

LEICESTERSHIRE

— Choice based lettings —

Housing Application Form



Melton
Borough
Council



Hinckley & Bosworth
Borough Council

A Borough to be proud of



LEICESTERSHIRE

— Choice based lettings —

Please complete all relevant sections of the form. An incomplete form will delay your registration.

If you would like this form in **large type** or any other format, please contact your local council housing services (contact information is on the back of this form).

If you would like the form in another language, go on-line at www.leicestershire-homes.org.uk, click on your council name and then use Google Translate to help you fill in the on-line form. If you need help to get on-line, contact your council's housing services.

The areas covered



Please note: There is a separate choice based lettings service covering Leicester City.

Date stamp:

Office use:

Registration No.

New

Transfer

1. Personal details  **proof needed**

Main home seeker

Joint home seeker

Title Mr/Mrs/Ms/Miss		
First name(s)		
Middle name		
Surname		
Date of birth		
Gender		
National Insurance number (NI)		
Relationship to main home seeker		

2. Equal opportunities

We keep records of the ethnic origins, gender, sexual orientation, religious beliefs and disabilities of everyone applying for housing. This is to ensure that our housing service is provided on a fair and equal basis to all. Please tick the box which you feel best describes you.

White

Main home seeker	Joint home seeker	
<input type="checkbox"/>	<input type="checkbox"/>	British
<input type="checkbox"/>	<input type="checkbox"/>	Irish
<input type="checkbox"/>	<input type="checkbox"/>	Other white background please state below
<input type="text"/>		

Mixed

Main home seeker	Joint home seeker	
<input type="checkbox"/>	<input type="checkbox"/>	White & black Caribbean
<input type="checkbox"/>	<input type="checkbox"/>	White & black African
<input type="checkbox"/>	<input type="checkbox"/>	White & Asian
<input type="checkbox"/>	<input type="checkbox"/>	Other mixed background please state below
<input type="text"/>		

Asian or Asian British

Main home seeker	Joint home seeker	
<input type="checkbox"/>	<input type="checkbox"/>	Indian
<input type="checkbox"/>	<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	<input type="checkbox"/>	Other Asian background please state below
<input type="text"/>		

Black or Black British

Main home seeker	Joint home seeker	
<input type="checkbox"/>	<input type="checkbox"/>	Caribbean
<input type="checkbox"/>	<input type="checkbox"/>	African
<input type="checkbox"/>	<input type="checkbox"/>	Other black background please state below
<input type="text"/>		

Chinese or other

Main home seeker	Joint home seeker	
<input type="checkbox"/>	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	<input type="checkbox"/>	Other ethnic group please state below
<input type="text"/>		

Gypsy or Traveller

Main home seeker	Joint home seeker	
<input type="checkbox"/>	<input type="checkbox"/>	Roma Gypsy
<input type="checkbox"/>	<input type="checkbox"/>	Irish Traveller
<input type="checkbox"/>	<input type="checkbox"/>	Other please state below
<input type="text"/>		

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Transgender Status

Is your gender identity the same as assigned at birth?

Main home seeker	Joint home seeker	Main home seeker	Joint home seeker	Main home seeker	Joint home seeker
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes		No		Prefer not to answer	

Sexual Orientation

Main home seeker	Joint home seeker	Main home seeker	Joint home seeker	Main home seeker	Joint home seeker
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heterosexual		Lesbian or gay		Bi-sexual	
Prefer not to answer					

Religion or Belief

Main home seeker	Joint home seeker	Main home seeker	Joint home seeker	Main home seeker	Joint home seeker	Main home seeker	Joint home seeker
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christian		Muslim		Buddhist		Hindu	
Sikh		Jewish		Other state <input style="width: 150px;" type="text"/>		No religion or belief	
Prefer not to answer							

Disability

Do you, or anyone in your household, have any form of significant physical disability? Yes No

Do you, or anyone in your household have a mental illness? Yes No

Do you, or anyone in your household have any learning disability? Yes No

If **Yes**, please name them and briefly describe the disability

Name <input style="width: 100%;" type="text"/>	Disability	<input style="width: 100%;" type="text"/>
Name <input style="width: 100%;" type="text"/>	Disability	<input style="width: 100%;" type="text"/>

3. Your home address ✔ proof needed

	Main home seeker	Joint home seeker	Mailing address (if different)
House name / house or flat no.	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Street	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Town or village	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
County	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Postcode	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Home tel no.	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other tel no.	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Email	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Date you moved in	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Tick if you do **not** want us to contact you at this postal address

<input type="checkbox"/>	<input type="checkbox"/>
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4. Other household members **proof needed**

Please tell us about children and other household members who you want to live with you permanently.

First name	Surname	Date of birth	Gender	Relationship to main home seeker	Living with you now?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Please continue on a separate sheet if there are more than five members of your household.

Please give the address of anyone above not living with you now.

Is anyone in your household pregnant?

proof needed

Yes

No

If **Yes** - Name of expectant mother

Date baby is due

5. Eligibility

Are you, or a joint home seeker, subject to immigration controls, for example, as an asylum seeker? **proof needed**

Main home seeker

Joint home seeker

Yes

No

Yes

No

Have you, or a joint home seeker, been living abroad and returned to the UK, Republic of Ireland, the Channel Islands or the Isle of Man within the last 12 months? **proof needed**

Yes

No

Yes

No

6. Employment, income and savings

Which best describes your employment status? (please tick only **one** box each)

Main home seeker

Working full-time

Working part-time (at least 16 hours per week)

Retired

Job seeker

Not seeking work at the moment

Apprenticeship

Training

Full-time student

Unable to work due to sickness/disability

Other (please describe)

Which best describes your employment status? (please tick only **one** box each)

Joint home seeker

<input type="checkbox"/> Working full-time	<input type="checkbox"/> Working part-time (at least 16 hours per week)	<input type="checkbox"/> Retired
<input type="checkbox"/> Job seeker	<input type="checkbox"/> Not seeking work at the moment	<input type="checkbox"/> Apprenticeship
<input type="checkbox"/> Training	<input type="checkbox"/> Full-time student	<input type="checkbox"/> Unable to work due to sickness/disability
<input type="checkbox"/> Other (please describe)		

What is the name and address of your employer or college?

	Main home seeker	Joint home seeker
Name		
Address		
Contact Telephone no.		

Please tell us how much income you receive **per week** from the following: **proof needed**

Main home seeker

Wages	£	Income support	£	Housing benefit	£
Jobseekers allowance	£	Incapacity benefit / ESA	£	State pension	£
Child Benefits / Tax Credits	£	Carers allowance	£	Pension credit	£
Disability living allowance	£	Mobility (please tick)	low medium high <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Care (please tick)	low medium high <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Attendance allowance	£	Other benefits (please state)	£		

TOTAL £ **per year**

Joint home seeker

Wages	£	Income support	£	Housing benefit	£
Jobseekers allowance	£	Incapacity benefit / ESA	£	State pension	£
Child Benefits / Tax Credits	£	Carers allowance	£	Pension credit	£
Disability living allowance	£	Mobility (please tick)	low medium high <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Care (please tick)	low medium high <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Attendance allowance	£	Other benefits (please state)	£		

TOTAL £ **per year**

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Do you or a joint home seeker, have any savings or investments?

Yes No

Please note: Include money in savings accounts, ISAs, stocks, shares, bonds and income from property.

Main home seeker

Joint home seeker

If **Yes**, please state how much

£	£
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Do you, or a joint home seeker, own or have any interest in your current home, or in any residential property in this country or abroad?

Yes No

If **Yes**, approximately how much would you receive if you sold it, after you had paid off the mortgage and any secured loans?

Main home seeker

Joint home seeker

proof needed

£	£
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Please note: Proof will be required in the form of an Estate Agent's valuation and details of any outstanding mortgage.

7. Previous addresses

Have you, or any joint home seeker, lived at your current address(es) for the last six years? Yes No

If **No** please give details of the other addresses where you have lived over the last six years.

Date from	Date to	Address & postcode	Type of tenure e.g rented,owner	If rented, name of landlord	Reason for leaving	Main or Joint home seeker

Continue on a separate sheet if necessary

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Are you, or any member of your household, related to any Councillor or employee of any of the councils shown on the cover to this form or to any board member or employee of any Housing Association with properties in Leicestershire?

Yes No

If **Yes** please provide the following information - Their name/position/nature of the relationship to you

Do you, or anyone who will live with you, have any *unspent convictions or court orders against them?

Yes No

** Please note: Under the Rehabilitation of Offenders Act 1974, after a certain period of time convictions (except for those listed below) become 'spent'. The length of time between the date of conviction and the date it becomes spent depends upon the type of sentence given and the age of the offender and may be extended if there are further convictions. Any convictions that are spent do not have to be disclosed on this application form.*

Convictions that can never be spent are those for which there was a sentence of life imprisonment or a sentence of over 2 1/2 years in prison or detention or youth custody or corrective training.

Have you, or anyone who will live with you, been the subject of an Anti-Social Behaviour Order, Behaviour Contract or other restrictions?

Yes No

Have you, or anyone who will live with you, had any other type of action taken against you to do with anti-social behaviour, criminal conviction or court orders?

Yes No

Have you, or anyone who will live with you, been convicted under the Sex Offenders Act 1997 or have their name on the Sex Offenders register?

Yes No

If the answer is **Yes** to any of these questions, then please state who it was and give dates.

Name of person			
Date of court hearing etc			
Type of offence committed			
Sentence given or other action taken			

8. Local connections

Applicants with a local connection will normally be given preference over those from further away. You may be asked to provide further proof.



Please tick **all the boxes that apply**, to show the connection that you or your partner, have with the council districts of Leicestershire. If you are not sure look at the separate area choice list or map on the inside cover.

	Blaby	Charnwood	Harborough	Hinckley & Bosworth	Melton	North West Leicestershire	Oadby & Wigston
I/we live in the District	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I/we previously lived in the District for at least 6 out of the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I/we previously lived in the District for 3 out of the last 5 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I/we are permanently employed in the District	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I/we have close relatives who have lived in the District for the last 5 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Close relatives are normally defined as parents, adult children, brothers and sisters. Please provide further details below, including names, addresses, relationship and dates.

Other special circumstances please state:

Village connections **proof needed**

Some of the properties advertised will be reserved for people who have a strong connection with a town, village or parish. Does this apply to you? Yes No

If **Yes**, please list below any villages in Leicestershire where you have a strong connection and use the table on the next page to show us the type of connection.


Village 1		Village 2		Village 3	
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Please tick those that apply and fill in the relevant time periods

	First Village	Second Village	Third Village
I live in this village	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How long have you lived there? (years/months)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
I have permanent work in this village	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was born in this village or lived there previously	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How long did you live there? (years/months)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
I have close relatives who live in this village	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How long have they lived there? (years/months)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
I need to move to this village to give or receive care and support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Please give the person's name)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Please provide further details, including dates, employer's name and the names and addresses of close relatives. Close relatives for the purpose of village connections are defined as parents, children, brothers, sisters and in some cases grandparents or grandchildren.

9. Separated parents

This section is for completion by separated parents only.  **proof needed**

Are you the parent or guardian of any children who stay with you for 2 or more nights per week? Do not include children who live with you all the time.

Yes No

If these children do not stay overnight with you now, would they do so if you had more room?

Yes No

If you can answer 'Yes' to either question, please provide the following information.

Child's name	Date of birth	Male/female	Relationship to you

Describe the access arrangements - written confirmation is required.

Please note: We will need to verify this information.

Please give details of the parent who has the main responsibility for the children (ie. the one who receives the Child Benefit and any Child Tax Credits).

Name and address of school(s) attended by these children.

Name	
Address	
Tel no.	

10. About your home

Which one of the following best describes your situation? (please tick one box)

Main home seeker

Renting from a council or housing association in the Leicestershire area (see map on inside cover)

Your landlord's name:

Renting from a council or housing association in Leicester City or outside Leicestershire

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Owner occupier | <input type="checkbox"/> Privately renting | <input type="checkbox"/> Living with family | <input type="checkbox"/> Staying with friends |
| <input type="checkbox"/> Residential care home | <input type="checkbox"/> Tied home or renting with job | <input type="checkbox"/> Temporary accommodation provided by the council | |
| <input type="checkbox"/> Living in a hostel | <input type="checkbox"/> In prison | <input type="checkbox"/> In hospital | <input type="checkbox"/> In armed forces accommodation |
| <input type="checkbox"/> Completely homeless | <input type="checkbox"/> Other (please give details) | <div style="border: 1px solid black; height: 20px;"></div> | |

Joint home seeker

Renting from a council or housing association in the Leicestershire area (see map on page 2)

Your landlord's name:

Renting from a council or housing association in Leicester City or outside Leicestershire

Owner occupier Privately renting Living with family Staying with friends

Residential care home Tied home or renting with job Temporary accommodation provided by the council

Living in a hostel In prison In hospital In armed forces accommodation

Completely homeless Other (please give details)

If you rent from a landlord what is their name and contact details?

Main home seeker

Joint home seeker

Name	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Telephone no.	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>

We will contact your landlord to check whether your rent payments are up to date. If you do not want us to contact your landlord, you will need to give us a reason and provide evidence of your rent payments over the last six months.

Main home seeker

Joint home seeker

How much is your monthly rent or mortgage? £ per month £ per month

Do you owe any rent or mortgage arrears or other housing related debts? Yes No Yes No

If **Yes**, how much do you owe? £ £

proof needed To whom?

Do you have a payment plan? Yes No How much? £ per week Yes No How much? £ per week

What sort of property do you currently live in? Please tick

Main home seeker

Bungalow Room in a shared house Flat Maisonette House

Sheltered housing Mobile home Caravan Boat Hostel

Bedsit/studio flat Other (please give details)

If you live in a flat, maisonette or room, what floor level is it on? Is there a lift? Yes No

Joint home seeker

<input type="checkbox"/> Bungalow	<input type="checkbox"/> Room in a shared house	<input type="checkbox"/> Flat	<input type="checkbox"/> Maisonette	<input type="checkbox"/> House
<input type="checkbox"/> Sheltered housing	<input type="checkbox"/> Mobile home	<input type="checkbox"/> Caravan	<input type="checkbox"/> Boat	<input type="checkbox"/> Hostel
<input type="checkbox"/> Bedsit/studio flat	<input type="checkbox"/> Other (please give details)	<input style="width: 100%;" type="text"/>		

If you live in a flat, maisonette or room, what floor level is it on? Is there a lift? Yes No

What **number** of bedrooms are there in your home? **Main home seeker** **Joint home seeker**

Please name the people who sleep in each room used as a bedroom, including people who are not part of your household or family

	Main home seeker	Joint home seeker
Bedroom 1	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
Bedroom 2	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
Bedroom 3	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
Bedroom 4	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
Lounge	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
Any other room used as a bedroom	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>

Tick if you only want to be considered for properties where pets are allowed.

Does your current home have the following facilities? (please tick)

Main home seeker

<input type="checkbox"/> Bathroom	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Inside toilet	<input type="checkbox"/> Hot water	<input type="checkbox"/> Heating system
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Joint home seeker

<input type="checkbox"/> Bathroom	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Inside toilet	<input type="checkbox"/> Hot water	<input type="checkbox"/> Heating system
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Do any of the following problems affect your home? (please tick)

Main home seeker

<input type="checkbox"/> Leaking roof	<input type="checkbox"/> Dampness	<input type="checkbox"/> Lack of drainage	<input type="checkbox"/> Dangerous electrical wiring
<input type="checkbox"/> Poor ventilation or natural light	<input type="checkbox"/> Badly rotting windows, doors, floors etc	<input type="checkbox"/> Structural problems	
<input type="checkbox"/> Other problem (please state)	<input style="width: 100%;" type="text"/>		

Please note: We may need to visit to inspect the problem.

Joint home seeker

<input type="checkbox"/> Leaking roof	<input type="checkbox"/> Dampness	<input type="checkbox"/> Lack of drainage	<input type="checkbox"/> Dangerous electrical wiring
<input type="checkbox"/> Poor ventilation or natural light	<input type="checkbox"/> Badly rotting windows, doors, floors etc	<input type="checkbox"/> Structural problems	
<input type="checkbox"/> Other problem (please state)	<input style="width: 100%;" type="text"/>		

Please note: We may need to visit to inspect the problem.

Pets (Please note: Cats and dogs and other large pets may not be allowed in some flats or sheltered housing)

How many cats or dogs (or other large animals) will be moving with you?

<input type="checkbox"/> Cats	<input type="checkbox"/> Dogs	<input type="checkbox"/> Other (Please State)	<input style="width: 100%;" type="text"/>
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11. Why do you want to move?

Please tick **any** boxes that are relevant to you.

		Main home seeker	Joint home seeker			Main home seeker	Joint home seeker
Cannot afford current rent/mortgage	<input type="checkbox"/>		<input type="checkbox"/>	Homeless now or at risk of becoming homeless	<input type="checkbox"/>		<input type="checkbox"/>
Property is overcrowded	<input type="checkbox"/>		<input type="checkbox"/>	To be nearer to a job	<input type="checkbox"/>		<input type="checkbox"/>
Property is too big for our needs	<input type="checkbox"/>		<input type="checkbox"/>	To escape violence or harassment	<input type="checkbox"/>		<input type="checkbox"/>
Property is in a very poor condition	<input type="checkbox"/>		<input type="checkbox"/>	To give/receive support	<input type="checkbox"/>		<input type="checkbox"/>
Relationship breakdown	<input type="checkbox"/>		<input type="checkbox"/>	Want long term affordable housing	<input type="checkbox"/>		<input type="checkbox"/>
Want own home	<input type="checkbox"/>		<input type="checkbox"/>	To be nearer to a school or college	<input type="checkbox"/>		<input type="checkbox"/>
Cannot manage steps or stairs	<input type="checkbox"/>		<input type="checkbox"/>	Want to be in sheltered housing	<input type="checkbox"/>		<input type="checkbox"/>
For medical reasons	<input type="checkbox"/>		<input type="checkbox"/>	Need housing with care provided	<input type="checkbox"/>		<input type="checkbox"/>
End of assured shorthold tenancy	<input type="checkbox"/>		<input type="checkbox"/>	Leaving prison	<input type="checkbox"/>		<input type="checkbox"/>
Being evicted from my home	<input type="checkbox"/>		<input type="checkbox"/>	Leaving care or foster care	<input type="checkbox"/>		<input type="checkbox"/>
Eviction date <input style="width: 150px;" type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>	Leaving supported housing	<input type="checkbox"/>		<input type="checkbox"/>
End of tied accommodation	<input type="checkbox"/>		<input type="checkbox"/>	Other (please state): <input style="width: 250px;" type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>

Please use this space to explain in more detail about your housing situation and why you want to be rehoused.

Continue on a separate sheet if necessary.

My existing home is affecting my physical health or the health of a member of my household? Yes No

My existing home is affecting my mental health or the mental health of a member of my household? Yes No

Someone in my household has difficulty climbing steps or stairs, or has a disability which affects their mobility in the home Yes No

I, or someone in my household has a support worker (e.g. probation officer, social worker, community nurse, occupational therapist etc) Yes No

If **Yes**, please provide these details for each support worker:

Name			
Job title			
Organisation			
Address			
Telephone no.			
Household member supported			
Type of support given			

Please note: We are likely to contact the person or people listed.

Has a care needs assessment been carried out by social services? Yes No

12. Helping you stay in your current home

If you are already homeless, or at risk of becoming homeless in the near future, we may be able to help you sort out your problems or arrange a move to other suitable accommodation.

Do your personal circumstances make it difficult for you to find accommodation?

Yes No

Do you have financial problems that affect your ability to pay for housing?

Yes No

If you are in danger of losing your home, can we contact you to discuss how we can help?

Yes No

13. Other housing options

There are other housing options you can consider apart from renting from a council or housing association. Please tick those that interest you.

Lodgings/Sharing accommodation

If you are a current council or housing association tenant, are you interested in the possibility of doing an exchange?

Private renting and *intermediate renting

Low cost home ownership schemes, including HomeBuy and shared ownership

Please tick here if you are only joining the register for low cost home ownership schemes.

**Intermediate renting is an Assured Shorthold Tenancy with a housing association let on a rent which is usually below the full market rent.*

14. Replying to property adverts

Do you have access to the internet?

Yes No

Do you have any special needs that would make it difficult for you to search for and select available properties?

Yes No

(See the guidance leaflet for ways in which properties are advertised)

If **Yes** please state what your needs are. For example, you may be visually impaired, or have difficulty reading or writing.

15. Where you want to move to

Please select the council district where you would most like to live and name three towns or villages which you would prefer. Select the names from the maps and lists accompanying this form. This information is for monitoring purposes only. **Please note you will not be restricted to applying for properties in only these areas.**

Your preferred district: (please tick)

Blaby Charnwood Harborough Hinckley and Bosworth
 Melton Oadby and Wigston North West Leicestershire

Your preferred towns or villages:

Village 1	Village 2	Village 3
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16. Proofs needed (please tick boxes to show which proofs you have included)

ALL household members will need to provide:

Proof of identity
Photo ID such as driving licence, passport bus pass or worker registration card. Birth certificate will be accepted if no photo ID available.

and

Proof of address
Utility bill (eg. gas, electric, council tax, telephone), bank statement within the last three months.

If you answer any question which says **proof needed** further supporting documents will be required. These are:

Income
2x monthly or 5x weekly wageslips (most recent), proof of benefits (showing amount received), if self-employed the last year's previous accounts. Bank statements will also be accepted.

Children/access to children
Copy of child benefit payment or child tax credits, access agreement signed by the other parent/guardian, court order.

Pregnancy
Copy of NHS confirmation of expected due date.

Tenancy agreement
Copy of current tenancy agreement

Immigration status
Letter from the Immigration Directorate, visa, passport.

Ownership of residential property
Estate Agent's valuation and mortgage statement.

Savings and Investments (all accounts)
Last 2 months bank statements for current account, annual statements for ISA, Bonds, Annuities etc. Completion statement if sold a property within the last 12 months.

Local / Village Connections
Further details may be requested depending upon individual circumstances e.g. utility bill, tenancy agreement, phone bill - 5 years old plus.

Photocopies of the original documents are accepted. We cannot accept responsibility for the loss of any original documents sent through the post.

Please turn over and sign the declaration on the back before returning the form.

