



# Housing Register

## Applying for housing in the Thanet area

Please fully complete this form for the following:

PLEASE ✓ TICK AS APPROPRIATE

Housing Application	
Transfer Application	
Home / Shared Ownership	

*When fully completed, return this form to the*  
**Housing Options Team,  
Thanet District Council,  
Council Offices,  
P.O. Box 9,  
Margate,  
Kent  
CT9 1XZ.**

If you need help in completing this form please telephone 01843 577277.  
You can also email [housing@thanet.gov.uk](mailto:housing@thanet.gov.uk) or  
Visit our website [www.thanet.gov.uk](http://www.thanet.gov.uk)

### PLEASE NOTE:

IF YOU CHANGE ADDRESS YOU ARE REQUIRED TO FULLY COMPLETE A CHANGE OF ADDRESS/CIRCUMSTANCES FORM AND PROVIDE PROOF OF THE NEW ADDRESS.

## Proof checklist

Have you enclosed proof of the following? You may bring original documents to the Council Offices to be photocopied.

**(DO NOT SEND ORIGINAL DOCUMENTS IN THE POST)**

PLEASE ✓ TICK AS APPROPRIATE

<p><b>Proof of identity for all named applicants</b> Such as passport, birth certificate, medical card/letter, Driving licence etc (National Insurance cards are not acceptable)</p>	
<p><b>Proof of address for all named applicants</b> Such as a current utility bill, bank or building society statement, Letter from an official agency.</p>	
<p><b>If you own your own property</b> Value of the property (please provide at least 2 estate agents valuations) Outstanding mortgage (this could be a statement from your building society)</p>	
<p><b>Copy of Notice to Quit or Possession Order if applicable</b></p>	
<p><b>Immigration Control / European Nationals</b> If you are subject to immigration control please supply the relevant Home Office documents. Visa's, Workers Registration Scheme docs.</p>	
<p><b>Proof of earnings / benefits etc</b> Such as current Payslips, Income Support, Job Seekers Allowance, Employment Support Allowance (previously Incapacity Benefit), Disability Living Allowance, Carer's Allowance Pension(s) Credit/State/Private, etc (The benefit award letter will show this information)</p>	
<p><b>Proof of Child Benefit</b> Such as child benefit award letter stating the names of each child Included on the application (a birth certificate is not acceptable)</p>	
<p><b>Proof of pregnancy and due date</b> Such as MAT B1 form or pregnancy record</p>	
<p><b>Self-certification medical form (see notes on page 13)</b> Please request a form from Housing Options</p>	
<p><b>Form <u>MUST</u> be signed and dated</b> Have all applicants signed and dated this form?</p>	

### PLEASE NOTE:

Your application **MAY** not be registered until all questions in this form are answered even though they may not all be applicable (this excludes page 14), and **ALL** relevant information required has been received.

Once your application has been registered for the first time, you will receive a welcome pack from Kent Homechoice explaining Choice Based Lettings.

## SECTION ONE – Personal Details

Reg No:

**1. Please list everyone who you want to be housed with you.  
PUT YOUR OWN DETAILS ON THE TOP LINE**

Title	Surname	Fully Name	Date of Birth	Age	Relationship to you
					<b>YOURSELF</b>

**2. Are any of the above in care of the local authority or have been at anytime? YES / NO  
IF YES PLEASE STATE BELOW**


**3. Are any of the above Pregnant YES / NO**    If YES when is the due date:

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**4. Are any of the above registered disabled YES / NO**

If YES do they use a Wheelchair **YES / NO**      Inside & outside **YES / NO**

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**5. Where do you live now?**

House Number and Street	
Town/City	
County	Postcode:
Date from / moved in	
Telephone number(s) Home/Mobile/Work or a friend or relative's contact number	
Email address	
Please state any previous name i.e. maiden, previous married names, other names you may have been known by.	
Next of Kin	

**6. Please state you and your partner's National Insurance Numbers**

YOU:       PARTNER:

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**PLEASE DO NOT WRITE BELOW THIS LINE**

<b>7. Are any of the household members you have listed on question 1 to be re-housed with you but NOT currently living with you</b>		<b>YES / NO</b>
If <b>YES</b> please give details		
Name		
Relationship		
Address		
Date from / moved in		
Who is the Landlord		
How many bedrooms can they use		

<b>8. Please ✓ tick if you or your partner are</b>	YOU	PARTNER	N/A
Serving in the regular armed forces			
Subject to immigration control			
Detained under any Act of Parliament e.g. prison, hospital			

**Please provide details on page 12 – ‘further information’, as to the living arrangements of the people listed above. I.e. number of bedrooms available for use, type of tenancy, details of accommodation type.**

### SECTION TWO – Where you live now

<b>9. Do/have you or your partner currently hold/ever held a tenancy with any Council (including Thanet) or any Housing Association</b>	<b>YES / NO</b>
If <b>YES</b> , please give address of property, approximate dates and the name of the Council or Housing association it was rented from:	

<b>10. If you are renting from a Housing Association or Private renting from a Landlord, please give their name and address</b>
Name:
Address
Telephone Number:

<b>11. If Thanet Council is NOT your landlord, please ✓ tick the box that best describes the home you live in?</b>		
Private rented	With Relative/Friends	Supported Housing
Another Council/Housing Association	Lodgings	Holiday Let
Linked to Job/Tied Accommodation	Home Owner	No Fixed Abode
Other (please give details)		

**PLEASE DO NOT WRITE BELOW THIS LINE**

<b>12. What type of property do you live in? Please ✓ tick relevant box.</b>				
Flat	Bungalow	Maisonette	House	Mobile Home
Other (please give details)				

<b>13. Do you have any of the following? Please ✓ tick relevant box</b>				
Ground Floor WC	Ground Floor Bathroom	Separate Dining Room	Stair Lift	Lift
OR Other adaptations (please describe)				

<b>14. How many bedrooms does the property have?</b>
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<b>15. How many of these bedrooms are you (and your family) able to use?</b>
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<b>16. Are any of the bedrooms used by you (and your family) shared with other people? YES / NO</b>
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<b>17. Do you share the property in which you live with anyone other than those on your application? YES / NO</b>				
If YES, please list all those who share your property. Do NOT list anyone already listed in Q1				
Surname	First Name	Date of Birth	Relationship to you	Do they normally live at the property YES / NO

<b>18. Do you, have, lack, or share any of the following with anyone other than those you wish to be housed with? Please ✓ tick relevant box.</b>			
Bathroom/Shower	Have	Lack	Share
Cooking facilities	Have	Lack	Share
Toilet / WC	Have	Lack	Share
Lounge	Have	Lack	Share

<b>19. Please tick the floor level you currently live on: Please ✓ tick relevant box.</b>					
Basement	Ground	First	Second	Third	Fourth
Above Fourth please state level					

<b>20. Do you have any pets? YES / NO</b>
If YES please state

**PLEASE DO NOT WRITE BELOW THIS LINE**

21. Do you or anyone on this application, own a home or have the right to occupy a home other than where you live now? If YES, please give details	YES / NO
Address	
Reason for not using this address	

22. Have you ever purchased/owned your own home? If YES, please give details i.e. Address, purchase price, sale price, reason for no longer having ownership etc.	YES / NO

### SECTION THREE – Condition of your home

23. Does your current home suffer from any major repair problems? If Yes, please describe these problems (continue on a separate sheet if necessary)	YES / NO

24. Have you told your landlord about these problems?	YES / NO
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25. How long have you had these problems?    Date problems began?
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26. Is the Local Authority Housing Improvement Team aware of these problems?  YES / NO / DON'T KNOW <i>We may inform them if you have ticked NO or Don't KNOW</i>
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27. Do you have some form of heating in your home If YES is this (please ✓tick the box that best describes the heating in your home).	YES / NO
Central heating or storage heaters	Electric heater, not attached to the wall
Freestanding heater such as Calor Gas / Electric heaters	Gas Central/storage heating
Coal fire	Calor gas
How much on average do you spend on heating your home per week? £	

**PLEASE DO NOT WRITE BELOW THIS LINE**

**PLEASE NOTE:**

If a Housing Improvement Team officer visits your home regarding the disrepair stated, the purpose of their visit will be to improve the condition of the property; they will not be able to comment or assist with your housing position.

## SECTION FOUR - Previous Addresses

**28.** Please give all the addresses where you have lived during the last **FIVE** years.  
**Start with your first address.**

Full address

From

To

Were you charged rent?

Who was your landlord/property owner?

Why did you leave?

Full address

From

To

Were you charged rent?

Who was your landlord/property owner?

Why did you leave?

Full address

From

To

Were you charged rent?

Who was your landlord/property owner?

Why did you leave?

Full address

From

To

Were you charged rent?

Who was the landlord/owner?

Why did you leave?

Full address

From

To

Were you charged rent?

Who was your landlord/property owner?

Why did you leave?

**PLEASE DO NOT WRITE BELOW THIS LINE**

**PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY**







<b>38. Have you been given a letter or notice to leave your home?</b> <i>If Yes please enclose a copy of the letter of notice</i>	YES / NO
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<b>39. When do you think you may have to leave your home? What date?</b>
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<b>40. What secondary schools did you / your partner attend?</b>		
Name	Name of School	Dates attended

<b>41. Have you ever made a homeless persons application before?</b> <b>If YES:</b> - At which Local Authority did you make this application (Thanet or elsewhere) Please state where:  Dates application was made?  Decision and Outcome of this application:	YES / NO
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### SECTION EIGHT – Offending history

*Any information which you supply in this Section will be treated in the strictest confidence.*

<b>42. Have you, or anyone listed in question 1, been convicted of any offence, other than those regarded as ‘spent’ under the Rehabilitation of Offenders Act 1974?</b>  <i>If Yes, please give details of convictions &amp; sentences</i>	YES / NO

<b>43. Are you, or anyone listed in question 1, required to notify the police in accordance with Section 1 of the Sex Offenders Act 1997?</b>	YES / NO
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<b>44. Do you/they have a Probation Officer?</b> <i>If Yes, please confirm the Probation Officer’s details</i>	YES / NO
Name	
Address	
Contact Phone Number	



## SECTION NINE - Equal Opportunities

Thanet District Council operates an equal opportunities policy to ensure that its services are delivered in a fair and non discriminatory way. To help the Council monitor the effectiveness of this policy we need to ask you for information about your personal background. This information will only be used for statistical monitoring and not for any other purpose.

**Age:** [Please tick appropriate box for main applicant]

16-17	18-24	25-34	35-44	45-54	55-64	65+

### Disability

Do you consider yourself to have a disability?

YES / NO

Which of the following does your illness or disability affect?

Please tick the appropriate boxes. This list is not meant to be exclusive and is given as a guide only; it is provided as it may help you to answer this question.

**Your hearing, or vision**

if you wear glasses or contact lenses this is not usually considered to be a disability

**Your co-ordination, dexterity or mobility**

e.g. Polio, spinal cord injury, back problems, repetitive strain injury

**Your mental health**

e.g. Schizophrenia, depression, severe phobias

**Your speech**

e.g. stammering

**You're learning ability**

e.g. dyslexia

**Other physical or mental conditions**

e.g. diabetes, epilepsy, arthritis, cardiovascular conditions, asthma, cancer

**What do you consider to be the level of disability?**

Please tick appropriate box

Minor

Moderate

Severe

### Self-certification medical form

**A self-certification medical form should ONLY be completed if your current accommodation is severely affecting your health.**

**Please note:**

**A medical form can only be assessed once you explain how and why your current accommodation is making your condition/illness worse**

**A self certification medical form is available by request from TDC offices.**

<b><u>Gender</u></b>		
Please ✓ tick the gender which best describes you:		
MALE	FEMALE	TRANSGENDER

<b>Sexual Orientation – How would you describe your sexual orientation?</b> Please ✓ tick appropriate box				
Bisexual	Heterosexual	Gay	Lesbian	Decline to State

<b><u>What is your ethnic group?</u></b>	
How would you describe the ethnic origin of your household?	
Please ✓ tick appropriate box – note: these categories relate to ethnic origin and not nationality	
White: British	Mixed: White & Asian
White: Irish	Mixed: Other
White: Other	Asian or Asian British: Indian
Black or Black British: Caribbean	Asian or Asian British: Pakistani
Black or Black British: African	Asian or Asian British: Bangladesh
Black or Black British: Other	Asian or Asian British: Other
Mixed: White & Black Caribbean	Chinese
Mixed: White & Black African	Other ethnic group

<b><u>Nationality</u></b>	
Please ✓ tick appropriate box	
UK national resident in the UK	UK national returning from residence overseas
Czech Republic	Estonia
Hungary	Latvia
Lithuania	Poland
Slovakia	Slovenia
Other European Economic Area (EEA)*	Any other country
Other	
<b><i>*EEA countries are Austria, Belgium, Bulgaria, Cyprus, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein Luxembourg, Malta, Netherlands, Norway, Portugal, Romania, Spain, Sweden and Switzerland.</i></b>	

<b>Religion/Belief – Please ✓ tick your religion/Belief:</b>			
Buddhist	Christian	Hindu	Jewish
Muslim	Sikh	None	Other
Decline to State			

## SECTION TEN – Other information

<b>45. Are you, or anyone listed in question 1, employed, or related to any employee or Councillor of Thanet District Council or their partner organisations?</b>	YES / NO
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<b>46. Are you currently being supported by any organisation?</b>	YES / NO
If <b>YES</b> please state which one:	
Name of organisation:	
Name of support worker:	
Address:	
Telephone number:	

## SECTION ELEVEN – Home / Shared ownership schemes

<b>47. Would you be interested in any other home ownership schemes, such as low-cost home ownership, or shared ownership schemes?</b>	YES / NO
<i>The above schemes are limited by how much money is available, but if you have answered yes to any of the questions above, we will hold your details and may send you more information at a later date.</i>	

**Please check that you have completed all the sections of this form.  
If you have not done so, THE FORM WILL BE RETURNED TO YOU FOR COMPLETION.**

**A delay in providing all relevant information will mean  
a delay in processing your application.**

## DATA PROTECTION

**I/we give consent for the Housing Options Team at Thanet District Council to make enquiries and share with those agencies I/we are presently/formerly involved with, to gather information which will have relevance to my/our application for housing.**

Please note that data you have supplied about yourself on this form, and other data that the Council and Registered Social Landlords may hold about you, may be used for the administration of Housing Benefit and Council Tax, for cross-Authority comparison purposes for the prevention and detection of fraud, for the mailing of information regarding other housing services, issues of public interest and for determining any application that you may make for a tenancy of a Council commercial property or concession.

All information on this form will be held on the computer file to which you have right of access under the Data Protection Act

**Now read the following declaration carefully, sign the form and return it to us.**

## DECLARATION

I/We declare that the information given to you in this form is true. I/We will inform the Thanet District Council Housing Options Department of any change of my/our circumstances. I/We understand that any false or misleading statements or withholding of any relevant information by myself/ourselves or by any person acting on my/our behalf now or at any time may result in my/our application being cancelled or any tenancy to be ended (in accordance with the Housing Act 1996). I/We are willing to have the information supplied on this form (or the included supporting information) shown to others for the assessment of my housing and support needs.

**I give consent for information to be passed on regarding my circumstances to  
Thanet District Council.**

Print your Name:	Your signature:
Print Partner's Name:	Partner's signature:
Date	

**This section must be filled in if someone else has filled this form in for you.  
This includes an agent, appointee, relative or friend.**

Name of the person who filled in this form	
Their relationship to you	
Their signature	

**Last updated 19/5/2010**