

Application Form for Swindon Housing Register

Rented Accommodation



Please complete all sections of this form. The Council will not be able to assess your application if you do not complete the form and it may be returned to you. If you require any assistance completing this form please contact the Housing Needs team on (01793) 463181.

For office use only

Date received:

Application No:

Enquiry No:

Senior Approval:

When completed, please return this form to:
Housing Needs Team
Housing, Swindon Borough Council
Civic Offices
Euclid Street
Swindon
SN1 2JH

Tel: (01793) 463000

Fax: (01793) 463307

Email: housingneeds@swindon.gov.uk

Web: www.swindon.gov.uk

Data Protection

The information you provide on this form will be used and stored in accordance with the Data Protection Act 1998 to provide and manage housing. We will use this information to process your application for housing, develop our business and provide statistical information. We may share your information and make any other necessary enquiries regarding your Application with other housing providers and Statutory organisations to help us manage properties, handle claims and prevent fraud. Under the terms of the act you have the right to see the information we hold about you.

Section A Personal Details

Applicant	Joint Applicant
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1. Mr Mrs Miss Ms

Surname:

First Name(s):

Address:

Post Code:

Date From: / /

Date of Birth:

Home Tel No:

Mobile Tel No:

Work Tel No:

E.Mail address:

Single Married With Partner

1. Mr Mrs Miss Ms

Surname:

First Name(s):

Address:

Post Code:

Date From: / /

Date of Birth:

Home Tel No:

Mobile Tel No:

Work Tel No:

E.Mail address:

Single Married With Partner

Correspondence address if different from above:

National Insurance No:

Relationship to Applicant:

National Insurance No:

Do you wish to nominate a third party to discuss your application (e.g.a family member, social worker, etc.) Yes No If yes, please provide details:

Name: Address:

Phone: Relationship:

FOR OFFICE
USE ONLY

Third party info
to be notes on
diary

Y	N
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ADVC

MUST BE COMPLETED IN FULL

2. The information requested is needed to decide if the authority is able to accept a housing application from you or to offer assistance under homelessness acts.

i) British Passport holders only: Do you normally or have you previously lived in the United Kingdom, Channel Islands, Republic of Ireland or the Isle of Man? Yes No

ii) Have you (or partner) come to live in the United Kingdom in the last five years? Yes No

If Yes, please bring entry documents and passports to the office with this form.

iii) If **yes** to ii), do you have permanent right of residence in the UK? Yes No

iv) If **no** to iii), do you have recourse to public funds? (Are you entitled to claim Job Seeker Allowance / Income Support if not working, or Housing Benefit?) Yes No

v) If **yes**, are you in receipt of benefits? (proofs will be required) Yes No

PLEASE NOTE: This Authority may require additional information to establish 'eligibility' under asylum and immigration legislation and habitual residency requirements for eligibility to assistance.

3. Please list details of everyone who will live with you in your new home.

Full Name	Sex	Date of Birth	Relationship to you	Do they live with you		In full-time education		National Insurance No. (over 16 only)
				Yes	No	Yes	No	
				Yes	No	Yes	No	
				Yes	No	Yes	No	
				Yes	No	Yes	No	
				Yes	No	Yes	No	
				Yes	No	Yes	No	
				Yes	No	Yes	No	

4. Are you or anyone applying to be rehoused with you expecting a baby? Yes No

Name of Person:

Date when baby is due:

Please provide a copy of your certificate or hospital record confirming pregnancy

5. Do you want your application suspended until you need housing? Yes No
i.e. you do NOT need housing at this present time?

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ELIGIBLE TO REGISTER

Y

N REASON CODE

CAT

NOT CURRENT

Y REASON CODE

PREG

Y N

EDD

/ /

GUARANTOR REQUIRED

Y N

DEFR

6. Please list all previous addresses during the last six years starting with your present address

**FOR OFFICE
USE ONLY**

Applicant

Address	Type of Tenure:- Council, Housing Association, Private Tenant, Lodger, Owner Occupier etc.	From	To	Reason for Leaving

Joint Applicant

Address	Type of Tenure:- Council, Housing Association, Private Tenant, Lodger, Owner Occupier etc.	From	To	Reason for Leaving

Section D Health Factors

Swindon Borough Council has a system for dealing with the assessment of medical priorities for rehousing. Priority is given only in cases where the present accommodation is making the health of someone with an existing illness, condition or disability worse.

If this is the case, you should make the Housing Needs Department aware of the problem and a lettings officer will visit/contact you to discuss how you are affected and will ask you to complete a Health/Disability Assessment Form if necessary. You will **not** be required to ask your GP for a letter.

Please note that problems such as difficulties with neighbours or dislike of the locality cannot be considered to be a medical problem.

7. Do you or anyone applying to be rehoused with you, have a GP, Social Worker, Health Visitor, Keyworker, CPN, Solicitor, Probation Officer or is another agency involved with you? Yes No

If **YES** please give details:

Name	Organisation	Contact Tel.

8. Are you or anyone applying to be rehoused with you registered Disabled or in receipt of Disability Living Allowance (DLA) if under 65 and / or Attendance Allowance if over 65 Yes No

If DLA, What Level?

If **YES** please state their name and a brief description of the disability

Name(s):

Nature of Disability:

9. Is any person in your household receiving additional care such as meals on wheels, homecare, assistance with bathing, medication or respite care? Yes No

If **YES** please give the name of the person and any help received

Name:

Help with:

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10. Employment Details (If you are not a resident in Swindon then proof of employment needs to be provided)

a. Employment

Applicant

Employer's name & address:

Are you a key worker Yes No

Job Title:

Date Employment commenced:

Type of contract e.g. permanent, temporary etc.

Joint Applicant

Employer's name & address:

Are you a key worker Yes No

Job Title:

Date Employment Commenced:

Type of contract e.g. permanent, temporary etc.

11. Why do you want to move?

A PPR Tenancy coming to an end E Health Reasons J Need for Independence

B To take up or be nearer work F Having a baby K To be near friends/relatives

C Other form of Harassment G Racial Harassment L Overcrowding

D Domestic Violence H Poor Housing conditions M Lost or about to lose present home

O Other Reason

I Financial difficulties N Do not wish to give a reason

P To get a smaller place

12. If you have not lived in the Swindon Borough Council area before, do you have a close relative who lives here?

Yes No

12a. If you have answered **YES** please give the name and the address of the person concerned

Name:

Address:

Relationship to you:

If you are not a resident in swindon but provide care for someone who is, you will need to provide evidence of this.

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PERSON DETAILS
EMPTY

Y	N
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COMM
EDUC
EMER
HEAL

ACCEPTED AS HOMELESS DATE

/	/
---	---

LOCAL CONNECTION

Y	N
---	---

13. Are you, or any of the persons applying to be housed with you, employed by Swindon Borough Council or a Registered Social Landlord (Housing Association)?

Yes No

If **YES**, where employed _____

Are you, or any of the persons applying to be housed with you, related to any Officer or Councillor of Swindon Borough Council, or any Officer or Board member of a Registered Social Landlord (Housing Association)?

Yes No

If you have answered **YES**, please give name of the Officer / Councillor/ Board Member / Registered Social Landlord (Housing Association) and where they are employed.

This information is requested to enable independent scrutiny of these cases before approval. This ensures applicants are treated fairly within the rules of the scheme and therefore safeguards the Authority and the applicants from criticism.

14. Have you been asked to leave your present accommodation?

Yes No

If yes, by what date?

Please provide written evidence

15. Have you ever applied to Swindon Borough Council or a Registered Social Landlord (Housing Association) for housing?

Yes No

Have you ever changed your name?

Yes No

If **YES** please state your previous name, the address you applied from and the date of the application if known.

Name:
Address:
Date of Application:

Have you or anyone applying to be rehoused with you ever been a tenant of a local authority or a tenant of a Registered Social Landlord (Housing Association)?

Yes No

If **YES** please state the address and your landlord's details

Address:
Tenancy date from: / / / to / / /

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EMPLOYEE

Y	N
---	---

PHO

Y	N
---	---

DIRECTOR OF HOUSING APPROVAL REQUIRED

16. Do you have any pets? Yes No

If **YES** please give details

17. How many cars, if any, are owned by yourself and those applying for rehousing with you?

18. Are you or anyone applying to be housed with you the owner or part owner of a property or do you have a financial interest in a property anywhere? Yes No

If **YES** please give the name of the owner and the address of the property

Name:

Address:

18a. Would you be interested in any Part Buy/Part Rent schemes available? Yes No

18b. Would you be interested in any home ownership schemes? Yes No

Section B Where do you live?

19. What type of Tenancy do you have?

- | | | | | | |
|--------------------------------|--------------------------|---|--------------------------|---|--------------------------|
| Council Tenant | <input type="checkbox"/> | Living in Temporary Housing (provided by the council) | <input type="checkbox"/> | Living in Residential or Supported Housing | <input type="checkbox"/> |
| Tolerated Trespasser | <input type="checkbox"/> | Living in a Hostel | <input type="checkbox"/> | Bed & Breakfast | <input type="checkbox"/> |
| Private Tenant | <input type="checkbox"/> | In Prison | <input type="checkbox"/> | In Hospital | <input type="checkbox"/> |
| Private Tenant in Shared House | <input type="checkbox"/> | Owner Occupier | <input type="checkbox"/> | Housing provided with job | <input type="checkbox"/> |
| Living with Parents | <input type="checkbox"/> | Living with Relatives | <input type="checkbox"/> | Foyer | <input type="checkbox"/> |
| NASS Accommodation | <input type="checkbox"/> | Roofless | <input type="checkbox"/> | Registered Social Landlord Tenant (Housing Association) | <input type="checkbox"/> |
| Lodger | <input type="checkbox"/> | | | Other | <input type="checkbox"/> |
| | | | | Please give details: | <input type="text"/> |

20. Does your present accommodation suffer from any major **disrepair**? Yes No

If **YES** please give details

Have you had a visit by the Health & Public Protection Department? Yes No

21. Do you share facilities with anyone else who is not to be included on your application? Yes No

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PETS / TYPE

CARS

TBUY

RES

NRES

TEN

IF YES REFER TO SENIOR L.A FOR H.P. REFERRAL

SHARING FACILITIES

Y	N
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22. Type of accommodation you currently live in: (please tick)

House	<input type="checkbox"/>	Flat	<input type="checkbox"/>	Maisonette	<input type="checkbox"/>	Elderly Persons Group Dwelling	<input type="checkbox"/>
Caravan	<input type="checkbox"/>	Mobile Home	<input type="checkbox"/>	Bedsit / Studio Flat	<input type="checkbox"/>		
Tower Block (DMJT)	<input type="checkbox"/>	Multi Storey Flat	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>		
Other	<input type="checkbox"/>	Please state	<input type="text"/>				

If you live in a flat or maisonette, which floor is it on?

Does your property have any disabled adaptations? Yes No

If **YES** please specify what adaptations you have

23. How many Bedrooms are there in your present accommodation?

How many bedrooms do you and your family have for yourselves only?

24. Please answer parts a & b

24a. If you are over 60 or have special needs or if there is another adult or child with special needs included in your application can you/they:

Climb stairs unaided?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Walk unaided?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Use a lift?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Use a wheelchair?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes - is it used outside only?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

24b. Will you require any special adaptations or facilities in the property?
e.g. ramps, grab rails, Homeline, shower etc.

Yes No

If **YES** please give details of what is required

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TYPE

FADU

FACC

Y	N
---	---

LARG

Y	N
---	---

CURB

BEDS LACKED

KEYW

WALK

HOMELINE

MOBILITY UNIT

SHOWER CUBICLE

WA FLOOR SHOWER

WA STAIR LIFT

WA GRAB RAILS

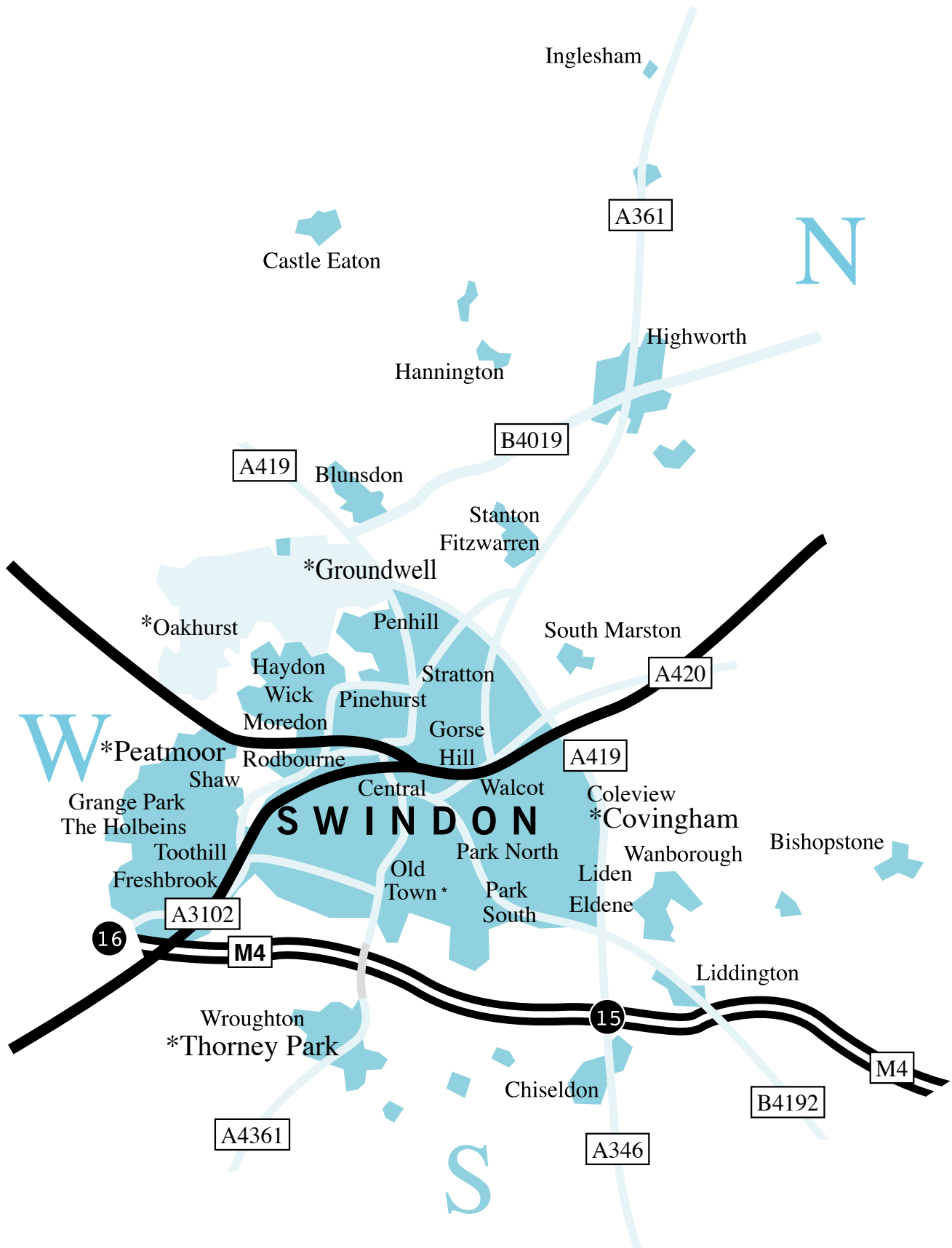
HACC

YES

APPL DATE

RE-REG

FAMILY TYPE



* Please note those marked with an asterisk* do not have Council accommodation, only Housing Association stock

Section E Swindon Borough Council Property by Area

Area	Houses	Bedsits, Flats & Maisonettes	Bungalows	Sheltered Schemes
Bishopstone	4	-	12	-
Blunsdon	30	2	37	-
Central Area	219	395	-	3
Chiseldon	103	10	42	-
Castle Eaton	6	-	4	-
Coleview	-	-	-	1
Eldene	120	173	6	2
Freshbrook	243	136	30	1
Gorse Hill	28	120	-	2
Hannington	8	-	4	-
Highworth	194	93	144	2
Haydon Wick	31	56	15	1
Inglesham	2	-	2	-
Liddington	12	-	7	-
Liden	100	39	1	-
Moredon	394	354	61	2
Penhill	906	798	58	2
Pinehurst	918	233	179	3
Park North	502	553	54	1
Park South	597	397	40	3
Rodbourne	30	36	8	1
Stanton Fitzwarren	9	-	4	-
Shaw	68	61	-	1
South Marston	15	7	9	-
Stratton	387	235	208	3
Toothill	247	272	8	1
Walcot	644	469	31	2
Wanborough	23	5	11	-
Wroughton	162	67	93	2

33. Equalities Monitoring Form

Swindon Borough Council has a Corporate Equalities Strategy, which outlines our commitment to providing high quality, appropriate services which meets the needs of the local population. We aim to ensure that no one is discriminated against in the way they access or receive our services.

As part of that commitment, we are monitoring what we do and would be extremely grateful, if you could complete this questionnaire.

The information you provide will be used to improve service delivery and may be shared with other colleagues in the council for the purpose of monitoring our equalities policies and procedures.

Please place a tick in the boxes where applicable:

How would you describe your ethnic origin?

White

	Applicant	Joint Applicant
British	<input type="checkbox"/> 5B	<input type="checkbox"/> 5B
Irish	<input type="checkbox"/> 5M	<input type="checkbox"/> 5M
Polish	<input type="checkbox"/> 5W	<input type="checkbox"/> 5W
Italian	<input type="checkbox"/> 5O	<input type="checkbox"/> 5O
Any other White background	<input type="checkbox"/> 7B	<input type="checkbox"/> 7B

Black or Black British

	Applicant	Joint Applicant
Caribbean	<input type="checkbox"/> 2M	<input type="checkbox"/> 2M
African	<input type="checkbox"/> 2B	<input type="checkbox"/> 2B
Any other Black background	<input type="checkbox"/> 2O	<input type="checkbox"/> 2O

Chinese or other Ethnic Group

	Applicant	Joint Applicant
Chinese	<input type="checkbox"/> 2W	<input type="checkbox"/> 2W
Any other ethnic group	<input type="checkbox"/> 3B	<input type="checkbox"/> 3B

Gypsy or Irish Traveller

	Applicant	Joint Applicant
Gypsy	<input type="checkbox"/> 11	<input type="checkbox"/> 11
Irish Traveller	<input type="checkbox"/> 12	<input type="checkbox"/> 12

Mixed

	Applicant	Joint Applicant
Applicant	<input type="checkbox"/> 7M	<input type="checkbox"/> 7M
White and Black Caribbean	<input type="checkbox"/> 7O	<input type="checkbox"/> 7O
White and Black African	<input type="checkbox"/> 7E	<input type="checkbox"/> 7E
White and Asian	<input type="checkbox"/> 7W	<input type="checkbox"/> 7W
Any other Mixed Background		

Asian or Asian British

	Applicant	Joint Applicant
Indian	<input type="checkbox"/> 1M	<input type="checkbox"/> 1M
Pakistani	<input type="checkbox"/> 1W	<input type="checkbox"/> 1W
Bangladeshi	<input type="checkbox"/> 1B	<input type="checkbox"/> 1B
Any other Asian background	<input type="checkbox"/> 1O	<input type="checkbox"/> 1O

Do you consider yourself to have a disability?

Yes No

If yes, please tick the appropriate box:

- | | |
|--|---|
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Blind/Partially Sighted |
| <input type="checkbox"/> Deaf/Hearing Impaired | <input type="checkbox"/> Mental Health Difficulties |
| <input type="checkbox"/> Wheelchair User/Mobility Impairment | <input type="checkbox"/> Unseen e.g. Diabetes, Epilepsy |
| <input type="checkbox"/> Other, please state | |

If you require assistance in completing this form please contact Housing on 01793 463181.
 If you require a copy of this form in another format please contact Housing on 01793 463181.
 I agree for the information I have provided to be used by Swindon Borough Council to monitor Equalities within the Council.

34. To be Signed by You

WARNING

If you do not give this office the full facts, or give false information, or do not tell this office of any important changes to your situation between your first contact with the council and the time a decision about your case is made, you may be breaking the law as set out in section 171 (i) of the Housing Act 1996. Anyone doing so may be prosecuted by the Council and if found guilty may be ordered to pay a fine. If you do not understand this, ask the interviewing officer to explain

This authority is under a duty to protect the public funds it administers and to this end may use the information you have provided to obtain a council tenancy or housing/council tax benefits within this authority for the prevention and detection of fraud.

Please check you have answered all the relevant questions on this form.

Applicant's Signature	Date
Joint Applicant's Signature	Date

When completed, please return this form to the address on the front page.

Please Note

A booklet is available from housing reception explaining the banding system on www.swindon.gov.uk or you can contact the Housing Needs Team for a copy if required. If you need to discuss your application further please contact the Housing Needs Team on telephone 463181. Monday - Thursday 9.00-5.00 - Friday 9.00 - 4.30

Please note it is advisable to wait until your application is registered first before making enquiries or bidding.

FOR OFFICE USE ONLY

ASSESSED BY

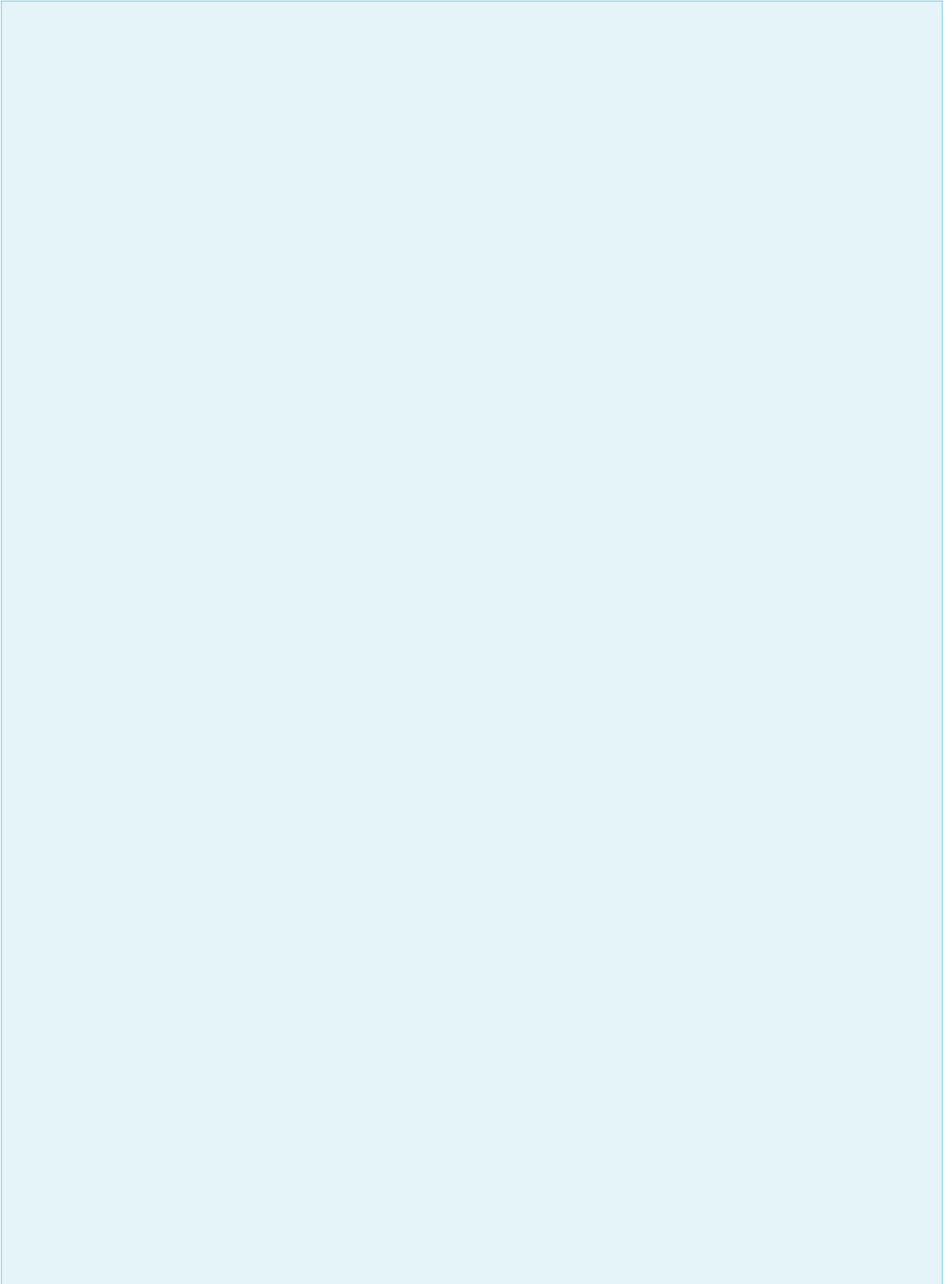
INPUT BY

BAND

LETTER REQUESTED

DIARY NOTES

32. Please use this space for anything you would like to add in support of your application



**If you require Council Information
in another format, please contact
Customer Services on 01793 463725**

আপনার যদি অন্য কোন আকারে বা রূপে তথ্যের দরকার
হয়, কাস্টমার সার্ভিসেস্কে (01793) 463725 নম্বরে
টেলিফোন করুন।

Bengali

如果您需要用其它语言或方式咨询
这方面的信息，请拨打我们的顾客
服务热线：(01793) 463725。

Chinese

જો તમને બીજા ફાર્મેટ (પત્રક) માં જાણકારી જોવતી
હોય તો કૃપા કરી ગ્રાહક સેવા પ્રતિનિધિનો
ટેલીફોન નંબર (01793) 463725 ઉપર સંપર્ક કરો.

Gujarati

यदि आपको अन्य फार्मेट (प्रपत्र) में जानकारी
चाहिए तो कृपया ग्राहक सेवा प्रतिनिधि से
टेलीफोन नंबर (01793) 463725 पर संपर्क करें।

Hindi

**Per informazioni in altro formato,
contattare il Servizio Clienti
chiamando il numero: 01793 463725**

Italian

別の構成・形式で資料をご使用される必要があ
る場合には、次の番号の弊社顧客サービスま
でお問い合わせ下さい。電話：01793 463725

Japanese

Jeśli chcesz uzyskać informacje w
innym formacie, prosimy o kontakt z
Wydziałem Usług dla Klientów pod
numerem telefonu 01793 463725.

Polish

ਜੇਕਰ ਤੁਹਾਨੂੰ ਕਿਸੇ ਹੋਰ ਫਾਰਮੈਟ ਵਿਚ ਜਾਣਕਾਰੀ
ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕ੍ਰਿਪਾ ਕਰਕੇ ਕਸਟਮਰ ਸਰਵਿਸਜ਼ ਨਾਲ
ਟੈਲੀਫੋਨ ਨੰਬਰ (01793) 463725 ਤੇ ਸੰਪਰਕ ਕਰੋ।

Punjabi

**Hadaad u baahatid macluumaad hab
kale ku qoran fadian la soo xinir
Adeega macmiisha (Customer Services)
oo kasoo wac lambarkan (01793) 463725**

Somali

اگر آپ کو کسی دیگر زبان یا ہندی لکھائی وغیرہ میں معلومات درکار ہوں تو
براہ مہربانی کسٹومر سروسز سے ٹیلی فون نمبر: 01793 463725
پر رابطہ قائم کریں۔

Urdu