

APPLICANTS NAME: _____

JOINT APPLICANTS NAME: _____

IF YOU NEED HELP IN COMPLETING THIS FORM CONTACT 01258 454111

North Dorset District Council does not own any homes.

The Council maintains the Common Housing Register and has nomination rights into Housing Association homes in the district.

This form is to be completed if you wish to be considered for housing with any of the Housing Associations operating in the district. All the information on this form will be used to decide your eligibility and priority for accommodation. Information given may be seen by any of our Housing Association partners. Applications are accepted onto the housing register in accordance with the Housing Register & Allocation Policy (as amended from time to time).

Please answer the questions as fully as possible for your form to be processed without unnecessary delays. If you are applying with another person please put both names down. Both of you need to be at least 16 years of age.

Please return this form to Housing Services, North Dorset District Council, Nordon, Salisbury Road, Blandford Forum, Dorset DT11 7LL.

DATA PROTECTION ACT 1984 AND 1998

The information you give on this form will be treated as confidential. However, in certain circumstances, the Council may need to disclose all or part of it in response to a properly made request from any of the following organisations/individuals and by signing this form you will be deemed to have consented to the disclosure. This is in addition to the circumstances in which the Council can lawfully disclose the information as set out in Sections 27 to 35A of the 1984 Act and Section 28 to 36 and Schedules 2, 3 and 7 of the 1988 Act.

- Housing Associations
- Local Authorities (including any other department within North Dorset District Council)
- Government Departments or statutory bodies/organisations
- A Member of Parliament
- Local Government Ombudsman

The following organisations/individuals directly connected with:

- a) Health, Medical Advisory and Financial/Legal representatives and financial institutions.
- b) Individuals in an employment situation.
- c) Guardians, Trustees, Landlords and relatives/members of your household.
- d) Suppliers of goods and services to you and/or recipients of any goods/services provided by you.
- e) Voluntary, charitable and religious organisations or associations.

You must answer all the questions. If any questions do not apply to you, put a line through the box.

Do not forget to sign the Declaration on page 8.

FAILURE TO COMPLETE THIS FORM IN FULL WILL RESULT IN NON-REGISTRATION OF YOUR APPLICATION

Please tick the type of housing you are seeking:

Rented Home Transfer Home buy (Shared ownership)

Note: You will only be entered onto the waiting lists that you

1. YOU AND YOUR PARTNER

You				Joint applicant			
Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
First Names:				First Names:			
Surname:				Surname:			
Address:				Address:			
Postcode:				Postcode:			
Date of birth:		Age:		Date of birth:		Age:	
National Insurance number:				National Insurance number:			
Day phone number:				Day phone number:			
Eve phone number:				Eve phone number:			
+ Mobile phone number				Mobile phone number			
E-mail address:				E-mail address:			

Have you or your partner been known by another name (eg. maiden name) - if so please state:

1 A (please tick any boxes which apply)

Are you: Single Married Widowed Civil Partnership
 Engaged Divorced or separated Living together

1 B

Are you or is any person living with you pregnant? No Yes Expected date of birth:

Please provide copy of your Maternity Certificate or doctors letter.

1 C Who wants to be rehoused as well as you and your partner, including children:

Surname	First names	Age	Date of birth	Male or female	Relationship to you

If you need more space, please provide additional information on a separate sheet.

Do the children live with you full time? Yes No

Please provide: Proof of child benefit / A copy of an access agreement

1 D North Dorset connections

	You	Partner
How many years have you, or your partner, lived in the North Dorset area?		
Were you, or your partner, born in the North Dorset area:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, in which Parish(es)?		

Do you or anyone on your application have relatives who live in North Dorset District Council Area? Yes No

If yes, please give relative's name, address and relationship to you.

Name: _____ Address: _____

Relationship to you:

How long have they lived in the district?

2. PRESENT AND PAST HOMES - IN THE LAST TEN YEARS

Please give details of ALL present and past addresses for both you and your partner. Give most recent first.

Address	Tenure (eg. Lodger/Tenant /Leasehold / Owner / Joint Owner)	Dates	
		from	to
1. At present address		/ /	/ /
2.		/ /	/ /
3.		/ /	/ /
4.		/ /	/ /
5.		/ /	/ /
6.		/ /	/ /
7.		/ /	/ /
8.		/ /	/ /
9.		/ /	/ /

If you need more space, please provide additional information on a separate sheet.

2 A H.M. Forces applicants

Date of enlistment: _____

Expected date of discharge: _____

Rank: _____

Are you living in married quarters? Yes No

If you or your partner are serving in HM Forces and lived in North Dorset immediately before enlistment Please state the previous address: _____

2 B Previous applications

Have you or your partner previously applied for accommodation with us? Yes No

If 'yes', give the date, reference number and under what name if different from 1:

You: _____

Your partner: _____

2 C Previous Council/Housing Association tenancies

Have you or your partner ever had a Council/Housing Association tenancy? If 'Yes', please give details Yes No

Address	From	To	Name of Council/Housing Assoc.
You:	/ /	/ /	
Your partner:	/ /	/ /	

2 D Other property

Do you, or any person living with you as part of your family, have an interest (e.g. as an owner, part owner, tenant, joint tenant, etc.) in any other property, including mobile homes, anywhere in the world? Yes No

If 'Yes' please give details and provide an independent valuation of the property: _____

3. ACCOMMODATION PREFERRED (Please tick all that you wish to be considered for).

House <input type="checkbox"/> Bungalow <input type="checkbox"/>	Sheltered housing
Flat <input type="checkbox"/> Ground floor <input type="checkbox"/> 1st floor & above <input type="checkbox"/>	Flat Ground floor <input type="checkbox"/> 1st floor <input type="checkbox"/> 2nd floor <input type="checkbox"/>
Bedsit <input type="checkbox"/> Ground floor <input type="checkbox"/> 1st floor & above <input type="checkbox"/>	Bungalow <input type="checkbox"/>
Young people's supported accommodation <input type="checkbox"/>	Elderly persons extra care accommodation <input type="checkbox"/>

Note: The Council does not guarantee to offer you the size and type of accommodation which you have requested. We reserve the right to offer you any size or type of accommodation which we consider to be appropriate to your needs.



- Blandford Area:** Blandford Forum, Blandford St Mary, Bryanston, Charlton Marshall, Durweston, Iwerne Courtney, Shroton, Iwerne Minster, Iwerne Steepleton, Langton Long, Pimperne, Spetisbury, Stourpaine.
- Shaftesbury Area:** Ashmore, Cann, Compton Abbas, East Orchard, Fontmell Magna, Margaret Marsh, Melbury Abbas, Motcombe, Shaftesbury, Sutton Waldron, West Orchard, West Melbury.
- Gillingham Area:** Bourton, Buckhorn Weston, East Stour, Fifehead Magdalen, Gillingham, Kington Magna, Silton, Stour Provost, West Stour.
- Sturminster Newton Area:** Child Okeford, Fifehead Neville, Glanvilles Wootton, Hanford, Hammoon, Hazelbury Bryan, Hinton St Mary, Ikeford Fitzpaine, Lydlinch, Mappowder, Marnhull, Pulham, Shillingstone, Stoke Wake, Sturminster Newton, Todber, Higher Ansty.
- Stalbridge Area:** Stalbridge, Stourton Caundle.
- Rural East Area:** Chettle, Farnham, Tarrant Crawford, Tarrant Gunville, Tarrant Hinton, Tarrant Keyneston, Tarrant Launceston, Tarrant Monkton, Tarrant Rushton.
- Rural West Area:** Anderson, Hilton, Milborne St Andrew, Milton Abbas, Winterborne Clenston, Winterborne Houghton, Winterborne Kingston, Winterborne Stickland, Winterborne Whitechurch, Winterborne Zelston

3 A From the map opposite please tick the map to indicate the town(s) / parishes in which you wish to be housed.

Do you have a particular connection to a village that you have selected? Yes No

If 'Yes', please give full details including the length of the connection.

3 B Pets

Give details of any pets: _____

(Note: The Housing Associations have their own policies regarding pets and these may vary in individual schemes.)

4. EQUAL OPPORTUNITIES

North Dorset District Council works towards eliminating discrimination and promoting equal opportunities. Collecting the following information can help us to achieve this. Data collected will be used to help us to plan and deliver services more effectively to individuals and service users. It will also be used to report on the needs of different groups of people. Information provided will be treated confidentially and in accordance with the Data Protection Act 1998. Please note that we want to know about your ethnic origin and not your nationality or citizenship.

A. How would you describe your ethnic origin? (Please tick)

White

- British
- Irish
- Other European
- Any other White background *(please describe)* _____

Mixed Race/Dual Heritage

- White and Black Caribbean
- White and Black African
- White and Asian
- White and Chinese
- Any other mixed background *(please describe)* _____

South Asian and Asian British

- Indian
- Pakistani
- Bangladeshi
- Asian African
- Any other Asian background *(please describe)* _____

Black or Black British

- Caribbean
- African *(please describe)* _____
- Somali African
- Any other mixed background *(please describe)* _____

Chinese or Chinese British

- Chinese

Other ethnic groups

- South East Asian *(please describe)* _____
- Irish Traveller

Roma Gypsy/Traveller (please describe) _____
 Any other background (please describe) _____

B. Are you: Female Male Transgender

C. What is your age group?
 15 or under 16-24 25-29 60 or over

D. Do you consider yourself to be a disabled person? The Disability Discrimination Act 1995 defines disability as “a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities.”
 Yes No

If you have answered yes please tick which of the following apply (you may tick more than one):

E. How would you describe your sexuality?
 Lesbian, Gay or Bisexual Heterosexual

F. What is your religion?
 Christian
 Buddhist
 Hindu
 Jewish
 Muslim
 Sikh
 Any other religion (please describe) _____

NB (Optional additional information that you may wish to collect):

G. What is your preferred language of communication, other than English? (Please describe or tick)
 Spoken _____
 Written _____
 British Sign Language

Are you or anyone included on your application subject to immigration control? Yes No

Are you or anyone on your application an A8 or EEA National? Yes No

5. EMPLOYMENT

	You	Partner
What is your occupation?		
Name and address of employer		
Place of employment (if different from above)		
Is your employment	permanent? <input type="checkbox"/> temporary? <input type="checkbox"/>	permanent? <input type="checkbox"/> temporary? <input type="checkbox"/>
	full time? <input type="checkbox"/> part time? <input type="checkbox"/>	full time? <input type="checkbox"/> part time? <input type="checkbox"/>
Do you receive state benefits?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Which benefit?		
What is your annual income?		
Please state amount of any savings and/or investments	£	£

Please provide proof of capital, savings, benefits and/or wage slips.

5 A Details of landlord or mortgage lender of your current residence - MUST BE COMPLETED IN FULL.

Name of landlord / mortgage lender: _____

Address: _____

Current rent or mortgage you pay: £ _____ per week / per month

Are you in receipt of housing benefit? Yes No

If 'Yes', has the amount you receive been limited because the property is too large or expensive? Yes No

If 'Yes', give details: _____

Do you or your partner owe any rent or mortgage payments? If 'Yes', please give details Yes No

You: _____

Your partner: _____

Are you related in any way to the landlord/mortgage lender? Yes No

For owners - What do you believe is the value of this property £ _____

6. PRESENT ACCOMMODATION

Type of property (please tick the appropriate box)

House	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>	Mobile home/Caravan	<input type="checkbox"/>
Rooms (lodger)	<input type="checkbox"/>	Bedsit	<input type="checkbox"/>	Bed and breakfast, hostel or hotel	<input type="checkbox"/>
Ground Floor Flat	<input type="checkbox"/>	Flat above ground level	<input type="checkbox"/>	Other (please specify):	<input type="checkbox"/>

Do you have use of a garden? Yes No Do you have a lift/stairlift? Yes No

Other adaptations? (please specify) _____

6 A Type of Tenure (please tick the appropriate box)

Tenant	<input type="checkbox"/>	Lodger	<input type="checkbox"/>	Tied tenant	<input type="checkbox"/>
Owner/occupier	<input type="checkbox"/>	Other (please specify): _____			

Note: If owner/occupier please also provide an independent valuation of the property

6 B Details of tenancy (if not an owner/occupier)

What type of tenancy do you have? (e.g. shorthold, winter let, etc.) _____

When does your tenancy end (if known)? _____

Has your landlord issued a notice to quit? Yes No

Have court proceedings for possession been issued? Yes No

6 C Details of present accommodation

Room	No. of Rooms in property	No. of rooms you occupy	No. of rooms you share
Living room(s)			
Kitchen			
Bathroom/Shower			
Bedroom(s)*			

7. NO FIXED ADDRESS or LIVING APART

If you have no fixed address or are living apart please provide the names and addresses of those people you mainly stay with

Name: _____	Name: _____
Address: _____	Address: _____
Relationship to you: _____	Relationship to you: _____

Are you being asked to leave your present accommodation? Yes No

If 'Yes', please give details: _____

7 A Do you have the following facilities?

Piped water supply Yes No Flushing sanitation Yes No Drying facilities Yes No

SIZE OF BEDROOMS

Give the size of each bedroom (in sq ft) and used by the applicant and those to be rehoused with him/her (n.b. if no bedroom sizes are given it will be assumed that your bedrooms are big enough for your needs)

Bedroom 1:	ft ²	Bedroom 2:	ft ²	Bedroom 3:	ft ²	Bedroom 4:	ft ²
------------	-----------------	------------	-----------------	------------	-----------------	------------	-----------------

*Number of bedrooms means the number of bedrooms used by the applicant and those to be rehoused with him/her.

Is your accommodation self contained? Yes No

Condition of your home

If the property you live in is in a poor condition, please describe the problems below (e.g. dampness, disrepair)

Have you contacted the Council's Environmental Health Service about the condition of your property Yes No

If 'Yes', please state when / / Was the property declared unfit? Yes No

If you have not contacted the Council's Environmental Health Service, would you like them to contact you? Yes No

Have you / do you currently receive regular support from Social Services, Health Authority, Probation Service or any other Agency? Yes No If 'Yes', please provide full names, addresses and Agency names.

8. REASON FOR APPLYING

What are your reasons for applying?

Why do you wish to move to / live in the North Dorset area?

9. MEDICAL CIRCUMSTANCES

Do you, or anyone who is to be rehoused with you, have a medical condition that could be helped if you were rehoused? Yes No If yes, whom? _____

A medical assessment form will be sent for completion by the relevant G.P. or hospital consultant. This will then be assessed and additional points may be awarded (any costs incurred in obtaining this information from your doctor must be met by yourself).

Are you or a member of your household Registered Disabled Yes No

If yes Registration No' _____

Do you, or any member of your family who will be living with you, have difficulty getting up or down stairs? Yes No

Do you have any special needs (i.e. wheelchair access, stairlift, learning disabilities) Yes No

Please specify and provide evidence

10. MISCELLANEOUS

Do you have dealings with Social Services / Connexions or any other agency? Yes No

If yes please provide a contact name & number _____

Do you own a vehicle? Yes No

Are you or the joint applicant related to any Committee member or employee of any Council or Housing Association?

Yes No

If 'Yes', please state:

Name _____ Relationship _____

Who do they work for/or represent _____

Have you or any member of your household, who is on this form received a Civil Order or Criminal Conviction for anti social behaviour, violent crime, sexual offences or any other activity that could be considered criminal behaviour or anti-social behaviour or been the perpetrator of domestic violence.

Yes No

If yes, state Name(s) _____

If you have a court appearance pending, state offence _____

and court date (if known) _____

Have you or any member of your family who wish to be rehoused with you been evicted from a property?

Yes No

Please give details of property address, dates and landlord.

11. DECLARATION

I/we declare that the information given is correct and complete.

I/we understand that giving false or misleading information on this application is an offence which if found guilty will be liable to a fine not exceeding £5000 and removed from the Housing Register and in addition may result in the Council/Housing Association taking action to repossess any dwelling allocated to me.

I/we authorise the Council to make any enquiries necessary to substantiate statements made in this application which may include cross referencing with records held by other Council departments.

I/we undertake to inform the council at once if there is any change in my circumstances.

I/we understand that, if eligible, my application may be considered for vacancies occurring in Housing Association properties. As a result information supplied by me may be passed to other social landlords.

I/we understand that there is a severe shortage of accommodation in the North Dorset area so except for extenuating circumstances only one offer of accommodation may be made.

(If there are two main applicants, both sign below)

Signature _____ Date _____

Joint applicants signature _____ Date _____

If this form has been completed by someone other than the applicant/joint applicants, please tell us why they have completed the form.

Why have you completed the form? _____

Name of person completing the form: _____ Signature _____

Relationship to applicant(s) _____ Date: _____

When completed, please return this form to:

Housing Services, North Dorset District Council, Nordon, Salisbury Road, Blandford Forum, Dorset DT11 7LL
Telephone: 01258 454111 Fax: 01258 484388

HAVE YOU ANSWERED ALL THE QUESTIONS? AND SIGNED THE FORM?

Housing Act 1996 (as amended)

The Council requires the following proof and information to deal with your application. For the 'Check List' documents we require 'Certified Copies' these can be obtained at our reception at Nordon. If not a Resident in North Dorset please take original documents to your own Local Authority and ask them to 'Certify Copies' and you can then send them to North Dorset District Council.

Name of Applicant: _____

Name of joint Applicant: _____

HA/TA Number: _____

National Insurance number (for each adult 16+ who wants to be rehoused):

Surname	First Name	National Insurance Number

Check List

		Yes	To Follow	N/A
1.	a) Passport or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) Birth Certificate for all applicants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Proof of Child Benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Notice to Quit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Proof of Pregnancy (e.g. letter from GP/Doctor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Proof of discharge from military	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Proof of income such as wage slip/benefit or pension x 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Contract of Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Evidence of debt/loan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Evidence of savings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Evidence of rent or mortgage arrears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Confirmation on house being sold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Possession order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Proof of child or children custody order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Proof of injunction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Crime reference number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Tenancy agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Name, telephone and address of GP/Doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Marriage/Divorce certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Proof of residence/utility bill/council tax bill/ bank statement x 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Drivers Licence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Proof of Bankruptcy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

