper | <input type="checkbox"/> | Local Authority/Housing Association | <input type="checkbox"/> |

Other: (please give details)

SECTION 9: DATA PROTECTION ACT 1998 / DATA COLLECTION

The information provided on your application form is placed on a computer database. This enables us to access your details more efficiently and ensures that they are brought to our notice when a suitable vacancy occurs. We may give your information to any person or organisation for this purpose if the Data Protection Act allows us to; for example, another Housing Association.

In accordance with the Data Protection Act, your computer record is only made available to those having a need to know. No personal information will be released to anyone outside this group. You have the right to ask for a copy of your information, and for a description of how we are using it and who we may give it to.

We would be most grateful if you would sign below as having read and understood the above and that you agree the personal information provided may be held in computerised form for use as described.

Signed

Date

SECTION 10: DECLARATION

Applications are held on Haig's waiting list for two years. If Haig has been unable to make you a housing offer within that time your application will lapse; if you still require housing by Haig you will need to reapply.

Appropriate checks will be made to validate this application. Failure to provide the required / requested information may result in the application being rejected. A false declaration or failure to report any change in circumstances that affects the application may result in prosecution.

Subsequent discovery that information on this application form is false may result in legal action to repossess any home we have let to you.

I understand that no sub letting is permitted under terms of a Haig tenancy and may result in legal action

I agree to declare any other offer of housing (whether accepted or not) from any local authority, Housing Association or other housing provider.

I confirm that, as far as I know, the information I have given in connection with this application for housing is correct. I will inform Haig immediately if there is any change in my circumstances.

I authorise Haig Housing to undertake checks with any organisation to validate my application.

Your signature: Date:

EQUALITY AND DIVERSITY QUESTIONNAIRE (note 14)

Every year, we carry out checks to make sure that our services are fair to all different groups of people, whatever their racial group (Race Relations Act 1976) disability or sexual orientation. The best way of doing this is to find out about the people applying for housing and it would be helpful if you (the applicant) would answer the questions below

A. Ethnic Origin: – please tick one box only			
a. White	1 British		<input type="checkbox"/>
	2 Irish		<input type="checkbox"/>
	3 Other (<i>please specify</i>)		<input type="checkbox"/>
b. Mixed	4 White and Black Caribbean		<input type="checkbox"/>
	5 White and Black African		<input type="checkbox"/>
	6 White and Asian		<input type="checkbox"/>
	7 Other (<i>please specify</i>)		<input type="checkbox"/>
c. Asian or Asian British	8 Indian		<input type="checkbox"/>
	9 Pakistani		<input type="checkbox"/>
	10 Bangladeshi		<input type="checkbox"/>
	11 Other (<i>please specify</i>)		<input type="checkbox"/>
d. Black or Black British	12 Caribbean		<input type="checkbox"/>
	13 African		<input type="checkbox"/>
	14 Other (<i>please specify</i>)		<input type="checkbox"/>
e. Chinese or other ethnic group	15 Chinese		<input type="checkbox"/>
	16 Other (<i>please specify</i>)		<input type="checkbox"/>
f. I do not wish to give this information			<input type="checkbox"/>

B. Disability: (tick as many boxes as applicable)			
Are you registered disabled:	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
Do you use a wheelchair:	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
Do you have a Blue Badge (for the car):	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
I do not wish to give this information			<input type="checkbox"/>

Remember, this information will be kept confidential and will not affect either your application or allocation of any property in any way.

ALL INFORMATION GIVEN IS TREATED AS CONFIDENTIAL AND COVERED UNDER THE DATA PROTECTION ACT 1998

Alban Dobson House, Green Lane, Morden, Surrey SM4 5NS

Main Switchboard Tel No: 020 8685 5777 Fax: 020 8685 5778

Email: enquiries@haighousing.org.uk www.haighousing.org.uk

Charity Commission Registration Number: 1125556 Scottish Charity Registration Number: SC040058