



*Basingstoke
and Deane*

Housing Application/Renewal

**If you would like help understanding or completing this document,
please contact 01256 844844**

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**If you have any questions or need this information in a different
format, such as large print or CD, you can contact us by:**

Telephone: 01256 844844

Email: customer.service@basingstoke.gov.uk

SMS text messaging: 07797 877006

Section 1 Eligibility

Please tick/complete the relevant box

Are you a British citizen resident in the UK? Yes No

If you are a person from abroad, what is your immigration status?

What is your National Insurance number?

Are you a UK citizen returning from abroad? Yes No

If yes, when did you last reside in the UK?

Section 2 Qualification questions

Are you 16 or over? Yes No

Have you lived in the borough of Basingstoke and Deane for a continuous period of two years prior to this application? Yes No

Have you been employed in the borough of Basingstoke and Deane, on a permanent contract of at least 16 hours per week for two years prior to this application?

Yes No

Do you have a household income of more than £50,000 per year? Yes No

Do you have savings/assets of £30,000? Yes No

Do you own or have a legal interest in a property in the UK or abroad? Yes No

Are you a serving member of the armed forces? Yes No

Are you a former member of the armed forces, not currently living in the borough of Basingstoke and Deane but resident for two years prior to being posted?

Yes No

Have you been discharged from the Armed Forces within the last five years?

Yes No

Are you the bereaved spouse or civil partner of a member of the Armed Forces, currently living or employed within Basingstoke and Deane?

Yes No

Are you a Care Leaver, placed outside Basingstoke and Deane by Hampshire County Council?

Yes No

Are you a homeless person, placed outside Basingstoke and Deane by the council?

Yes No

Are you a victim of Domestic Violence and fleeing from the area of risk? Yes No

Section 3 Household details

First Applicant

Mr/Mrs/Miss/Ms

First name

Surname

Date of birth

 / /

Gender

Male

Female

Ethnic origin

Marital status

Single

Married

Separated

Widowed

Living together

Divorced

Address

Postcode

If you want us to contact you at a different address to the one given, please write the address here:

Home telephone number

Work telephone number

Mobile phone number

Email address

Second Applicant

Mr/Mrs/Miss/Ms

First name

Surname

Date of birth

 / /

Gender

Male

Female

Ethnic origin

Marital status

Single

Married

Separated

Widowed

Living together

Divorced

Address

Postcode

If you want us to contact you at a different address to the one given, please write the address here:

Home telephone number

Work telephone number

Mobile phone number

Email address

Section 3 Household details

continued

First Applicant

Is anyone in your household pregnant?
Yes No

When is the baby due?

Do you have staying contact with any children not living with you?
Yes No

Please give details of everyone who WILL be rehoused with you (even if they live elsewhere at present) **on a permanent basis as their main/principal name**

1 First name
Surname
Date of birth / / Sex M/F (please circle)
Relationship to you

2 First name
Surname
Date of birth / / Sex M/F (please circle)
Relationship to you

3 First name
Surname
Date of birth / / Sex M/F (please circle)
Relationship to you

4 First name
Surname
Date of birth / / Sex M/F (please circle)
Relationship to you

5 First name
Surname
Date of birth / / Sex M/F (please circle)
Relationship to you

Second Applicant

Is anyone in your household pregnant?
Yes No

When is the baby due?

Do you have staying contact with any children not living with you?
Yes No

Please give details of everyone who WILL be rehoused with you (even if they live elsewhere at present) **on a permanent basis as their main/principal name**

1 First name
Surname
Date of birth / / Sex M/F (please circle)
Relationship to you

2 First name
Surname
Date of birth / / Sex M/F (please circle)
Relationship to you

3 First name
Surname
Date of birth / / Sex M/F (please circle)
Relationship to you

4 First name
Surname
Date of birth / / Sex M/F (please circle)
Relationship to you

5 First name
Surname
Date of birth / / Sex M/F (please circle)
Relationship to you

First Applicant

Do you have a physical medical condition and how is this affected by your housing? Yes No

Do you have a mental health condition and how is this affected by your housing? Yes No

Do you have any other welfare issues and how are they affected by your housing? Yes No

Are you having any financial difficulties? Please give details here. Yes No

Are you employed ? Yes No

What is your occupation?

How much is your annual salary before deductions?

Second Applicant

Do you have a physical medical condition and how is this affected by your housing? Yes No

Do you have a mental health condition and how is this affected by your housing? Yes No

Do you have any other welfare issues and how are they affected by your housing? Yes No

Are you having any financial difficulties? Please give details here. Yes No

Are you employed ? Yes No

What is your occupation?

How much is your annual salary before deductions?

First Applicant

Please give details here of any help or support that you receive to help with the management of your tenancy.

Do you currently receive care at home?
Yes No

How many hours of care do you receive?

Who provides the care that you receive?

Name and contact numbers of any agencies that are providing you with support or care

Are you interested in Extra Care Sheltered Housing? Yes No

Have you ever had any action taken against you for anti-social behaviour? Yes No

If yes, please give details here.

Have you been evicted, with rent arrears within the last 6 years? Yes No

If yes, please give details here.

Do you have any outstanding housing related debts with the council? Yes No

If yes, please give details here.

Second Applicant

Please give details here of any help or support that you receive to help with the management of your tenancy.

Do you currently receive care at home? Yes No

How many hours of care do you receive?

Who provides the care that you receive?

Name and contact numbers of any agencies that are providing you with support or care

Are you interested in Extra Care Sheltered Housing? Yes No

Have you ever had any action taken against you for anti-social behaviour? Yes No

If yes, please give details here.

Have you been evicted, with rent arrears within the last 6 years? Yes No

If yes, please give details here.

Do you have any outstanding housing related debts with the council? Yes No

If yes, please give details here.

Section 4 Previous addresses

Please let us know where you have lived for the last 5 years. Please complete all details.

First Applicant

Address

From / / To / /

Reason why you left

Were you a:
council tenant/housing association tenant/private
tenant/living with family/lodger/owner?

Please provide landlord details (if tenant)

Address

From / / To / /

Reason why you left

Were you a:
council tenant/housing association tenant/private
tenant/living with family/lodger/owner?

Please provide landlord details (if tenant)

Address

From / / To / /

Reason why you left

Were you a:
council tenant/housing association tenant/private
tenant/living with family/lodger/owner?

Please provide landlord details (if tenant)

Second Applicant

Address

From / / To / /

Reason why you left

Were you a:
council tenant/housing association tenant/private
tenant/living with family/lodger/owner?

Please provide landlord details (if tenant)

Address

From / / To / /

Reason why you left

Were you a:
council tenant/housing association tenant/private
tenant/living with family/lodger/owner?

Please provide landlord details (if tenant)

Address

From / / To / /

Reason why you left

Were you a:
council tenant/housing association tenant/private
tenant/living with family/lodger/owner?

Please provide landlord details (if tenant)

Section 5 Current property details

This section relates to where you live now.

If you, or the other person applying with you as the second applicant, owns or rents any property in the UK or abroad this will have an impact on your housing application. Please complete this section fully in order that your application can be correctly assessed.

Please tick the box that shows your present tenure type

| | | | | | |
|--------------------------------|--------------------------|-----------------------------|--------------------------|---------------------------|--------------------------|
| Council tenant in another area | <input type="checkbox"/> | Housing association tenant | <input type="checkbox"/> | Owner/buying the property | <input type="checkbox"/> |
| Private tenant | <input type="checkbox"/> | Shared ownership | <input type="checkbox"/> | Lodger | <input type="checkbox"/> |
| Living with friends/relatives | <input type="checkbox"/> | Armed forces accommodation | <input type="checkbox"/> | Tied accomodation | <input type="checkbox"/> |
| Sofa surfing | <input type="checkbox"/> | Own room in shared property | <input type="checkbox"/> | | |

Date you first moved in

 / /

Do you or your partner own or rent any property in the UK or abroad (other than where you are living now)?

Yes No

Why are you or your partner not living there?

Type of housing where you live now

Please tick which box shows what type of property you live in

| | | | | | |
|---------------------|--------------------------|------------------------------------|--------------------------|-------------------|--------------------------|
| House | <input type="checkbox"/> | Bungalow | <input type="checkbox"/> | Maisonette | <input type="checkbox"/> |
| Bedsit | <input type="checkbox"/> | Flat | <input type="checkbox"/> | Sheltered housing | <input type="checkbox"/> |
| Mobile home/caravan | <input type="checkbox"/> | Hostel/supported housing | <input type="checkbox"/> | Prison | <input type="checkbox"/> |
| Refuge | <input type="checkbox"/> | Hospital or other care institution | <input type="checkbox"/> | Sofa surfing | <input type="checkbox"/> |

If you live in a flat or maisonette is it on

Ground floor First floor Second floor Above second floor

Number of bedrooms?

Facilities

Do you have the use of

None

Sole use

Shared with another household

| | | | |
|---------------|--------------------------|--------------------------|--------------------------|
| Kitchen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bathroom | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inside toilet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you are the sole tenant of your property, who is your landlord?

Section 5 Current property details

continued

Number of bedrooms in the property

Now give details of everyone presently living with you who will **not** be rehoused with you, for example if you are living in a shared house with other people who are not related or connected to you in any way.

| | First name | Surname | Date of birth | Sex (please circle) | Relationship to you |
|----|----------------------|----------------------|--|---|------------------------|
| 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> M / <input type="text"/> F | <input type="text"/> |
| 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> M / <input type="text"/> F | <input type="text"/> |
| 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> M / <input type="text"/> F | <input type="text"/> |
| 4 | <input type="text"/> | <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> M / <input type="text"/> F | <input type="text"/> |
| 5 | <input type="text"/> | <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> M / <input type="text"/> F | <input type="text"/> |
| 6 | <input type="text"/> | <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> M / <input type="text"/> F | <input type="text"/> |
| 7 | <input type="text"/> | <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> M / <input type="text"/> F | <input type="text"/> |
| 8 | <input type="text"/> | <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> M / <input type="text"/> F | <input type="text"/> |
| 9 | <input type="text"/> | <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> M / <input type="text"/> F | <input type="text"/> |
| 10 | <input type="text"/> | <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> M / <input type="text"/> F | <input type="text"/> |

Have you been served a notice by your landlord ? Yes No

When does the notice expire?

If you have a possession order, when is it dated?

Is your current property unsuitable?

Child free scheme Major repairs needed Damp

Other

Section 6 Local connection with the borough

To be completed by all applicants.

Urban areas of Basingstoke and Deane (please see map below)

All applicants can bid on properties in any of these areas.



Town Areas

- Black Dam
- Brighton Hill/
Hatch Warren
- Buckskin/Kempshott
- Chineham
- Kings Furlong
- Oakley
- Oakridge
- Old Basing/Lychpit
- Popley
- South Ham
- South View
- Town
- Winklebury/Rooksdown

Choice

Choice

Choice

Choice

Choice

Choice

Choice

Choice

If you have no preference please tick

Confirm officer verification

Section 6 Local connection with the borough

continued

To be completed by all applicants.

Rural/parish connections (please see map below)

Properties in these areas are offered to applicants who have a local connection to the parish. The parish local connection criteria are current residence, previous residence, employment, or family. You will be required to provide verification of your local connection to any parish.



Choice

Choice

If you have no preference please tick

Confirm officer verification

Section 7 Equal opportunities monitoring

optional

To make sure everyone is being treated fairly and that any difficulties experienced by people of all ethnic origins are addressed, please tick your ethnic origin. Thank you.

White British

Mixed White and Black

Asian or Asian British

Black or Black British

Chinese

Irish

Caribbean

Indian

White Asian

Pakistani

African

Bangladeshi

Irish Traveller

Romany Gypsy

European

Other

Declaration of first and second applicant

All personal data held on computer is subject to the Data Protection Act 1998 and treated with confidentiality. It will only be divulged to those housing organisations who are users of the scheme.

We must protect the public funds we handle and may use the information you have provided to prevent and detect fraud. We may also share this information, for the same purposes, with other organisations that handle public funds. We may also share personal information with other departments in the council, where there is a legitimate reason to do so.

You have the right of access to the information the council holds about you. To request this, please write to Data Protection Officer, Civic Offices, London Road, Basingstoke, RG21 4AH.

Section 171 of the Housing Act 1996 makes it an offence for anyone to knowingly give false information or to withhold information.

If a tenancy is granted as a result of a false statement by the person, or persons acting at the tenants instigation, action can be taken to seek possession. This is possible under Ground 5, Schedule 2 of the Housing Act 1985 (as amended by section 146 of the Housing Act 1996).

I/we declare that the information given is correct and complete.

I/we understand that the council may take legal action if I/we obtain accommodation as a result of giving false or misleading information.

I/we understand that the council may check and verify the information on this form.

I/we understand that the council must be informed of any changes affecting my/our application as soon as they occur.

I/we have read and understood the instructions given in this form.

Before signing and returning this form please ensure that you have fully completed all sections and provided all of the information and documents requested.

First Applicant

Signed

Date

Second Applicant

Signed

Date

I understand that Basingstoke and Deane Borough Council may have to contact other Local Authorities, Agencies and individuals to carry out investigations into my circumstances and I agree to this.

Authorisation to disclose information

I/We have applied to Basingstoke and Deane Borough Council for assistance. I/We understand that the Council has to investigate my/our case and give permission for a representative of Basingstoke and Deane Borough Council's Housing Services to seek verification of the points made in my/our application, including any financial or benefit details.

Signed (applicant) _____ Date _____

Signed (joint applicant) _____ Date _____

Verification Statement

When your completed application has been received you may be contacted again and asked to provide relevant documents which will be used to verify your circumstances. If you are in receipt of Housing Benefit and would like us to use the verification information you have already provided to the Housing Benefit department, please tick here