

FOR OFFICE USE ONLY	
Date received:	Ref Number:
	Surname:
	New application: <input type="checkbox"/>
	Transfer: <input type="checkbox"/>
	Nomination: <input type="checkbox"/>



Leeds & Yorkshire
Housing Association

Application for Housing

What do you require?	
General Needs	<input type="checkbox"/>
Sheltered (over 55s)	<input type="checkbox"/>
Almshouse	<input type="checkbox"/>
Adapted Property	<input type="checkbox"/>

About you and any joint applicant

Applicant 1

Applicant 2

Title and Surname

First and Middle names

Date of birth *

 / /
 / /

National insurance number *

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AB	1	2	3	4	5	6	C
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Current address

Postcode

Who owns the above property?

Current monthly mortgage /
rent payment

£

£

Address for letters if different
from above

Home telephone number

Mobile telephone number

Email address

Are you?

Male Female

Male Female

What is the relationship
between you and the joint
applicant? (If any)

Do you have any pets? If yes,
please state what they are

Reasons for wanting to be
re- housed (e.g. financial
reason, relationship
breakdown)

Do you have a bill paying and
transactional bank account?*

Yes No

Yes No

Do you have the permanent
right to live and work in this
country without restriction? *
(often called right / leave to remain. If
your answer is 'no' we will not be able to
process your application)

Yes No

Yes No

Are you legally allowed to claim
any state benefits? * (if your answer
is 'no' or 'don't know' we will not be able
to process your application)

Yes No Don't know

Yes No Don't know

Equality and Diversity

Please describe your own ethnic origin and that of the joint applicant

	Applicant 1	Applicant 2		Applicant 1	Applicant 2
White			Black or Black British		
White British	<input type="checkbox"/>	<input type="checkbox"/>	Black/Black British - Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	<input type="checkbox"/>	Black/Black British - African	<input type="checkbox"/>	<input type="checkbox"/>
White Other	<input type="checkbox"/>	<input type="checkbox"/>	Black/Black British - Other	<input type="checkbox"/>	<input type="checkbox"/>
Mixed race	<input type="checkbox"/>	<input type="checkbox"/>	Chinese or other ethnic group		
White & Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	Chinese British	<input type="checkbox"/>	<input type="checkbox"/>
White & Black African	<input type="checkbox"/>	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	<input type="checkbox"/>
White & Asian	<input type="checkbox"/>	<input type="checkbox"/>	Gypsy/Romany/Irish Traveller	<input type="checkbox"/>	<input type="checkbox"/>
Mixed - Other	<input type="checkbox"/>	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>
Asian or Asian British			Any other that is not listed, please state below		
Asian/Asian British - Indian	<input type="checkbox"/>	<input type="checkbox"/>			
Asian/Asian British - Pakistani	<input type="checkbox"/>	<input type="checkbox"/>			
Asian/Asian British - Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>			
Asian/Asian British - Other	<input type="checkbox"/>	<input type="checkbox"/>			

Please identify your religion

None	<input type="checkbox"/>	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	<input type="checkbox"/>	Sikh	<input type="checkbox"/>	<input type="checkbox"/>
Christian	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	<input type="checkbox"/>			

Please identify if you or any joint applicant has an illness or disability

I do not have a disability	<input type="checkbox"/>	<input type="checkbox"/>	Learning disability	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair user	<input type="checkbox"/>	<input type="checkbox"/>	Memory problem	<input type="checkbox"/>	<input type="checkbox"/>
Mobility problems	<input type="checkbox"/>	<input type="checkbox"/>	Mental ill health	<input type="checkbox"/>	<input type="checkbox"/>

Sensory impairment

Sight problem	<input type="checkbox"/>	<input type="checkbox"/>	Hearing difficulty	<input type="checkbox"/>	<input type="checkbox"/>
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Communication

Difficulty speaking	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty reading	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty writing	<input type="checkbox"/>	<input type="checkbox"/>			

Do you need the written information you receive to be in a different format?

Standard	<input type="checkbox"/>	<input type="checkbox"/>	Audio	<input type="checkbox"/>	<input type="checkbox"/>
Large print	<input type="checkbox"/>	<input type="checkbox"/>	Braille	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>	Other - please state	_____	

What is your preferred language of communication?

Albanian	<input type="checkbox"/>	<input type="checkbox"/>	Gujarat	<input type="checkbox"/>	<input type="checkbox"/>
Arabic	<input type="checkbox"/>	<input type="checkbox"/>	Hindi	<input type="checkbox"/>	<input type="checkbox"/>
Bengali	<input type="checkbox"/>	<input type="checkbox"/>	Hungarian	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>	Kurdish	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	Punjabi	<input type="checkbox"/>	<input type="checkbox"/>
Farsi	<input type="checkbox"/>	<input type="checkbox"/>	Urdu	<input type="checkbox"/>	<input type="checkbox"/>
Other - please state	_____				

Please identify your sexual orientation

Bisexual	<input type="checkbox"/>	<input type="checkbox"/>	Heterosexual/Straight	<input type="checkbox"/>	<input type="checkbox"/>
Gay man	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
Gay woman/Lesbian	<input type="checkbox"/>	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>



	Applicant 1	Applicant 2
Employed full time (30 hours or more)	<input type="checkbox"/>	<input type="checkbox"/>
Employed part-time (less than 30 hours)	<input type="checkbox"/>	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>
Full-time student	<input type="checkbox"/>	<input type="checkbox"/>
Unable to work due to long term sickness / disability	<input type="checkbox"/>	<input type="checkbox"/>
Other - please give details		
What is your Occupation?		
What is your take-home pay (after tax)?	£ <input style="width: 50px;" type="text"/> Per <input style="width: 50px;" type="text"/>	£ <input style="width: 50px;" type="text"/> Per <input style="width: 50px;" type="text"/>
Do you have any savings or investments?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how much are they worth?	£ <input style="width: 150px;" type="text"/>	£ <input style="width: 150px;" type="text"/>
Are you currently in receipt of any state benefits?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, which benefits do you receive?		
Do you own your own property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how much is it worth?	£ <input style="width: 150px;" type="text"/>	£ <input style="width: 150px;" type="text"/>
Are you receiving any pension income?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please state how much?	£ <input style="width: 150px;" type="text"/>	£ <input style="width: 150px;" type="text"/>

Who will be living with you

Who are you living with at the moment?

Title	First & Middle Name	Surname	DOB	M/F	Relationship to you

List the people that will be rehoused with you

Title	First & Middle Name	Surname	DOB	M/F	Relationship to you

Has anyone listed on this application applied to be rehoused by us before? Yes No

Do you currently have any adaptations fitted to your property? Yes No

Do you need adaptations in your future property? Yes No

If yes, please give details:

Convictions

If you or anyone who wants to be rehoused with you has any criminal convictions which are not spent as explained in the Rehabilitation of Offenders Act 1971, you must tell us about them here. You must set out all the details of the conviction in full.

Name	Date of conviction	Convicted for	Sentence	When will it be spent	Proof enclosed Y/N

Support

Are you currently receiving any support? Yes No

If yes, who from:

Will you require any additional support from us to conduct your tenancy? Yes No

Will you require any support from other agencies to support your tenancy? Yes No

Previous addresses

Please supply addresses for where you have lived in the last three years including your current address. This **MUST** be completed in full or your application **WILL** BE rejected.

Applicant 1

Address	Date moved in	Date moved out	Name, address & contact number of landlord/building society/owner	Reasons for leaving	If in arrears please state how much	Re-payment plan in place Yes/No

Applicant 2

Address	Date moved in	Date moved out	Name & address of landlord/building society/owner	Reasons for leaving	If in arrears please state how much	Re-payment plan in place Yes/No

If you have arrears and have a re-payment plan in place you must enclose evidence.

Have you or anyone who wants to be re-housed with you been evicted from council, housing association or registered social landlord housing for any reason?

Yes No

Date of eviction:

If yes please give details below:

Property address

Landlords name

Reason for eviction

Rent arrears Anti-social behaviour
 Disrepair Other

If other, please state

Advocate or Next of Kin (someone who can speak on your behalf)

Please provide details of a next of kin. If you have an advocate, please also provide their details.

Yes No

By providing information, you are agreeing for them to be able to speak on your behalf about your application for re- housing.

Do not include yourself or any joint applicant

	Next of kin/Advocate for Applicant 1	Next of kin/Advocate for Applicant 2
Name:	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>
	Postcode:	Postcode:
Tel:	<input type="text"/>	<input type="text"/>
Email:	<input type="text"/>	<input type="text"/>
Relationship to you:	<input type="text"/>	<input type="text"/>

References

Please provide full details of 2 referees. This must be someone who knows you in a professional capacity such as an employer or former employer, current or previous landlord or other professional person who can give you a character reference. Family and friends will not be accepted as referees.

	Applicant 1 / Referee 1	Applicant 2 / Referee 1
Name:	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>
	Postcode:	Postcode:
Tel:	<input type="text"/>	<input type="text"/>
Email:	<input type="text"/>	<input type="text"/>
Relationship to you:	<input type="text"/>	<input type="text"/>

	Applicant 1 / Referee 2	Applicant 2 / Referee 2
Name:	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>
	Postcode:	Postcode:
Tel:	<input type="text"/>	<input type="text"/>
Email:	<input type="text"/>	<input type="text"/>
Relationship to you:	<input type="text"/>	<input type="text"/>

Application checklist

Please ensure that you complete the form fully, including copies (**do not send originals**) of all documents we have asked for.

Tick below to ensure you haven't forgotten anything as it could slow down the processing of your application. (Failure to provide the requested documentation will result in your application being returned to you)

- Proof of identification (passport, immigration documentation, driving license, birth certificate).
- Proof of residency (council tax or utility bill, bank or credit card statement)
- Proof of income or savings (wage slip, welfare benefit book or award letter, bank or building society statement)
- Proof of any repayment plan in place for any existing rent arrears (if applicable)
- If pregnant, a photocopy of proof of pregnancy (e.g. MATB1 form)
- Passport sized photograph for ALL applicants

Data Protection and Signature (Please read this carefully).

We will only use the information you have given on this form for the purposes of housing management, housing related services, checking your eligibility for a tenancy and for statistical analysis. We will treat your information with the highest level of security and confidentiality.

LYHA will verify the information on this form at anytime now and in the future. We may check it with, or pass it on to, organisations such as:

- Police
- Local councils
- Your current or former landlords
- Social services
- Any other organisation we need to
- Doctors
- Hospitals
- Banks, building societies and Credit Unions
- Credit reference agencies

When you sign this declaration, you give us your permission to approach these organisations to get information about you, or to give them information about you in accordance with our policy.

False information

If any of the information you give on this form or from references is false or wrong, we may reject your application. If we find out after you have been given a home, we may evict you.

(Where a landlord has granted a tenancy as a result of a false statement made knowingly or recklessly by the tenant, this is a ground on which the landlord can seek possession of the premises).

I/we consent to information in this application being used to detect and/or prevent fraud. I/we confirm that the information given in this form is true and complete.

I/we agree to the information given in this form being held and processed in computer and other records. I/we provided the information so that I/we may be rehoused.

Your signature

Signature of Joint

Application Date