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Housing Register

It is an offence to knowingly give false information or withhold information

THIS FORM MUST BE COMPLETED **FULLY** AND IN BLOCK CAPITALS

1. About You

Are you a qualifying person? Yes No Please see note below

You do not qualify if

- you are an asylum seeker, unless you have been granted exceptional leave to enter or remain in the country and this leave is not subject to a condition requiring you to keep yourself without recourse to public funds
- you have been given leave to enter or remain in this country as a sponsored immigrant, and you have been here less than 5 years, and your sponsor(s) is still alive
- you are someone who is not habitually resident in the British Isles
- you are someone who is required to leave the UK by the Government

Are you an asylum seeker? Yes No

If yes do you have exceptional leave to enter or remain in this country? Yes No

If yes, please attach a copy of relevant Home Office letter

Do you live in the borough of Ealing? Yes No

Do you live within the Locata Partner boroughs of Brent, Harrow, Hillingdon or Hounslow?

(If you live within these boroughs, please contact your local authority for advice.)

You may be awarded a higher priority if you apply directly to your borough.) Yes No

If you are a secure tenant of Ealing council, you need to complete a transfer application form.

Please give the following details about yourself.

If you are applying for a joint tenancy, please provide your partner's details also

	First Name	Surname	Relationship to you	Sex	Date of Birth
Mr/ Mrs Miss/ Ms	<input type="text"/>	<input type="text"/>	self	<input type="text"/>	<input type="text"/>
Mr/ Mrs Miss/ Ms	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FOR OFFICE USE

App date

/ /

Code

Type

Status

Reason

Rev date

/ /

Reason

Ward

OOBA

PLDM

2. Your household

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Are all these people living with you now? Yes No

If NO, please explain why those who are living apart cannot live with you at present

Name	Address	Relationship to you	Reason you cannot live together

Is anyone in your household expecting a baby? Yes No

If YES, what is her name?

When is the baby due?

Please write to us to confirm when the baby is born, enclosing a copy of the birth certificate.

3. Income and Savings

If you or anyone listed in this application are in full or part time work, please give details of earnings.

Some schemes such as shared ownership depend on your income. We may need to send this information to Housing Associations or other councils which run these schemes.

Name of person in work	Employers name and address	Weekly Income

3. Income and Savings (continued...)

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Please tick if you or anyone on this form are receiving any of these benefits

State Retirement Pension	<input type="checkbox"/>	Job Seekers Allowance	<input type="checkbox"/>	Disability Allowance	<input type="checkbox"/>
Private Occupational Pension	<input type="checkbox"/>	Child Benefit	<input type="checkbox"/>	Housing Benefit	<input type="checkbox"/>
Income Support	<input type="checkbox"/>	Other	<input type="checkbox"/>		

Please state

Please enter your National Insurance Number

 - - - -

Please give the total amount of any savings.

Please include all assets such as building society accounts, savings certificates, stocks, shares etc.

	Amount	Where main savings account is held
Yourself	£ <input type="text"/>	<input type="text"/>
Partner/Joint Applicant	£ <input type="text"/>	<input type="text"/>

4. Your present home

Which of these best describes your present home? Please tick one.

- | | |
|--|---|
| <input type="checkbox"/> Your parent's home | <input type="checkbox"/> Renting from a council |
| <input type="checkbox"/> A relative's home | <input type="checkbox"/> Renting from a Housing Association |
| <input type="checkbox"/> A friend's home | <input type="checkbox"/> Renting from housing co-operative |
| <input type="checkbox"/> Lodger | <input type="checkbox"/> Owner Occupier |
| <input type="checkbox"/> Hostel | <input type="checkbox"/> Shared Owner |
| <input type="checkbox"/> Bed & Breakfast Hotel | <input type="checkbox"/> Renting from Employer |
| <input type="checkbox"/> Renting from resident private landlord | <input type="checkbox"/> Hospital or Institution |
| <input type="checkbox"/> Renting from non-resident private landlord | <input type="checkbox"/> Renting from short life group |
| <input type="checkbox"/> No fixed address | <input type="checkbox"/> Other, please describe |

Is your present home a

<input type="checkbox"/> House	<input type="checkbox"/> Room in shared house
<input type="checkbox"/> Flat	<input type="checkbox"/> Caravan
<input type="checkbox"/> Maisonette	

On which floor is the front door to your home?

Is there a lift? Yes No

4. Your present home (continued...)

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Please describe the rooms you are using.

List all the rooms even if they are not included in your application for housing and show who uses them

Room	Who uses it?	Floor Level	Do you share it with another family or household?	
Bedsit	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bedroom 1	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bedroom 2	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bedroom 3	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bedroom 4	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Living Room 1	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Living Room 2	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bathroom	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
WC	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please tick if you have these facilities, or if you share them with someone else.

	Yes	No	Shared		Yes	No	Shared
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooker with Oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cold Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does your present home have any of the following defects?

Please tick YES for any that apply. An Environmental Health Officer may visit your home as a result of information disclosed in this section.

	Yes	No		Yes	No
Leaking roofs or gutters	<input type="checkbox"/>	<input type="checkbox"/>	Dangerous floors, ceilings or stairs	<input type="checkbox"/>	<input type="checkbox"/>
Serious damp (mould, crumbling plaster)	<input type="checkbox"/>	<input type="checkbox"/>	Windows that won't open/close properly	<input type="checkbox"/>	<input type="checkbox"/>
Heating	<input type="checkbox"/>	<input type="checkbox"/>	Faulty electrical wiring or sockets	<input type="checkbox"/>	<input type="checkbox"/>

Are your gas appliances serviced regularly?

Do you live in a house converted into self-contained flats?

Is the building fitted with smoke alarms?

Has an Environmental Health Officer visited your home because of repair problems?

Your tenancy: do you have a written agreement?

Whose name is the agreement in?

What kind of agreement is it? Please tick one Assured shorthold tenancy Assured tenancy

Other, please state

You may be required to provide evidence of your tenancy status.

Are you paying rent? Yes No How often? Weekly Monthly

How much is your rent? Do you have a rent book? Yes No

Please give the name, address and phone number of your landlord

 Phone Number

If you are renting from a non-resident landlord or from your employer or are in short-life housing and your landlord has asked you to leave, you should contact the Housing Advisory Service for an appointment or for advice. Do not leave your present accommodation until you have checked your right to remain. Please bring any notices you have received to the Housing Advisory Service.

5. The reason why you need housing

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Please tick ANY of the following that apply to your present home.

There is space at the end of this question for you to add other comments.

- | | |
|---|---|
| <input type="checkbox"/> Homeless at present | <input type="checkbox"/> Rent arrears |
| <input type="checkbox"/> Homeless in the next 28 days | <input type="checkbox"/> Mortgage arrears |
| <input type="checkbox"/> Asked to leave by parents or relatives | <input type="checkbox"/> Being discharged from an institution
such as, hospital, rehabilitation unit, prison, etc. |
| <input type="checkbox"/> Landlord/tenant dispute | <input type="checkbox"/> Court order for possession |
| <input type="checkbox"/> Written notice to quit | |

Please add any other comments about why you need housing

6. Tenancy or ownership elsewhere

Do you, or any of the people listed on this form,
have a tenancy in any property other than where you are living?

Yes No

If YES, please give details

Name of person Sole or joint tenant?

Address of property

Post Code

Landlord's name and address of above property

Post Code

Do you, or any of the people listed on this form, own any residential property

Yes No

Anyone who owns a home can only be considered for rehousing in very exceptional circumstances

If YES, please give details

Name of person Sole or joint owner?

Address of property

Post Code

7. Your previous addresses

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Please tell us where else you have lived in the last ten years starting with your most recent address.
Please complete this section **IN FULL**. Incomplete forms will be returned.

Type of accommodation. Please tick.

Address

Council/
Housing Assoc.

Owner or
part-owner

Private/
rented

Friend/
relative

Other
(please state)

Dates: From

To

Dates: From

To

Dates: From

To

Dates: From

To

Dates: From

To

Dates: From

To

Please tell us where else YOUR PARTNER has lived in the last ten years

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Type of accommodation. Please tick.

Address

Council/
Housing Assoc. Owner or
part-owner Private/
rented Friend/
relative Other
(please state)

Dates: From To

Dates: From To

Dates: From To

Dates: From To

Dates: From To

Dates: From To

8. Health

Does anyone on this application have an illness or disability that affects their ability to live in their home?

This is only taken into account if the illness or disability is affected by where you live or makes it difficult to live in your present home. Please state:

Their name	Disability or illness	Reason unsuitable
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please state if anyone on this form has other special needs due to illness or disability:

Name and address of Doctor

 Post Code

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Date
Medqsent

9. Housing Options

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All applicants are considered for council and/or housing association accommodation.
Please tick any of these other schemes that interest you.

- Renting from another borough in London.** You must have some connection with the area such as a job you cannot get to easily, or a close relative you need to live near.
- Renting from a council outside London.** You will need a connection with the area such as those above.
- Shared ownership** is a scheme for buying a home in stages, paying for one quarter of the value of a home on a mortgage, and paying rent on the rest. In the future, you can increase the proportion you are buying. These schemes are normally run by Housing Associations. We will send you further details if you tick this box.
- Sheltered housing** provides homes for elderly people who may occasionally need help. Applicants must be 60 years or over.
- Elderly persons accommodation.** There is a regular supply of studios in blocks reserved for people who are 50+ years old.

10. Size of accommodation

This is determined by the size of the applicants' household, but as there is a shortage of large homes, applicants may be offered smaller accommodation than they would prefer. Where a property has two living rooms and one can be reasonably used as a bedroom, it will be allocated on this basis.

Accommodation is allocated using the following guidelines:

Lone person	Studio flat or one bedroom
Couple without children	One bedroom
Pregnant woman (with or without partner)	One bedroom
Parent/s with one child under one	One or two bedrooms
Parent/s with child over one	Two bedrooms
Parent/s with two children under ten	Two bedrooms
Parent/s with two children of the same sex (depending on age)	Two or three bedrooms
Parent/s with two children of opposite sex (one over ten)	Three bedrooms
Parent/s with three or four children	Three bedrooms
Parent/s with five or more children	Four bedrooms

An additional bedroom may be allocated where this is recommended as essential by the Principal Medical Officer.

11. Your housing preferences

Preferred Area.

We will try to offer you a home in the areas that you choose - but you will increase your chances if you make a wide selection.

Please mark areas in order of preference. Mark boxes 1,2,3,4

Acton Ealing/Hanwell Northolt Southall

12. Your ethnic origin

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Please tick the box below that best describes yourself. Please note that we want to know about your ethnic origin and not your nationality or citizenship. Your answer will not be used as part of your application.

EUROPEAN

- English, Scottish, Welsh
 Irish
 Polish
 Other European

ASIAN

- Indian
 Pakistani
 Bangladeshi
 Caribbean Asian
 East African Asian
 Chinese/South East Asia
 U.K.

AFRICAN/CARIBBEAN

- Caribbean/West Indian
 African
 U.K.

Other Please describe

13. Disability Monitoring

	Yes	No	Code
1 Does anyone consider himself or herself to be disabled?	<input type="checkbox"/>	<input type="checkbox"/>	M001
2 Does anyone use a wheelchair indoors or outdoors?	<input type="checkbox"/>	<input type="checkbox"/>	M002 DSL1
3 Does anyone have difficulty with steps or stairs and may use a wheelchair some of the time?	<input type="checkbox"/>	<input type="checkbox"/>	M003 DSL2
4 Does anyone walk with difficulty, but can manage one or two steps?	<input type="checkbox"/>	<input type="checkbox"/>	M004 DSL3
5 Does anyone have sight problems?	<input type="checkbox"/>	<input type="checkbox"/>	M005
6 Does anyone read letters/leaflets in Braille or tape?	<input type="checkbox"/>	<input type="checkbox"/>	M006
7 Do you need to receive your letters in Braille or tape?	<input type="checkbox"/>	<input type="checkbox"/>	M007
8 Does anyone have a hearing impairment?	<input type="checkbox"/>	<input type="checkbox"/>	M008
9 If we need to interview you, would you find a signer useful?	<input type="checkbox"/>	<input type="checkbox"/>	M009
10 Does anyone have learning disabilities?	<input type="checkbox"/>	<input type="checkbox"/>	M010
11 Does anyone suffer from significant mental illness?	<input type="checkbox"/>	<input type="checkbox"/>	M011
12 If you answer yes to question 10 or 11, do you need help with bidding for properties?	<input type="checkbox"/>	<input type="checkbox"/>	M012
13 Does anyone have any other form of disability?	<input type="checkbox"/>	<input type="checkbox"/>	M013

14. Other Information

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The London Borough of Ealing takes the safety of its staff, persons acting on behalf of the council and its residents very seriously.

Please answer the following questions if they apply to you or anyone on your application.

Please provide details and dates of any convictions against you or anyone on your application involving offences against the person, including offences of a sexual nature (other than convictions which are spent under the Rehabilitation of Offenders Act 1974).

Date of Conviction:	<input type="text"/>	Nature of Conviction:	<input type="text"/>
Date of Conviction:	<input type="text"/>	Nature of Conviction:	<input type="text"/>
Date of Conviction:	<input type="text"/>	Nature of Conviction:	<input type="text"/>
Date of Conviction:	<input type="text"/>	Nature of Conviction:	<input type="text"/>

IMPORTANT NOTE

If you do not give the information asked for here it may affect your application for housing. The council may contact the Police Authorities for verification of information.

15. Connections with the Council

Are you or a member of your household employed by Ealing Council, including private contractors, or related to an officer or a councillor?

yes no

If yes, please give details below:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

16. Your signature

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ONLY

Please check your answers before signing.

I understand that my application will be suspended if I knowingly give false information, withhold information or fail to notify any changes which may affect my application for housing.

I declare that, to the best of my knowledge, the particulars given on this form are correct and complete, and I agree to notify the Housing Department of any changes which may occur.

I understand if I obtain housing as a result of wrong information I may be taken to court and any tenancy granted to me could be terminated.

I also consent to other organisations providing the council with information to complete their enquiries into my application. I realise that this form may be copied and used to obtain such information.

Confidentiality: the information you give on this form is confidential. However, we may share information with other agencies, for example, doctors, social workers and registered social landlords, to speed up the allocations process.

The council is under a duty to protect the public funds it administers and to this end might use the information provided in this form within the council for the prevention and detection of fraud. It might also share this information with other bodies administering public funds solely for these purposes.

Open files: you have the right to see information we may keep about you as part of this application. See the leaflet about our open files policy.

Signed

Applicant

Signed

Applicant

Date

Thank you for completing this form.

Please return it as soon as possible to:

Housing Allocations, Ealing Council, Town Hall Annexe, The Broadway, London W5 2BY.

Please note that incomplete forms will be returned.

This will delay your registration.

If you would like to discuss this information with someone who speaks your own language.
please tick the box below to show which language you speak.

Punjabi ਪੰਜਾਬੀ

ਜੇ ਤੁਸੀਂ ਇਸ ਬਾਰੇ ਕਿਸੇ ਪੰਜਾਬੀ ਬੋਲਣ ਵਾਲੇ ਨਾਲ ਗੱਲ ਕਰਨੀ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਮਿਹਰਬਾਨੀ ਕਰਕੇ ਇਸ ਡੱਬੀ ਵਿੱਚ ਸਹੀ ✓ ਦਾ ਨਿਸ਼ਾਨ ਲਾ ਦਿਓ। ਫਾਰਮ ਉੱਤੇ ਅਪਣਾ ਨਾਂ, ਪਤਾ ਤੇ ਟੈਲੀਫੋਨ ਨੰਬਰ ਲਿਖ ਕੇ ਫਾਰਮ ਸਾਰੇ ਵਾਪਸ ਘਲ ਦਿਓ।

Urdu اردو

اگر آپ اس پر کسی ایسے فرد سے بات چیت کرنا پسند کریں جو اردو ہندی بولتا ہو تو براہ کرم متعلقہ خانہ میں نشان لگا کر، اپنا نام، پتہ اور ٹیلیفون نمبر لکھ کر اس فارم کو واپس بھجوادیتے۔

Hindi हिन्दी

अगर आप इसके बारे में हिन्दी बोलने वाले किसी व्यक्ति से बातचीत करना चाहते हैं तो कृपया इस बॉक्स में सही ✓ का निशान लगा दें, फॉर्म पर अपना नाम, पता और टैलीफोन नम्बर लिख दें और फॉर्म हमें लौटा दें।

Polish Po polsku

Jeśli chcesz przedyskutować sprawę z osobą mówiącą po polsku, zaznacz w kwadraciku, wpisz poniżej swoje nazwisko, adres, numer telefonu i zwróć formularz

Gujerati ગુજરાતી

જો તમને કોઈ ગુજરાતી બોલનાર વ્યક્તિ સાથે આ બારામાં ચર્ચਾ કરવી હોય તો, મહેરબાની કરી ઉપરના બાનામાં ટિકનું નિશાન કરો, અને તમારું નામ, સરનામું અને ટેલિફોન નંબર ભરી અને ફોર્મ પાછો મોકલો.

Somali Soomaali

Haddii aad rabtid in aad warken kala hadashid qof af-soomaali ku hadla, fadllan, calaamadee bokska kor ku yaal, qor magacaaga, cinwaankaaga iyo telefon lambarkaaga oo markaa noo soo celi foomka

I require a copy in Braille

on tape

large print

Name

Address

Telephone Number

