

Please read the 'Guide to West Norfolk Homechoice' before you fill in this form.

If you also want to be considered for shared ownership or other affordable options to buy, you should ask for another form: 'West Norfolk Homechoice Low Cost Home Ownership'.

Please complete the form in full and return it to **West Norfolk Homechoice, Environmental Health and Housing, Borough Council of King's Lynn & West Norfolk, King's Court, Chapel Street, King's Lynn, Norfolk PE30 1EX. www.west-norfolk.gov.uk** If you need help or advice completing the form, please telephone West Norfolk Homechoice on 01553 616678.

For office use only

| | | |
|------------------------|---------------------------|-----------------------------|
| Date received | Registration Number | Medical Form received |
| SN Form received | Relevant date | Banding |

Section A: About You – Please complete in BLOCK CAPITALS

First applicant

Joint applicant

(if you are making a joint application)

| | | |
|--|----------------------|--|
| Surname | <input type="text"/> | <input type="text"/> |
| First Names | <input type="text"/> | <input type="text"/> |
| Ms/Mrs/Miss/Mr | <input type="text"/> | <input type="text"/> |
| Date of birth | <input type="text"/> | <input type="text"/> |
| Contact address | <input type="text"/> | <input type="text"/> |
| Home telephone | <input type="text"/> | <input type="text"/> |
| Mobile telephone | <input type="text"/> | <input type="text"/> |
| Messages can be left For me at this number | <input type="text"/> | <input type="text"/> |
| Have you ever been known by another name? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, what was your name? | <input type="text"/> | <input type="text"/> |

Returning from abroad

Have you or any joint applicants applying with you arrived in or returned to the UK in the last 5 years, after living abroad? Yes No If yes, please give details

Are you subject to immigration control? Yes No

Do you have a permanent right of residence in the UK? Yes No

If no, please provide copies of your passport and entry visas.

Section B: Details of everyone who will live with you in your new home

Please do not include yourself or any joint applicant.

| Surname | First names | Date of birth | Relationship to you | Male/ Female | Are they living with you now? |
|---------|-------------|---------------|---------------------|-----------------|-------------------------------|
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If anybody mentioned above is not living with you now, please give the following details:

Name

Address

Why do they live elsewhere now?

Pregnancy

Are you, or any of the people mentioned in Section A or B, pregnant? Yes No

If yes, who is pregnant? Name

When is the baby due?

Please provide proof of pregnancy from a midwife, hospital or doctor.

Medical problems

Please tell us below about anyone with medical problems or disability who will be living with you and about how their current accommodation causes them problems.

| Name | Medical problem/disability | How current accommodation affects them |
|----------------------|----------------------------|--|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Does anyone listed in Section A or B use a wheelchair? Yes No

Care and support needs

Does anyone listed in Section A or B need care or other support from health, social services or an independent care agency? Yes No If yes, please give details below

You may complete a **‘Medical Assessment Form’** if you have a physical condition or illness that you consider will be significantly improved by a change of housing. If you have a mental health condition or care or support needs that a change of housing may significantly improve, a **‘Special Needs Assessment Form’** is available; **this must be completed by a professional worker e.g. CPN, Social Worker, Doctor or a support agency.**

Employment details

| | | |
|-----------------|-----------------------------|-------------------------------------|
| | Employer’s name and address | Do you work full time or part time? |
| First applicant | <input type="text"/> | <input type="text"/> |
| Joint applicant | <input type="text"/> | <input type="text"/> |

Income details

| | First applicant | | Joint applicant | |
|--|------------------------|------------------------|------------------------|------------------------|
| | Per week | or month | Per week | or month |
| Gross pay (before deductions for Tax & National Insurance) | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> |
| Income Support | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> |
| Incapacity Benefit | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> |
| Child Benefit | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> |
| Other state benefits (e.g. Working Families Tax Credit) | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> |
| State pension | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> |
| Occupational pension | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> |
| Maintenance | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> |
| Total Income | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> |
| Savings & Investments (to the nearest £100) | £ <input type="text"/> | | £ <input type="text"/> | |

If you are an owner occupier or part owner of a property please complete the boxes below

| | | |
|----------------------------------|------------------------|--|
| Estimated value of your property | £ <input type="text"/> | Have you placed your home for sale? |
| Total mortgage you owe | £ <input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Monthly mortgage payments | £ <input type="text"/> | |

Section C: Housing history

Where have you been living during the last 5 years

Please give details of where you and the joint applicant have been living during the last 5 years.

Applicant (please give your current address first) (continue over page)

| Address | Name & address of the landlord/owner | Were you a tenant, lodger or owner | Date in | Date out | Reason for leaving |
|----------------------|--------------------------------------|------------------------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| Address | Name & address of the landlord/owner | Were you a tenant, lodger or owner | Date in | Date out | Reason for leaving |
|---------|--------------------------------------|------------------------------------|---------|----------|--------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Joint Applicant

| Address | Name & address of the landlord/owner | Were you a tenant, lodger or owner | Date in | Date out | Reason for leaving |
|---------|--------------------------------------|------------------------------------|---------|----------|--------------------|
| | | | | | |
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| | | | | | |

Do you or does anyone who will live with you, owe money to any current or previous landlord?
 Yes No If yes, please give the name and address of the former landlord and say how much you owe.

Amount owing £ Address

Amount owing £ Address

Section D: Why you want to move

Your current home

Please tick **one** box below to show your current housing situation

- Tenant of a Housing Association Tenant of a private landlord
Owner occupier Tenant of another council
Living with family (parent,grandparents,child,grandchild,brother,sister,uncle,aunt,nephew or niece)
Living with friends or lodging Supported housing
Hostel or refuge Bed & breakfast
Homeless/no fixed address Hospital or nursing home
Armed forces accommodation Prison

Other Please give details

Type of property you are currently living in (please tick as appropriate)

House Bungalow Maisonette Flat Bedsit

Other Please describe

If you live in a flat or maisonette, is it on the ground floor? Yes No

If above ground floor, which level? Is there a lift? Yes No

Do you have a garden/yard? Yes No

Please give details of the number and size of the bedrooms in your current home and who sleeps there, following the example given in the first box below.

Bedroom Size (e.g. 10 feet x 12 feet) Who sleeps there (give name, age and relationship to you)

| | 10 feet x 12 feet | ALAN SMITH, AGED 9, SON |
|--|-------------------|-------------------------|
| | | |
| | | |
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| | | |

Do you share any of the following facilities with anybody that is not a member of your family (i.e. parent, grandparent, child, grandchild, brother, sister, uncle, aunt, nephew or niece)? Please tick the appropriate box.

Kitchen Bath or shower Toilet

If you are lacking any of the above facilities or if your home is in serious disrepair please give details

Security of tenure

Have you been asked to leave your current home? Yes No

Have you been served with a Notice to Quit or a Notice of Seeking Possession? Yes No

Has a court served you with a Possession Order? Yes No

Please tell us why you can no longer stay in your present home

Please tell us why you want to move, for example to be nearer your family, for work reasons or because of any problems you have. Please attach any supporting evidence or copies of documents , such as a social worker's report or a letter from your employer.

Section E: About the property you would like to rent

The property adverts are placed fortnightly in the Friday edition of the Lynn News, different locations around the Borough, on the telephone hotline and on our website www.west-norfolk.gov.uk. The Guide to West Norfolk Homechoice provides you with information about how to find these adverts. If you think you will need help finding the adverts and making bids for properties, please tell us why below.

Is there anybody that you would like us to be able to discuss your application with (this may be a friend, relative or professional worker)? Yes No

Name

Telephone number

Relationship to you e.g. friend, social worker

Local connection to the Borough of King's Lynn & West Norfolk

Have you been living in the Borough for more than 6 months? Yes No If no, have you lived in the Borough for more than 5 years at any time in the past? Yes No

If yes, please give details below with addresses and dates that you lived there.

Name

Address

From (year)

Until(year)

Local connection to a village within the district of West Norfolk

Do you have a local connection with any of the villages in the district of West Norfolk? Yes No

If so, please tell us what the connection is, below. The **Guide to West Norfolk Homechoice** tells you what we mean by 'local connection'.

Name of village

Connection

Where would you like to live

West Norfolk Homechoice allows you to apply for advertised properties **anywhere** in the Borough. To help us plan housing for the future, please indicate below where you would most like to be housed.

What kind of home would you like

To help us plan housing for the future please tick below the type of home you would prefer

House Maisonette Flat Bungalow Sheltered accommodation for over 60s

Housing with care for the frail elderly (for those with significant care needs as assessed by Social Services)

Accommodation adapted for the disabled (e.g. for a wheelchair, level access shower)

If you use a wheelchair please tick the appropriate box.

Both inside and outside the home Inside only Outside only

Please tick the number of bedrooms that you need. One Two Three Four Five

If you are currently a Housing Association tenant would you be interested in a Mutual Exchange? (see the **Guide to West Norfolk Homechoice** Yes No

Section F: Confidential disclosure

FAILURE TO COMPLETE AND SIGN THIS SECTION WILL PREVENT US FROM CONSIDERING YOUR APPLICATION TO JOIN THE REGISTER

Unacceptable/inappropriate (anti-social behaviour)

Have you (or a member of your household) ever been guilty of the following offences or evicted from your property or threatened with eviction on the following grounds :- Please tick where appropriate.

- 1 Rent arrears Yes No
- 2 Breach of tenancy conditions Yes No
- 3 Conduct causing or likely to cause a nuisance or annoyance to persons in the locality Yes No
- 4 Conviction for using the property for an immoral or illegal purpose Yes No
- 5 Conviction for an arrestable offence committed in the property or in the locality of the property Yes No
- 6 Under-occupation of the property following the breakdown of a relationship due to violence or threats of violence Yes No
- 7 Deterioration in the condition of the property Yes No
- 8 A false statement which induced the landlord to grant the tenancy Yes No
- 9 The charge of or paying a premium on an exchange of a tenancy Yes No
- 10 Inappropriate conduct in respect of the property if the property was occupied as an employee of the landlord Yes No

Sex offenders

Do you or a member of your household appear on the Sex Offenders register Yes No

If you answered yes above, what is the name of the person on the register?

Please give the expiry date of the register entry

Help West Norfolk Homechoice to help you

If you have answered 'yes' to any of the questions in this confidential disclosure West Norfolk Homechoice will need to consider and investigate the information you have given. This does not automatically mean that you will be unable to join the Housing Register or be given lower priority.

If you have answered 'yes' to any of the above questions please give details below, including addresses, owner of the property and any relevant dates.

Please give below any information to support your belief that your circumstances or behaviour has changed and which you would like to be taken into account.

Support needs

If you think that you may need assistance in helping you to keep to your side of a tenancy agreement, please tell us so that we can advise your future landlord. This will enable them to try and arrange appropriate support for you. Please tell us in the box below what your support needs are.

Declaration and Warning

I authorise West Norfolk Homechoice to make any enquiries necessary to check the information I have given on this form and to pass on details of any housing support needs to any future landlord. I will tell West Norfolk Homechoice in writing of any change in circumstances, including the number of people in the household. All the information given on this form is a full statement of my/our circumstances and all the details are true and complete. I understand that if I am made an offer of accommodation as a result of a false or misleading statement, the landlord may withdraw the offer and take legal action to end any tenancy that I/we have already signed for.

Your signature Date

Joint applicant's signature Date

Please make sure that both applicants (if applicable) sign the declaration

Data protection

West Norfolk Homechoice will use your information for Housing Register purposes. We may share the information you have provided with government agencies/departments, local authorities and registered social landlords to check the accuracy of the information, as permitted by law. The Council, in order to protect public funds that they handle may use the information on this form to prevent and detect fraud and may share it with other organisations for that purpose. You have a right to ask for a copy of the information we hold on you, which is subject to the Data Protection Act 1998 (for which a small charge will be made) and to correct any inaccuracies.

Equal opportunities monitoring

It is against the law for us to discriminate against anyone applying for housing. To check this we are required to keep records of the racial/ethnic background of all housing applicants, to ensure that housing is provided on a fair and equal basis. The information that we ask for helps us to check that housing is provided fairly. It does not form part of your housing application. The information you provide will only be used for monitoring and is strictly confidential.

If you do not wish to complete this section tick here

Please tick the group that best describes your household

White

British

Irish

Any other White background please state

Mixed White and Black Caribbean White and Black African White and AsianAny other Mixed background, please state **Asian or Asian British** Indian Pakistani BangladeshiAny other Asian background, please state **Black or Black British** Caribbean AfricanAny other Black background, please state **Chinese or other ethnic group** ChineseAny other, please state **Documents**

Please remember to enclose the documents we have asked for, if appropriate:

- 1 Proof of pregnancy
- 1 Copies of your passport and entry visas
- 1 Evidence or copies of documents showing why you need to move

**What is your first language?**

We are keen to ensure our services are provided to customers in the most appropriate manner. For this purpose we would be grateful if you could state your first language.

If your first language is not English, please indicate by ticking the box, if you can

 Understand spoken English understand written English

(this question is reproduced in the five other languages most commonly spoken in West Norfolk on the next page)

| | |
|--|--|
| <p style="text-align: center;">Russian</p> | <p>Какой ваш родной язык?</p> <p>В целях повышения качества обслуживания наших клиентов, просим указать ваш родной язык.....</p> <p>Если английский не является для вас родным языком, просим пометить галочкой, можете ли вы:</p> <p><input type="checkbox"/> понимать устную речь на английском языке <input type="checkbox"/> понимать письменные тексты на английском языке</p> |
| <p style="text-align: center;">Portuguese</p> | <p>Qual é a sua Língua de Origem?</p> <p>Empenhamo-nos em assegurar que os nossos serviços são proporcionados da forma mais adequada aos nossos clientes. Para este fim, agradecemos que aqui declarasse a sua língua de origem</p> <p>Se a sua língua de origem não for o inglês, queira indicar ao assinalar no caixilho se pode:</p> <p><input type="checkbox"/> compreender o inglês falado <input type="checkbox"/> compreender o inglês escrito</p> |
| <p style="text-align: center;">Mandarin</p> | <p>你的习惯使用语言（母语）是什么？</p> <p>我们希望能以最适当的方式为顾客服务。为此，如果你能告诉我们你的习惯使用语言，我们将不胜感激，语言为.....。</p> <p>如果你的习惯使用语言不是英语，请打勾表示出来，你是否能：</p> <p><input type="checkbox"/> 听得懂英文 <input type="checkbox"/> 看得懂英文</p> |
| <p style="text-align: center;">Kurdish</p> | <p style="text-align: right;">زمانی یه که مت چی یه؟</p> <p>ئیمه زۆر په‌رۆشین که دانیابین له‌وهی که خزمه‌تگوزاریه‌کانمان به ریکو پیکترین شیوه به‌وانه‌ی که به‌کاریده‌هینن، پیشکەش ده‌کریت. بۆ ئەم مه‌به‌سته سوپاسمه‌ند ده‌بین ئەگەر ناوی زمانی یه‌که‌مت (زگماکت) لێ‌ده‌دا بنووسیت</p> <p>ئەگەر زمانی یه‌که‌مت ئینگلیزی نیه، تکایه به ئیشاره‌نکردنی چوارگۆشه‌که ئاماژه به‌وه بده ئەگەر توانای تیگه‌یشتنت هه‌یه له</p> <p><input type="checkbox"/> ئینگلیزی به‌ قسه‌کردن (قسه‌کردنی ئینگلیزی) <input type="checkbox"/> ئینگلیزی به‌ نووسین (نووسینی ئینگلیزی)</p> |
| <p style="text-align: center;">Spanish</p> | <p>¿Cuál es su idioma principal?</p> <p>Tenemos interés en asegurar que proporcionamos servicios a nuestros clientes de la manera más apropiada. Para este fin, le agradeceríamos si pudiese indicar cuál es su idioma principal.....</p> <p>Si su idioma principal no es el inglés, rogamos que indique, marcando las casillas, si puede Ud.</p> <p><input type="checkbox"/> entender inglés hablado <input type="checkbox"/> entender inglés escrito</p> |



**West Norfolk
Homechoice**

**ENVIRONMENTAL
HEALTH AND HOUSING**

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