

Housing Registration Form

Registration number:

Please answer **all** the questions on this form.

If you need help to complete the form, please ask or call 01204 335811

Official use only

Main applicant (Joint applicant overleaf)

Q1

Title (Mr, Mrs, Ms, Miss)		Male <input type="checkbox"/>	Female <input type="checkbox"/>
First name:		Last name:	
Previous name:		Date of birth:	
Current address:		National Insurance no:	
		Date moved in:	
		Telephone number:	
Postcode:		E-mail address:	
Contact address for mail if different from where you live:			
Postcode:			

Q2 About your home. Are you (please tick)

Lodger Private tenant Council tenant Housing Association tenant Owner occupier Other

If other, please describe:

If renting, please state name and address of landlord:

Do you live in a: House Flat Bungalow Bedsit Number of bedrooms in your property

Q3 Your address history for the last 5 years. (Start with your current address)

N.B. THIS FORM CANNOT BE PROCESSED IF YOU DO NOT GIVE A FULL 5 YEAR ADDRESS HISTORY.

Please tell us about your home, are you:

KEY: L - Lodger / CT - Council tenant / HAT - Housing Association tenant / PT - Private tenant /
OO - Owner occupier / OT - Other

Address	post code	date moved	L <input type="checkbox"/>	CT <input type="checkbox"/>	HAT <input type="checkbox"/>	PT <input type="checkbox"/>	OO <input type="checkbox"/>	OT <input type="checkbox"/>
		IN						
		OUT						
		IN						
		OUT						
		IN						
		OUT						
		IN						
		OUT						
		IN						
		OUT						

Q4 If you are currently a Bolton Council or Housing Association tenant, do you wish to be considered for a Mutual Exchange (or House Swap): Yes No

Please indicate in the table below YOUR income before tax:

under £10,000 £10,001 to £15,000 £15,001 to £25,000
 £25,001 to £35,000 £35,001 to £50,000 £50,001 and over Prefer not to say

Q5 If you are in a position to obtain a mortgage would you be interested in low cost home ownership schemes? Yes No

Have you purchased a council property? Yes No

Do you own your own property? Yes No

Joint applicant

Q6	Title (Mr, Mrs, Ms, Miss)	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Relationship to applicant:
	First name:	Last name:		
	Previous name:	Date of birth:		
	Current address:	National Insurance no:		
		Date moved in:		
		Telephone number:		
		E-mail address:		
		Postcode:		

Q7 Please indicate in the table below YOUR income before tax:

under £10,000 £10,001 to £15,000 £15,001 to £25,000
 £25,001 to £35,000 £35,001 to £50,000 £50,001 and over Prefer not to say

If you are in a position to obtain a mortgage would you be interested in low cost home ownership schemes? Yes No

Q8 (a) Other people who will live with you when you move. (attach separate sheet if necessary) Does this person reside in the UK?

Full name	Relationship to applicant	Date of birth	Male	Female	Yes	No

(b) Do you have access / custody of children? Yes (please provide proof) No
 (c) Are you pregnant? Yes (please provide proof) No

If yes - what is the expected date of delivery

Q9 Under the Disability Discrimination Act 2005 a person is considered to have a disability if he/she has a physical or mental impairment which has a substantial and long term effect on his/her ability to carry out normal day to day activities

Do you consider you or a member of your household meet this definition of disability? Yes No

If yes, who (please state full name and relationship)

If YES, please state the type of disability

- | | | | | | |
|------------------------------------|--------------------------|----------------------|--------------------------|----------------------------|--------------------------|
| Visual impairment | <input type="checkbox"/> | Hearing impairment | <input type="checkbox"/> | Mobility disability | <input type="checkbox"/> |
| Mental health disability | <input type="checkbox"/> | Learning disability | <input type="checkbox"/> | Communication disabilities | <input type="checkbox"/> |
| An unseen impairment e.g. diabetes | <input type="checkbox"/> | Multiple impairments | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |

Other (please specify)

Q10 Equal opportunities

All partner landlords are committed to delivering services equally regardless of race, colour, ethnic or national origins. To check that this policy is fully carried out, and for no other reason, we ask for the following information.

How would you describe your ethnic origin?

	App	Joint		App	Joint		App	Joint		App	Joint
White Irish	<input type="checkbox"/>	<input type="checkbox"/>	Black African	<input type="checkbox"/>	<input type="checkbox"/>	Asian UK	<input type="checkbox"/>	<input type="checkbox"/>	Mixed White/Asian	<input type="checkbox"/>	<input type="checkbox"/>
White UK	<input type="checkbox"/>	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	Asian other	<input type="checkbox"/>	<input type="checkbox"/>	Mixed White/Black African	<input type="checkbox"/>	<input type="checkbox"/>
White other	<input type="checkbox"/>	<input type="checkbox"/>	Black UK	<input type="checkbox"/>	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>	Mixed White/Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	Black other	<input type="checkbox"/>	<input type="checkbox"/>	South East Asian	<input type="checkbox"/>	<input type="checkbox"/>	Mixed other	<input type="checkbox"/>	<input type="checkbox"/>
Unknown/ not stated	<input type="checkbox"/>	<input type="checkbox"/>				Indian	<input type="checkbox"/>	<input type="checkbox"/>			
						Pakistani	<input type="checkbox"/>	<input type="checkbox"/>			

Q11 By law, we are required to establish whether the person is a qualifying person for public assistance, including housing.

Please confirm your nationality as it appears in your passport

Nationality:

Please also attach copies of all relevant documents confirming your status in the United Kingdom. This may include a copy of your passport, any relevant Home Office documentation or work permit.

Q12 We are required to declare if we rehouse our employees, committee members or close associates.

Are you a (please tick)

- | | |
|--|---|
| <input type="checkbox"/> Employee | <input type="checkbox"/> Local Councillor |
| <input type="checkbox"/> Committee/Board Member of Bolton at Home, Housing Association or Bolton Community Homes | <input type="checkbox"/> Relative or friend of any of the above |

Q13 Do you understand how to find out about homes available for rent and how to express interest when they are advertised?

Yes

No

If no, is there someone who can do this on your behalf

Yes

No

Please give their details below so we can contact them:

Name:	Tel No:
Address:	

Declaration and signature of applicants

I/We understand that if the joint applicant or other household member/s makes an application for accommodation in his/her own right, that person will, subject to verification checks, be removed from this application without further notice.

I/We authorise any landlord names within this registration form to provide information about me or any member of my household to you, and to make any enquiries necessary to support this application.

I/We understand that the details provided may be used by you for the prevention and detection of crime, including fraud and they may be shared with other relevant bodies including the police for these purposes.

The information given on this form is, to the best of my knowledge, true and correct. I know I may lose any home offered to me if I have given false information or failed to supply any information requested.

Information from this form will be held on computer and is covered by Data Protection law.

Your details may also be passed to other landlords participating in the allocation scheme.

All partner landlords are committed to creating stable and secure communities for people to live in without fear of suffering harassment or nuisance from their neighbours. In order to support these aims we will be carrying out checks and asking for references. These will include: anti-social behaviour, rent arrears and property damage that you may be responsible for. This may include a check with the police.

Signed (<i>Applicant</i>):	Date:
Signed (<i>Joint Applicant</i>):	Date:
How did you find out about us? (<i>Please state</i>):	

Please return completed form to: Find a Home, Homes for Bolton, 1 Silverwell Lane, Bolton, BL1 1QN.
Tel No: **01204 335811** www.homesforbolton.org.uk or to any local Housing Office/One Stop Shop

Providing quality homes for the Bolton family

Homes for Bolton housing services provided by Bolton Council, Ashiana Housing Association, Bolton Accredited Residential Landlord Organisation (BARLO), Bolton at Home, Contour Homes Ltd, Great Places Housing Group, Irwell Valley Housing Association, Places for People Group, Salvation Army Housing Association, St Vincents Housing Association, William Sutton Housing Association.

Bolton Community Homes Ltd is a company limited by guarantee registered in England.

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Registered Office: 2nd floor, 2 Silverwell Lane, Bolton, BL1 1QN