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AI-generated content may be incorrect.

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| **APPLICATION FORM FOR HOUSING** |

**BEFORE COMPLETING THIS FORM, PLEASE REFER TO THE GUIDANCE NOTES ENCLOSED WITH THIS FORM.**

**ALSO READ THE FOLLOWING NOTES CAREFULLY:**

**Please write in BLOCK CAPITALS and tick the boxes that apply to you. Read questions carefully before you start to fill in the form.**

**Throughout the form ‘your partner’ means your husband, wife or someone else whom you wish to be a joint tenant with you.**

**DATA PROTECTION ACT**

**The information provided on this form will be held on computer and is subject to the provisions of the Data Protection Act 2018. Further details can be found on our website** [**www.pioneergroup.org.uk/privacy-policy**](http://www.pioneergroup.org.uk/privacy-policy)

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| If you need this document translated please contact us on 0121 748 8100.  Haddii aad u baahan tahay in dukumeentigan laguu turjumo fadlan annaga nagala soo xiriir lambarka 0121 748 8100*.*  – **Somali**  ਜੇ ਤੁਹਾਨੂੰ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਅਨੁਵਾਦ ਚਾਹੀਦਾ ਹੈ ਤਾਂ ਸਾਡੇ ਨਾਲ  0121 748 8100 ਤੇ ਸੰਪਰਕ ਕਰੋ।  – **Punjabi**  *यदि आपको यह दस्तावेज़ अनुवादित चाहिए, तो कृपया हमसे 0121 748 8100 पर संपर्क करें।*  – **Hindi**  Si necesita traducir este documento por favor contáctenos al 0121748 8100 - **Spanish** | Jeśli chcieliby Państwo otrzymać tłumaczenie tego dokumentu, prosimy o kontakt z nami pod numerem 0121 748 8100*.*– **Polish**  Veuillez nous contacter au 121 748 8100 si vous avez besoin de faire traduire ce document*.* – **French**  Se necessita di tradurre questo documento ci contatti allo 0121 748 8100 – **Italian**  *假如您需要此文件的翻譯版本，請致電 0121 748 8100 聯絡我們。*- **Chinese**  *Bu belgenin tercüme edilmesine ihtiyaç duyuyorsanız lütfen 0121 748 8100 numaralı telefondan bizimle iletişime geçin.* - **Turkish** |

**Part 1 – Personal Details**

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| --- | --- | --- | --- | --- | --- |
| **YOUR DETAILS** | | | | | |
| **Title:** | | **First Name/s:**  **Former Name (if any):** | | **Surname:** | |
| **Date of Birth:** | | | **National Insurance No:** | | |
| **Email address:** | | | **Contact Telephone number:** | | |
| **YOUR PARTNERS DETAILS** | | | | | |
| **Title:** | **First Name/s:**  **Former Name (if any):** | | | | **Surname:** |
| **Date of Birth:** | | | **National Insurance No:** | | |
| **Email address:** | | | **Contact Telephone number:** | | |

**Part 2 – Current address details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Address:** |  | | **Postcode:** |  |
| **Is your current address a:** | **House**  **Flat/Maisonette**  **Hostel** | **Bungalow**  **Any temporary accommodation**  **Other (please specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **Name of landlord:** | | | | |
| **Address of landlord:** | | | | |
| **Landlord contact telephone number:** | | | | |
| Do you or any member of your household currently own or have financial interest in property/land in the UK or any other country: Yes  No | | | | |
| Do you or any member of your household currently have any savings or any other assets above £16k  Yes  No | | | | |
| The Pioneer Group also have properties available for Market Rent, would you be interested in this product?  Yes  No | | | | |

**Part 3 – Household members**

Please give details of each person that will live with you.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title:** | **First Name/s:** | **Surname:** | **D.O.B:** | **Gender:** | **Relationship to you:s** |
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Is any person listed above pregnant No:  Yes:  if yes please give person’s name and estimated due date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many bedrooms do you require: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 4 – Housing History**

**Please give details of all previous address over the last 5 years (if applicable)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Address and Postcode** | **Dates from** | **Dates to** | **Tenure Type (such as tenant, owner, living with relatives)** | **Landlords Name, Address and contact telephone number** | **Reasons for leaving** |
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**Part 5 – Local Connection & Community Contribution**

**The local connection to Castle Vale is defined, for the purposes of this application for housing as; Residence or family connection: within the B35 postcode For employment connection: within the B35 postcode plus Minworth Industrial Estates Kingsbury Road Retail Park & Industrial units JLR Castle Bromwich Commercial units within the vicinity of Kingsbury Rd, Chester Rd or Fort Parkway**

Do you have a local connection to Castle Vale No:  Yes:  (Please specify)

Are you in full or part time employment in Castle Vale No:  Yes:  (Please specify)

Are you in higher or further education No:  Yes:  (Please specify)

Do you contribute towards the community of Castle Vale No:  Yes:  (Please specify)

(Such as volunteering or have a caring responsibility)

Are you or any of your household members currently serving or have previously served in the armed forces: Yes  No

If yes please give details:

Have you been offered employment in Castle Vale or its surrounding areas? Yes  No  If yes please provide details:

**Part 6 – Income Details**

What is the source of your income?

|  |  |
| --- | --- |
| Your Details: | Your Partners Details: |
| Paid Employment: | Paid Employment: |
| Pension: | Pension: |
| DWP Benefits: | DWP Benefits: |
| Disability / PIP: | Disability / PIP: |
| Other:  (please specify) | Other:  (please specify) |

|  |  |
| --- | --- |
| Name and address of Employer: (If applicable) | Name and address of Employer: (if applicable) |
|  |  |

|  |  |
| --- | --- |
| Net Income £ | Net Income £ |
| (weekly/monthly/yearly) | (weekly/monthly/yearly) |
|  |  |

**Part 7 – Accommodation on Medical or Disability Grounds**

Please complete if you require a property that has been adapted for medical needs:

Name of person with a medical condition or disability:

What is the medical condition or disability?

What type of accommodation is required: ground floor  bungalow  wheelchair accessible

Do you require accommodation that is suitable for over 50’s (such as warden call or extra care schemes) Yes:  No:

Do you require support from any other Agency (such as Social Services, Mental Health Teams, Support Worker) Yes  (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No

Please tell us about any specific requirements which you may need in your home:

**Part 8 – For current CVCH tenants only**

How many bedrooms are in your current property: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many are double bedrooms: \_\_\_\_\_\_\_\_ How many are single bedrooms: \_\_\_\_\_\_\_\_\_

What are your reasons for moving:

**Part 9 – Background**

CVCH operates discretion in our Housing Policy and will carry out background checks with relevant agencies. Please answer the following honestly and as accurately as possible.

Do you or any persons listed in this application have a conviction for any of the following other than a spent conviction under The Rehabilitation of Offenders Act 1974?

The use of violence or the threat of violence against any tenant, Employee, Board Member or any other persons  Yes  No

Harassment of others, listed above  Yes  No

Arson  Yes  No

Damage to property  Yes  No

Car crime, burglary or other criminal damage  Yes  No

Drug related offences  Yes  No

Any other criminal offences (Please give details)  Yes  No

**Have you or any other persons listed in this application been evicted for a breach of tenancy (including by a private registered provider of social housing under section 21 of the Housing Act 1988)**

No

Yes

Please provide details:

Do you owe any rent arrears to your former landlords? Yes  No  If yes please provide details:

Are you a care leaver: Yes  No

Are you moving due to Domestic Abuse/violence being committed against you: Yes  No

**Part 10 – Further Information**

Are you related to employees or board members of CVCH:  Yes  No

Are you employed by CVCH:  Yes  No

If yes give details:

Please give details of any other matters which you think are relevant to your application or use this space for answers where there was not enough space on previous pages.

**Part 11 – Other Information**

CVCH is committed to equal opportunities in order to ensure that all applicants receive equal access to our services regardless of their age, gender or ethnic origin. The information is held in line with our data protection policy (available upon request) and will not be shared with any other organisation. (You don’t have to fill in any of the following information, but it really helps us if you do)

Are you:

White: White British  White Irish  White Other

Black or Black British: Caribbean  African  Other

Asian or Asian British Indian  Pakistani  Bangladeshi  Other

Mixed: White/ Black Caribbean  White/Black African  White / Asian  Other

Chinese or other ethnic group: Chinese  Gypsy/Romany/Irish Traveller

Other  Refused

I would describe my gender as:

Do you consider yourself to have a disability: Yes  No

Religion: None  Christianity  Buddhism  Hinduism  Judaism  Muslim  Sikhism  Other  Prefer not to answer

Sexual Orientation Heterosexual/Straight  Gay Woman/Lesbian  Gay Man

Bisexual  Other  Prefer not to answer

What is your spoken language What is the language you read

Are you happy with this form and the information CVCH has provided to you: Yes  No

If not how would you like us to communicate: Large Print  Translation/Other language

CD/Tape  Braille  Other \_\_\_\_\_\_\_\_\_\_\_

Where did you find out about CVCH: Friends/Family  Social Media/website  Other

**Part 12 – Information Consent**

Applicant

Full Name

Former Name (If any) Date of birth

Current Address

Joint Applicant

Full Name

Former Name (if any) Date of birth

Current Address

I/We have made an application for housing with CASTLE VALE COMMUNITY HOUSING

I/We give my/our permission and consent for CVCH to obtain any relevant information about me/us from all relevant agencies. I/We understand that the relevant agencies may include, but are not limited to, any Police Force, DWP, previous landlords, Probation Service, Social Services and Education Departments of Local Authorities.

I/We understand that this information will be used for the sole purpose of assisting my/our housing application and will be held in the strictest confidence.

This includes information protected by the Data Protection Act 2018.

BOTH APPLICANTS MUST SIGN IS THE APPLICATION IS JOINT

Signed (Applicant) Date

Print Name

Signed (Joint Applicant) Date

Print Name

STATEMENT

I confirm that I have completed the information consent form. I confirm that the details in the application are true. I understand that if I have knowingly or recklessly given any false information, or withheld information in connection with this application, my application may be cancelled and my accommodation may be repossessed by virtue of schedule 2 of the Housing Association Act 1985 (as amended) in s.21 of the Housing Act 1988 (as amended)

I CONFIRM THAT THE INFORMATION GIVEN IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO INFORM CVCH OF ANY CHANGES IN THE DETAILS GIVEN IN THIS FORM. I UNDERSTAND THAT MY FAILURE TO DO SO MAY RESULT IN MY APPLICATION BEING CANCELLED. IF I AM GRANTED A TENANCY, I UNDERSTAND THAT POSSESSION ACTION MAY BE TAKEN IF I HAVE GIVEN FALSE INFORMATION ON THIS FORM AND THAT CRIMINAL PROCEEEDINGS MAY BE SOUGHT.

Signed (Applicant) Date:

Signed (Joint Applicant) Date: