

REGISTRATION NUMBER: _____

**PLEASE FULLY COMPLETE THIS FORM IN BLACK INK
USING BLOCK CAPITALS.**



Housing Register

Applying for housing in the Thanet area

Please fully complete this form for the following:

	PLEASE ✓ AS APPROPRIATE
Housing Application	<input type="checkbox"/>
Transfer Application	<input type="checkbox"/>
Home / Shared Ownership	<input type="checkbox"/>

***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 or
Visit our website 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 ✓ AS APPROPRIATE

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

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		YES / NO
If YES please give details		
Name		
Relationship		
Address		
Date from / moved in		
Who is the Landlord		
How many bedrooms can they use		

8. Please ✓ as appropriate: are you or your partner	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

9. Do/have you or your partner currently hold/ever held a tenancy with any Council (including Thanet) or any Housing Association YES / NO

If **YES**, please give address of property, approximate dates and the name of the Council or Housing association it was rented from:

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10. If you are renting from a Housing Association or Private renting from a Landlord, please give their name and address

Name:
Address
Telephone Number:

11. If Thanet Council is NOT your Landlord, please ✓ the box which best describes the home you live in?

- | | | | | | |
|-------------------------------------|--------------------------|-------------|--------------------------|-------------------|--------------------------|
| With Relative/Friends | <input type="checkbox"/> | Holiday Let | <input type="checkbox"/> | Supported Housing | <input type="checkbox"/> |
| Another Council/Housing Association | <input type="checkbox"/> | Lodgings | <input type="checkbox"/> | Private Let | <input type="checkbox"/> |
| Linked to Job/Tied Accommodation | <input type="checkbox"/> | Home Owner | <input type="checkbox"/> | No Fixed Abode | <input type="checkbox"/> |

PLEASE DO NOT WRITE BELOW THIS LINE

12. What type of property do you live in?

Please ✓ the relevant box

- Flat Bungalow Maisonette House Mobile Home
 Caravan Hotel Hostel Bedsit Residential Care Home
 Other (please give details) _____

13. Do you have any of the following?

Please ✓ the relevant box

- Ground Floor WC Ground Floor Bathroom Separate Dining Room
 Stair Lift Lift Other adaptations (please describe)

14. Please state how many bedrooms your current accommodation has? _____

15. Please state how many of these bedrooms are you (and your family) able to use? _____

16. Are any of the bedrooms used by you (and your family) shared with other people? YES / NO

17. Do you share the property in which you live with anyone other than those on your application? YES/NO

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

18. Do you, have, lack, or share any of the following with anyone other than those you wish to be housed with? Please ✓ the relevant box.

- | | | | |
|--------------------|-------------------------------|-------------------------------|--------------------------------|
| Bathroom/Shower | Have <input type="checkbox"/> | Lack <input type="checkbox"/> | Share <input type="checkbox"/> |
| Cooking facilities | Have <input type="checkbox"/> | Lack <input type="checkbox"/> | Share <input type="checkbox"/> |
| Toilet / WC | Have <input type="checkbox"/> | Lack <input type="checkbox"/> | Share <input type="checkbox"/> |
| Lounge | Have <input type="checkbox"/> | Lack <input type="checkbox"/> | Share <input type="checkbox"/> |

19. Please tick the floor level you currently live on:

Please ✓ the relevant box.

- Basement Ground First Second Third Fourth
 If above fourth state level _____

20. Do you have any pets?

YES / NO

If YES please state below

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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? YES / NO

If YES, please give details

Address
Reason for not using this address

22. Have you ever purchased/owned your own home? YES / NO

If YES, please give details i.e. Address, purchase price, sale price and reason for no longer having ownership etc.

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SECTION THREE – Condition of your home

23. Does your current home suffer from any major repair problems? YES / NO

If Yes, please describe these problems (continue on a separate sheet if necessary)

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24. Have you told your landlord about these problems? YES / NO

25. How long have you had these problems? Date problems began? _____

26. Is the Local Authority Housing Improvement Team aware of these problems? YES / NO / DON'T KNOW

We may inform them if you have ticked NO or Don't KNOW

27. Do you have some form of heating in your home YES / NO

If YES is this please ✓ the relevant box

Central heating or storage heaters Electric heater, not attached to the wall

Gas Central/storage heating Coal Fire Calor Gas

Gas Fire Freestanding heater such as Calor Gas / Electric heaters

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

38. Have you been given a letter or notice to leave your home? YES / NO
If Yes please enclose a copy of the letter or notice

39. When do you think you may have to leave your home? DATE: _____

40. What secondary schools did you / your partner attend?

Name	Name of School	Dates attended

41. Have you ever made a homeless persons application before? YES / NO

If YES: -

At which Local Authority did you make this application (Thanet or elsewhere) _____

Dates application was made? _____

Decision and outcome of this application: _____

SECTION EIGHT – Offending history

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

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? YES / NO

If Yes, please give details of convictions & sentences

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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? YES / NO

44. Do you/they have a Probation Officer? YES / NO

If Yes, please confirm the Probation Officer's details

Name
Address
Contact Phone Number

PLEASE DO NOT WRITE BELOW THIS LINE

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

(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).

Which of the following does your illness or disability affect? Please tick appropriate boxes.

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? 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.

Gender

Please ✓ the appropriate boxes

MALE

FEMALE

TRANSGENDER

Sexual Orientation - How would you describe your sexual orientation?

Bisexual Heterosexual Gay Lesbian Decline to State

What is your ethnic group?

How would you describe the ethnic origin of your household?

White: British	<input type="checkbox"/>	Mixed: White & Asian	<input type="checkbox"/>
White: Irish	<input type="checkbox"/>	Mixed: Other	<input type="checkbox"/>
White: Other	<input type="checkbox"/>	Asian or Asian British: Indian	<input type="checkbox"/>
Black or Black British: Caribbean	<input type="checkbox"/>	Asian or Asian British: Pakistani	<input type="checkbox"/>
Black or Black British: African	<input type="checkbox"/>	Asian or Asian British: Bangladesh	<input type="checkbox"/>
Black or Black British: Other	<input type="checkbox"/>	Asian or Asian British: Other	<input type="checkbox"/>
Mixed: White & Black Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Mixed: White & Black African	<input type="checkbox"/>	Other ethnic group	<input type="checkbox"/>

Nationality

UK national resident in the UK	<input type="checkbox"/>	UK national returning from residence overseas	<input type="checkbox"/>
Czech Republic	<input type="checkbox"/>	Estonia	<input type="checkbox"/>
Hungary	<input type="checkbox"/>	Latvia	<input type="checkbox"/>
Lithuania	<input type="checkbox"/>	Poland	<input type="checkbox"/>
Slovakia	<input type="checkbox"/>	Slovenia	<input type="checkbox"/>
Other European Economic Area (EEA)*	<input type="checkbox"/>	Any other country	<input type="checkbox"/>
		Other	<input type="checkbox"/>

****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.***

Religion/Belief

Buddhist Christian Hindu Jewish
Muslim Sikh None Other
Decline to State

SECTION TEN – Other information

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? YES / NO
46. Are you currently being supported by any organisation? YES / NO

If YES please state which one:

Name of organisation:

Name of support worker:

Address:

Telephone number:

SECTION ELEVEN – Home / Shared ownership schemes

47. Would you be interested in any other home ownership schemes, such as low cost home ownership, or shared ownership schemes? YES / NO

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.

USEFUL CONTACTS

Citizen Advice Bureaux

Broadstairs – Phone: 01843 860225

Margate – Phone: 01843 225973

Web: www.cabsites.org.uk/thanet/

Age Concern

Phone: 01843 223881

Web: www.ageconcern.org.uk

Pension Service

Phone: 0845 606 02 65

Web: www.thepensionservice.gov.uk

Disability Living Allowance

Phone: 0845 712 34 56

Web: www.dwp.gov.uk

Social Services

Phone: 01843 860000

Web: www.kent.gov.uk

Tax Credits

Phone: 0845 300 39 00

Web: www.hmrc.gov.uk

DirectGov

Web: www.direct.gov.uk

The Department for Work and Pensions

Benefit Enquiry Line

Phone: 0800 882200

Web: www.dwp.gov.uk

The Department for Work and Pensions

Queens House, Ramsgate

Phone: 0845 608 86 26

Web: www.dwp.gov.uk

Jobcentre Plus

Phone: 01843 258300

Web: www.jobcentre.gov.uk

The Rent Service

Phone: 0845 026 46 96

Web: www.therentservice.gov.uk

Child Benefit

Phone: 0845 302 14 44

Web: www.hmrc.gov.uk

Child Support Agency

Phone: 0845 713 31 33

Web: www.csa.gov.uk

**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 has filled this form in for you.
This includes an agent, appointee, relative or friend.**

I have filled this form on behalf of	
As they cannot fill in the form because	
I am (name in BLOCK CAPITALS)	
Your signature	
Relationship to applicant	

**Remember, unless you are the appointee or have Power of Attorney,
the applicant must also sign the form.**

Last updated 23/11/2010