

Housing Application Form

Application Details

Please tick the type of application:

General needs Housing

Change of Circumstances
(this should be selected where you have previously applied for housing but your circumstances have changed)

Sheltered Housing
(for applicants over the age of 55)

Transfer application
(for current JRHT residents only)

FOR OFFICE USE ONLY
Date application received:
Date Application assessed:
Application reference:
Points Awarded:

Personal Details

Main Applicant's Details:

Title:
Surname:
First Name:
Address:

Date of birth:

National Insurance Number:

Contact telephone Number:

Email address:

Nationality:
.....

Correspondence address (if different to main address):

If applicable, Relationship with joint applicant:
.....

Joint Applicants Details:

Title:
Surname:
First Name:
Address:

Date of birth:

National Insurance Number:

Contact telephone Number:

Email address:

Nationality:
.....

Relationship with main applicant:
.....

About your property:

Is your property:

Rented
Full/Part owned
Living with family
Living with friends
Tied accommodation
Hostel

Is your property:

Rented
Full/Part owned
Living with family
Living with friends
Tied accommodation
Hostel

Type of Property (Flat, House etc):

Type of Property (Flat, House etc):

Details of landlord or owner/tenant of property:

Details of landlord or owner/tenant of property:

Name:

Name:

Address:

Address:

Telephone number:

Telephone number:

Email address:

Email address:

Do you live above ground floor?

Do you live above ground floor?

If yes, do you have access to a lift?

If yes, do you have access to a lift?

Date you moved in:

Date you moved in:

Applications will be assessed using the main applicants living circumstances.

Do you share or lack any of the following facilities?

Kitchen
Bathroom
Hot water Supply
Living room

Lack Facilities

Sharing Facilities

How many bedrooms does your current property have?

Please list below the names and ages of who occupies the bedrooms at the property?

Bedroom 1:

Bedroom 2:

Bedroom 3:

Bedroom 4:

Bedroom 5:

Bedroom Sizes:

Please state the measurements in centimetres of the bedrooms by length and width:

Bedroom 1: Length: CM Width: CM

Bedroom 2: Length: CM Width: CM

Bedroom 3: Length: CM Width: CM

Bedroom 4: Length: CM Width: CM

Bedroom 5: Length: CM Width: CM

People moving with you:

Please provide the details of everyone moving with you other than the Main and joint applicant:

Occupant One:

Name:

Gender:

Date of birth:

Relationship to main applicant:

Occupant Two:

Name:

Gender:

Date of birth:

Relationship to main applicant:

Occupant Three:

Name:

Gender:

Date of birth:

Relationship to main applicant:

Occupant Four:

Name:

Gender:

Date of birth:

Relationship to main applicant:

Occupant Five:

Name:

Gender:

Date of birth:

Relationship to main applicant:

Continue on to a separate sheet if necessary

Questions about your circumstances

1) Do you or any member of your household work for JRHT/JRF

Yes

No

If yes, please give details:

2) For children to be rehoused with you, do either applicant receive child benefit for the child?

**an award notice or bank statement dated within the last 3 months showing the payment must be enclosed with the application.*

Yes

No

3) Do either applicant own, part own or have a legal interest in a property

Yes

No

4) Have either applicant ever been evicted by any landlord in the last five years? If so, please give details:

Yes

No

If yes, please give details:

5) Have either applicant ever been contacted or subject to any action from a landlord for a breach of tenancy, i.e. ASB, noise nuisance. If so, please give details.

Yes

No

If yes, please give details:

6) Do either applicant have any debts relating to rent arrears? If so, please give details including how much is owed and to whom:

Yes

No

If yes, please give details:

7) Do either applicant have any unspent criminal convictions? If so, please tell us the offence and year you were convicted? We ask for this information as we may need to carry out a risk assessment.

Yes

No

If yes, please give details:

8) Are either applicant currently on parole or license? If so, please give the name, address and telephone number of your case worker.

Yes

No

Details of caseworker:

9) Have you been served a notice to quit?

Yes

No

**Please note we can only allocate points with a valid, legal, written notice to quit giving the appropriate notice.*

10) If no, why would you like to move?

11) Do you or anyone moving with you have a disability or medical need which makes your current home unsuitable for your needs, if so why? (To be considered for health and well being points we would require supporting information e.g. from an occupational therapist, consultant or suitably qualified medical practitioner.

Yes

No

If yes, please give details:

12) Do you need ground floor accommodation, if so why?

Yes

No

If yes, please give details:

13) What adaptations (if any) would you require? (I.e. level access shower, wheel chair accessible)

Address History:

We require your address history for the past five years. Failure to provide the information will result in a delay in processing your application. Continue on to a separate sheet if necessary.

First Applicant

Address:

Date from:

Date To:

Reason for leaving:

Property Type

Rented

Full/Part owned

Living with family/friends

Tied accommodation

Hostel

Details of landlord or owner/tenant of property:

Name:

Address:

Telephone number:

Email address:

Address:

Date from:

Date To:

Reason for leaving:

Property Type

Rented

Full/Part owned

Living with family/friends

Tied accommodation

Hostel

Details of landlord or owner/tenant of property:

Name:

Address:

Telephone number:

Email address:

Continue on a separate sheet if necessary

Second Applicant

Address:

Date from:

Date To:

Reason for leaving:

Property Type

Rented

Full/Part owned

Living with family/friends

Tied accommodation

Hostel

Details of landlord or owner/tenant of property:

Name:

Address:

Telephone number:

Email address:

Address:

Date from:

Date To:

Reason for leaving:

Property Type

Rented

Full/Part owned

Living with family/friends

Tied accommodation

Hostel

Details of landlord or owner/tenant of property:

Name:

Address:

Telephone number:

Email address:

Area and property choices:

Please tick the area and property type that you would consider – please note we do not have all property types in each area.

SHELTERED/TRANSFER APPLICANTS (OVER THE AGE OF 55)

Area	Property Type
Dower Court/William Plows Ave, Heslington, York <input type="checkbox"/>	Flat <input type="checkbox"/>
Sandacre Court, Boroughbridge Road, York <input type="checkbox"/>	Bungalow <input type="checkbox"/>
Old School Court, Poppleton, York <input type="checkbox"/>	
Beech Grove, Off Brook Street, Selby <input type="checkbox"/>	
Blacksmith's Close, Elvington <input type="checkbox"/>	
Quaker House, St Marks Street, Leeds <input type="checkbox"/>	
New Lodge, New Earswick <input type="checkbox"/>	Please be aware that New Lodge has a separate application form which will be sent to you if selecting this option.

GENERAL/TRANSFER APPLICANTS

Frederick Street, off Bootham, York <input type="checkbox"/>	Bedsit <input type="checkbox"/>
Derwenthorpe, York <input type="checkbox"/>	Flat <input type="checkbox"/>
Woodland, Acomb, York <input type="checkbox"/>	Maisonette <input type="checkbox"/>
James Backhouse Place, Holgate, York <input type="checkbox"/>	Bungalow <input type="checkbox"/>
Holgate Park, Holgate, York <input type="checkbox"/>	House <input type="checkbox"/>
Huntington, York <input type="checkbox"/>	
Bismarck Street, York <input type="checkbox"/>	
New Earswick, York <input type="checkbox"/>	
Other areas inside City of York Boundary <input type="checkbox"/>	
Other areas outside City of York Boundary <input type="checkbox"/>	
Scarborough <input type="checkbox"/>	

ID Required

We require ID for both applicants and occupants to be re-housed over the age of 16. Please send in a **copy** of the following information:

1 document from the list below as proof of name:

- A valid full passport
- A valid HM forces Identity card with the signatory's photograph
- A valid driving license
- Photographic bus pass
- UK residence permit
- EU Identity card

1 document from the list below of proof of address

(We cannot accept the same form of identification for both name and address)

- A utility bill less than 3 months old
- Your latest council tax bill
- A rent or bank statement less than 3 months old
- A valid driving license that contains the applicants current address
- Proof of benefit entitlement letter

If you are from outside of the UK then we will require some additional information. We will write to you to confirm the additional information we require once we process your application.

Checklist:

- **Please ensure ID is enclosed for all applicants and occupants to be re-housed over the age of 16**
- **Ensure the form is fully complete and you have answered all the questions. Failure to answer all the questions will result in a delay in processing your application.**
- **Read the declaration carefully and sign and date the form and return to:**

**Joseph Rowntree Housing Trust
The Garth
White Rose Avenue
New Earswick
York
YO32 4TZ**

**Telephone number: 0800 5870211
Email: information@jrht.org.uk**

Declaration and Consent

We will use the information you have provided to assess your need for housing. We may also need to contact other parties for information about you. These could include: the police, courts, probation, benefits agency, past and present landlords or people you have lived with. Signing this application form indicates that :

- This is my/our application for a property with The Joseph Rowntree Housing Trust.
- I/We understand that legal action may be taken against me/us if I/we obtain accommodation as a result of giving false or misleading information (Housing Act 1996).
- I/We will tell The Trust of any changes affecting my application as soon as they occur.
- I/We give my/our permission and consent for The Trust to obtain any relevant information about me from all relevant agencies. All information provided may be held on computer and may be disclosed in accordance with the Data Protection Act.
- I/We understand that relevant parties may include, **but is not limited to**, any Police forces, previous landlords or people you have lived with, Probation Service, Social Services and Education Department of Local Authorities.
- I/We hereby authorise The Joseph Rowntree Housing Trust to obtain a reference(s) from any mortgagee or landlord named in this application and details of my/our employment from my/our current or previous employer(s). Further, I/We hereby irrevocably authorise The Trust to obtain such information regarding my property/rent position and details of any arrears as and when they arise
- I/We understand that the Joseph Rowntree Housing Trust may need to carry out enquiries concerning my character, and conduct of any previous tenancies or occupations of any property in the past.
- Consent to any enquiries necessary to check information provided and to assess your housing needs
- Any allocated property obtained as a result of false information or any act of tenancy fraud may result in court action for eviction, damages and recovery of any profit made as a result of tenancy fraud.

By signing this registration you agree that if you are made an offer of accommodation, when you sign up for the tenancy and before you receive the keys, you will make a payment of rent due to the end of the current rent period. This could be up to one month's rent depending on the date of your tenancy starts.

Sign below. We are not able to process your application unless you sign it. If this application is a joint application, both applicants must sign.

Main Applicants Signature	Joint Applicants Signature	Date

We take the security of personal information very seriously and under data protection legislation, JRHT is required to set out why we collect personal information, how we use that information, who we share it with, how long we keep it for and how we dispose of information. This is set out in our privacy statement, a full copy of which can be found on our website <https://www.jrht.org.uk> or you can contact our Customer Services Team on 0800 5870211, email information@jrht.org.uk.

Optional information

Ethnicity

Main Applicant

Joint Applicant

A) White

English, British, Welsh, Scottish or Northern

Irish

Irish

Any other white background

B) Black

African

Caribbean

Any other black background

C) Mixed

White and Black African

White and Black Caribbean

White and Asian

Any other mixed background

D) Asian

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian state

E) Other Ethnic background

Any other Ethnic background

Prefer not to say

Religion

Christian

Buddhist

Hindu

Muslim

Sikh

Jewish

Other religion

No religion

Prefer not to say

If anyone who will be re-housed with you has a longstanding physical or mental impairment, please complete below:

	Family member names/s and brief details
Hearing difficulty	
Problem with communication or speech	
Visual Impairment	
Mental health issues	
Learning disability	

Communication requirements

If anyone to be re-housed with you has any communication requirements, please complete below:

	Family member names/s and brief details
Audio	
Braille	
Large Print	
British sign language	
Information in another language	