

## Housing Application Form - Harehill Court

It is important that this form is completed giving as much information as possible. This will enable us not only to assess if we are able to offer a place on the waiting list but to place the applicant in the correct position on the list, which may in some cases mean a higher position with greater priority, depending on your needs and personal circumstances.

### 1. Applicants Details:

	Applicant	Joint Applicant (if applicable)
Title:		
First name/s:		
Surname:		
Address:  <b>Please provide proof of Identification and address</b>		
Telephone No:		
Email address:		
Previous addresses in last five years:		
Current Tenure: <b>Tenants - provide proof of rent payments within the last 3 months</b>		

	<b>Applicant</b>	<b>Joint Applicant (if applicable)</b>
Date of birth:		
Relationship to joint applicant:		
National Insurance No:		
Gender:		
Marital status:		
Details of any convicted offences not spent under the provision of the Rehabilitation of Offenders Act 1974 or convicted or cautioned for any sex offence or Schedule One offence?		
Details of any legal action taken against you for Anti Social Behaviour? i.e Eviction, Injunction, ASBO etc..		

**2. Reason for Application:**

	<b>Applicant</b>	<b>Joint Applicant (if applicable)</b>
Describe in detail why you wish to apply for housing at Harehill Court.		

3. Disabilities & Medical conditions:

	<b>Applicant</b>	<b>Joint Applicant (if applicable)</b>
Describe in detail any disabilities or medical conditions you may have. If none state none.		
Give the name, address and telephone details of your Gp.		
Give the name, address and contact details of any other health professional you see. This may include a district nurse, care manager or support worker If none state none.		
List any prescribed / un-prescribed medication you take at the present time and state what it is for. If none state none. <b>Please send a copy of your prescription request form.</b>		

	<b>Applicant</b>	<b>Joint Applicant (if applicable)</b>
Give details of any medication you are allergic to or allergies.		
Are you registered blind		
Are you registered disabled		
Give details of any hearing or speech impairments you have or any other communication difficulties.		
Give details of any aids you use to assist with your mobility ie walking frame or wheel chair either indoors or outside.		
Give details of any assistance you require to move around indoors or to get in and out of a chair or bed.		
Give details of any dietary requirements including likes and dislikes you have.		

	<b>Applicant</b>	<b>Joint Applicant (if applicable)</b>
Give details of any mental health problems you have or have had. Including dementia, Alzheimer's, depression, psychoses or other.		
Give details of any addictions you have or have had.		
Give details of any diagnosed learning difficulties you have. Including behavioral difficulties.		

**4. Personal care / support:**

	<b>Applicant</b>	<b>Joint Applicant (if applicable)</b>
<p>Give details of any personal care you receive. This may include:</p> <ul style="list-style-type: none"> <li>• Washing &amp; dressing</li> <li>• Meal or drink preparation</li> <li>• Assistance with incontinence needs</li> <li>• Laundry and cleaning</li> <li>• Shopping</li> <li>• Administration of medication</li> </ul>		

	<b>Applicant</b>	<b>Joint Applicant (if applicable)</b>
Do you receive a personal budget from Derbyshire County Council to assist with the cost of personal care needs or is the care privately funded.		
Give details of any community groups you attend.		
Give details of any family or friends that assist with your care. Including contact details and what support they offer. If none state none.		
Give details of anyone who has Power of Attorney on your behalf		

5. Finances:

	Applicant	Joint Applicant (if applicable)
<p>Give details of any benefits or allowances you receive.</p> <p>Please provide proof of benefits claimed</p>		
<p>Give details of any pension, private pensions or supplementary income.</p> <p>Please provide proof</p>		
<p>Are you able to pay the specified rent?</p> <p>Those wishing to apply for housing benefit may be asked to pay the full monthly rent until benefits have been confirmed.</p>		
<p>Have you ever been in arrears with any rent, mortgage or council tax payments? If so give full details.</p> <p>Please provide proof of rent / mortgage payment in the last 6 months.</p>		
<p>Have you ever had action taken against you ( for example county court judgements, attachment of earnings, council tax summons or repossession orders) for the non payment of debts?</p>		
<p>Have you ever been made bankrupt?</p>		

	<b>Applicant</b>	<b>Joint Applicant (if applicable)</b>
Give details of any other financial commitments, loans, credit agreements or debt management plans?		
Give details of you bank or building society account?  <b>Provide copies of your most recent statements</b>		

**6. Housing:**

	<b>Applicant</b>	<b>Joint Applicant (if applicable)</b>
Give details about why your present accommodation is not suitable for your needs. i.e isolation, in need of repair, stairs etc...		
Are you homeless or about to become homeless?		
Give details of any other housing association or council waiting lists you are on.  <b>Applicants who reside in Chesterfield Borough can access Harehill Court via Chesterfield Borough Councils 'On the Move'.</b>		
If offered a suitable flat immediately would you accept it?		

**Please use this space for any other information relevant to the application:**

Chesterfield Churches Housing Association Ltd may contact your Gp or other health discipline involved in your care, your land lord or any relevant body regarding your application. The Association would always inform you prior to doing so.

If accepted onto the list and an offer of a suitable flat is declined, you may be placed on to the bottom of the waiting list.

All information on this application form is treated with the strictest of confidence, as is any information gained from other sources.

**Declaration:**

**I/WE CERTIFY THAT THE INFORMATION GIVEN IS COMPLETE AND WHOLEY ACCURATE.**

**I/ WE UNDERSTAND THAT IF ANY FALSE INFORMATION IS GIVEN THIS APPLICATION MAY BE SUSPENDED OR CANCELLED.**

**I/ WE UNDERSTAND THAT IF I OBTAIN ACCOMMODATION BY PROVIDING INACCURATE INFORMATION, THE ASSOCIATION MAY WITHDRAW ANY TENANCY OFFERS OR TAKE LEGAL ACTION TO RECOVER THE PROPERTY.**

**I/WE AUTHORISE CHESTERFIELD CHURCHES HOUSING ASSOCIATION LTD TO MAKE ANY INQUIRIES THAT ARE REQUIRED TO DEAL WITH MY APPLICATION.**

Applicants signature:

Joint applicants signature:

Date:

If the applicant/s has not completed this form please state the name and address of person completing, relationship and why assistance was required.

Signature:

Date:

When completed this form should be returned for the attention of the Manager at Harehill Court.

Chesterfield Borough Council has 50% nomination rights for Harehill Court. To speed up your application you may like to consider registering on their waiting list as well, indicating that you wish to be considered for housing at Harehill Court and when a flat is available a bid may be registered in person or on line for the vacancy. You can obtain information about this from Chesterfield Borough Council on 01246 345345.

## Ethnicity

This information is required for monitoring purposes only.

Please tick the ethnic group that applies to you:

- White British
- White Irish
- White any other white background
- Mixed white and black Caribbean
- Mixed white and black African
- Mixed white and Asian
- Mixed any other mixed background
- Asian or Asian British - Indian
- Asian or Asian British - Pakistani
- Asian or Asian British - Bangladeshi
- Asian or Asian British - any other Asian background
- Black or Black British Caribbean
- Black or Black British African
- Black or Black British and other background
- Chinese or other ethnic group - Chinese
- Chinese or other ethnic group - not stated