

Registration Form

This is the housing application form for housing in the Great Yarmouth Borough and Waveney District Council areas.

You can use this form to apply for general needs or sheltered housing, whether you are applying for a home for the first time or an existing tenant of a Local Authority or Housing Association.

You should complete this form once you have read our guidance booklet 'A new way of finding a home to rent'

General points

- ◆ Please complete the form in ink using capital letters.
- ◆ Where a yes/no answer is required, please put a tick (✓) in the appropriate box.
- ◆ Please read the questions carefully and answer all questions that apply to you. If you do not fill in the form properly or do not give us all the information we need, we will need to return it to you and this will delay your application.
- ◆ If you need more space for an answer, please attach further sheets of paper as necessary.
- ◆ Once you are on the register, we will write to you to give you a registration number and the other details you will need to apply for properties. **Please keep the letter you receive in a safe place.**
- ◆ Please keep us informed of any change in your circumstances (such as change of address, or additions to your household, etc), as this may affect your status on the register. Failure to do this may result in your application being cancelled. We may periodically write to you to see if you wish to remain on the register.

Please note that the demand for housing in both areas is far higher than the supply. Even if your application is assessed as a high priority you may still have a considerable wait for a suitable property.

Additional information booklets are available to read or download from our website at www.homeselect.org.uk. If you would like one of these booklets but do not have access to the internet, please contact us on 01493 846140 – selecting option 5.

Booklet No 1 – Housing Associations –

This booklet explains about what Housing Associations are and how they differ from Local Authorities.

Booklet No 2 - What if somebody in my household has a mobility problem or is disabled?'

- This leaflet gives you brief details of housing services and our property key codes which could help you, if you are disabled.

Booklet No 3 - This leaflet gives you brief details of housing services and schemes which could help you.

If you would like this document in another language or format, or if you require the services of an interpreter, please contact us.

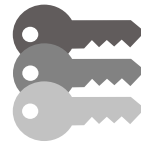
Jeżeli życzą sobie Państwo otrzymać poniższy dokument dotyczący zmian w innym języku lub formacie, lub gdy potrzebujecie Państwo pomocy tłumacza, prosimy o kontakt w tej sprawie.

Se desejar obter este documento nouro idioma ou formato, ou se necessitar dos serviços de um(a) intérprete, por favor contacte-nos.

Jei šį dokumentą norėtumėte gauti kita kalba ar formatu, ar jei jums reikia vertėjo paslaugų, prašome su mumis susisiekti.

For Office Use
Application No. :

HS Form #1 - Registration



Homeselect

Great Yarmouth & Waveney
Lettings Partnership

Registration Form

Part A: Applicant details

	First Applicant	Second Applicant (If this applies)
Title		
First Name		
Other Names		
Surname		
Date of birth	/ /	/ /
Sex		
Relation to the first applicant	N/A	
National Insurance number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

	Current Address	Mailing Address (if Different)
Flat number		
House number		
Street		
Village		
Town		
Postcode		
Date moved in		
Home telephone		
Other telephone		
E-mail		

Send mail to (Tick boxes):

Current address only

Mailing address only

Please return completed forms to Homeselect,
Greyfriars House, Greyfriars Way, Great Yarmouth NR30 2QE



Part B: Other household members

Please provide details of other household members, other than the main and joint applicants, who will live with you permanently in your new home.

Surname	First Name	Relationship to you	Date of birth	Sex
				M/F
				M/F
				M/F
				M/F
				M/F
				M/F
				M/F
				M/F
				M/F
				M/F

We will check that this information is correct

If anyone listed above does not presently live with you - please give details.

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If you need any more information or help filling in this form, please contact the general enquiries line on 01493 846140

Part C: Your circumstances

Please tick the boxes that are relevant to your circumstances.
This information will help us assess your housing need.

	Yes	No
C1a) We/I wish to apply for housing in the Borough of Great Yarmouth ?	<input type="checkbox"/>	<input type="checkbox"/>
C1b) We/I wish to apply for housing in the Waveney District Council area ?	<input type="checkbox"/>	<input type="checkbox"/>
C1c) We/I wish to apply for housing in the Borough of Great Yarmouth and the Waveney District Council areas ?	<input type="checkbox"/>	<input type="checkbox"/>

If you wish to apply for housing in both areas, you will receive two separate application numbers and your banding may differ depending on whether you have a local connection and proven need to live in the area.

Local connection means you have recently lived in the area, or you currently work in the area or you have close family living in the area.

C2) If you live outside the area in which you are applying for housing – please tell us why you want to move there and please provide details of any close relatives who live in this area

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Please give details (If necessary, please continue on a separate sheet):

Name	Address	Relationship To You	How Long Have They Lived In Our Area?
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C3) Is anyone listed on this application an owner of one or more residential properties (this may include your present home) ?

Please give details:

Yes No

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Yes No

C4) Do you have problems meeting your housing costs, for example, rent, mortgage, heating and repairs ?

C5) Are you or any members of your household on the Sex Offenders Register ?

C6) At the moment are you...? (please tick one box)

Working (Full time) (Part time) Unemployed

Government Training Scheme At home not seeking work

Student (Full time) Long term illness

Pensioner Other (please state)

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If you need any more information or help filling in this form, please contact the general enquiries line on 01493 846140

Part D: Housing circumstances

Please answer all the questions by ticking the boxes that are relevant to your housing circumstances.

If you answer 'Yes' to any of the questions in this section, please provide an explanation.

Yes No

D1) Do you currently live in housing which is in a poor state of repair?

We will ask an Environmental Health Officer or Housing Officer to carry out an inspection of your home. If they find any disrepair issues, they will work with you and your landlord to remedy these defects.

Only in exceptional circumstances will additional priority be awarded for disrepair.

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D2) Do you currently live in overcrowded housing?

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D3) Do you need to move because of a relationship breakdown with partner/spouse ?



Yes No

D4) Do you have contact arrangements with children, who are under 16, who do not live with you permanently?

- Please provide written proof of contact arrangements.

D5) Is anyone in your household expecting a child?

If **yes**, please enter the date that the baby is due:

Once you reach your 30th week of pregnancy, please provide written proof of your expected delivery date (EDD):

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Once your child is born, please submit a copy of its birth certificate to us.

Yes No

D6) Does anyone in your household have a particular need for accommodation for medical or welfare reasons ?

Please complete a self assessment of disability, health & housing needs form.

D7) Does anyone in your household have difficulty climbing steps or stairs, or do they have a disability which affects their mobility in their home ?

Please complete a self assessment of disability, health & housing needs form.

D8) Would you be interested in obtaining accommodation through a low cost home ownership scheme ?

This could include shared ownership, shared equity, key worker and the Homebuy scheme.

When these types of properties are available, we will also advertise them in our Homeselect advert which appears in the Advertiser, every fortnight.



If you need any more information or help filling in this form, please contact the general enquiries line on 01493 846140

Yes No

D9) Have you been accepted, by any Council as being eligible for help because you are homeless ?

D10) Are you threatened with homelessness ?

D11) Do you or a member of your household receive support from social services, health services, probation or other agencies ?

If **Yes**, please provide details below

We may need to contact the person or people listed, in confidence.

Household Member	Organisation	Contact name	Phone Number
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

D12) We/I would like some assistance in applying for vacant properties advertised in the Homeselect Advert ? Yes No

Part E: Landlord details

Only fill in this section if you are currently renting a property.

Who is your current landlord?

Local Authority Housing Association Private Landlord

Please give your landlord's or organisation's name and address

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Part F: About your current home

What type of property are you currently living in ? *(Please tick one box)*

House	<input type="checkbox"/>	Bed and Breakfast/Guest House	<input type="checkbox"/>
Bungalow	<input type="checkbox"/>	Lodgings (Including living with parents)	<input type="checkbox"/>
Maisonette	<input type="checkbox"/>	Caravan	<input type="checkbox"/>
Flat	<input type="checkbox"/>	Mobile Home	<input type="checkbox"/>
Bedsit	<input type="checkbox"/>	Hostel	<input type="checkbox"/>
Other (please specify)			<input type="checkbox"/>

Does your property have a lift ?: **Yes** **No**

Please give details of the accommodation you currently live in.

Do you have ? <i>(please tick box)</i>	Yes	How many rooms	Do you share these rooms with people who are not part of this application
Living Room	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Bedroom	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>		<input type="checkbox"/>
Bathroom/shower room inc w.c.	<input type="checkbox"/>		<input type="checkbox"/>
Bathroom/shower room only	<input type="checkbox"/>		<input type="checkbox"/>
Toilet	<input type="checkbox"/>		<input type="checkbox"/>
Bedsit (including bedroom and lounge)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Bedsit (including bedroom, lounge and kitchen)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>



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Part G: Declaration

Previous addresses

Please give details of where you (and your joint applicant) have lived during the past six years.

From	To	Address	Landlord	Reason for leaving
/ /	/ /			
/ /	/ /			
/ /	/ /			
/ /	/ /			
/ /	/ /			
/ /	/ /			

(Continue on a separate sheet if necessary)

G1) Do you owe any arrears from a current or previous tenancy? Yes No

If 'Yes', please give details:

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If you need any more information or help filling in this form, please contact the general enquiries line on 01493 846140

G4) Are you a UK citizen ? Yes No

If **no**, are you subject to immigration control ? Yes No

Are you an asylum seeker or dependent of an asylum seeker ? Yes No

Have you been resident in the UK, Channel Island, Isle of Mann or Republic of Ireland continuously during the last 5 years. Yes No

Where there are two applicants, both must sign this form for us to consider this application.

As far as I know, the details on this form are true and I agree to tell you if my circumstances change in any way. **I understand that if I have made a false or misleading statement, you may either:**

- ◇ **exclude my application from the Register.**
- ◇ **reduce the priority of my application**
- ◇ **remove the priority of my application**

There is a ground for repossession of any social tenancy, where it has been granted because of false or misleading information.

First Applicant

Signature

Date

Second Applicant

Signature

Date



If you need any more information or help filling in this form, please contact the general enquiries line on 01493 846140

Part H: Data Protection

Your personal data is under the control of The Head of Community Services at Great Yarmouth Borough Council. If you want to know what personal information we hold about you, please write to:

Homeselect Team Manager,

'Homeselect' Section,

Greyfriars House,

Greyfriars Way,

Great Yarmouth

NR30 2QE

We will use the information you give us to process your housing application in order to try to provide you with housing. We may also use it for housing management purposes. We may exchange your information with other housing organisations to help assess this application.

We will only share your information with other housing organisations, other agencies or government departments, if it is relevant to your housing application, or a future offer of accommodation or for the purposes of risk assessment.

By signing this form, I give you permission to make any enquiries you may consider necessary in relation to this housing application and to share information as outlined above.

First Applicant

Signature

Date

Second Applicant

Signature

Date

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Greyfriars House, Greyfriars Way, Great Yarmouth NR30 2QE



Part I: Ethnic Origin

As part of our commitment to improving the service we provide, we would be grateful if you could help us by completing this form.

This form is used solely to ensure that:

- ◆ We are not discriminating against any caller to our service.
- ◆ We are meeting demand for our service from all areas of the community.
- ◆ Failure to provide this information may delay the processing of your application

First Applicant

a) White	b) Mixed	c) Asian	d) Black	e) Other Ethnic Group
<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other White <i>Please Specify:-</i> 	<input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Asian <input type="checkbox"/> Other mixed <i>Please Specify:-</i> 	<input type="checkbox"/> Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Other Asian <i>Please Specify:-</i> 	<input type="checkbox"/> Black British <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black African <input type="checkbox"/> Other Black <i>Please Specify:-</i> 	<input type="checkbox"/> Chinese <input type="checkbox"/> Any other Ethnic Group <i>Please Specify:-</i>

Second Applicant

a) White	b) Mixed	c) Asian	d) Black	e) Other Ethnic Group
<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other White <i>Please Specify:-</i> 	<input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Asian <input type="checkbox"/> Other mixed <i>Please Specify:-</i> 	<input type="checkbox"/> Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Other Asian <i>Please Specify:-</i> 	<input type="checkbox"/> Black British <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black African <input type="checkbox"/> Other Black <i>Please Specify:-</i> 	<input type="checkbox"/> Chinese <input type="checkbox"/> Any other Ethnic Group <i>Please Specify:-</i>

If English is not your first language, please tell us what language you speak ?

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Notes

A series of horizontal dotted lines for writing notes.

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