
EMERGENCY HOUSING APPLICATION FORM

Housing Act 1996 Part VII (as amended 2002)

1 Personal Details

1st Applicant	2nd Applicant
Title:	Title:
First name:	First name:
Surname:	Surname
Date of birth:	Date of birth:
National Insurance No:	National Insurance No:
Address:	Address:
Postcode:	Postcode:
Date moved in:	Date moved in:
Home phone:	Home phone:
Mobile:	Mobile:

Have you ever been known by any other names or aliases? YES NO

If YES please give details: _____

2 Please list anyone else to be housed with you

Other 1

Title:	Address:
First name:	
Surname:	
Date of birth:	
Relationship to applicant 1	
National Insurance No:	
School attended:	Postcode:

Other 2

Title:	Address:
First name:	
Surname:	
Date of birth:	
Relationship to applicant 1	
National Insurance No:	
School attended:	Postcode:

Other 3

Title:	Address:
First name:	
Surname:	
Date of birth:	
Relationship to applicant 1	
National Insurance No:	
School attended:	Postcode:

Other 4

Title:	Address:
First name:	
Surname:	
Date of birth:	
Relationship to applicant 1	
National Insurance No:	
School attended:	Postcode:

3 Please list your addresses for the past 5 years

Applicant 1				
Address	Landlord's name & phone number	Date from	Date to	Reason for leaving

Applicant 2				
Address	Landlord's name & phone number	Date from	Date to	Reason for leaving

Is anyone on his application pregnant? YES NO

Applicant's name: _____ Date baby due: _____

4 Has anyone on the application had a Council or housing association tenancy?
 YES NO If so please provide details for each applicant.

Applicant 1				
Address	Landlord Details	Date from	Date to	Reason for leaving

Applicant 2				
Address	Landlord Details	Date from	Date to	Reason for leaving

5 Has anyone on the application ever owned a property in the UK or abroad?
 YES NO If so please supply details for each applicant.

Applicant 1			
Address	Date from	Date to	Reason for leaving

Applicant 2			
Address	Date from	Date to	Reason for leaving

6 Have you ever applied for housing from any other Council? YES NO

If YES, please provide details: _____

7 Has anyone on the application suffered from violence or threats of violence within the last 12 months? YES NO

If YES, please provide details: _____

8 What is your income? Please enter the amount you receive from each of the following:

	Applicant 1	Applicant 2
Working		
Income Support		
Incapacity Benefit		
JSA		
DLA		
Tax Credits		
Pension Credits		
Other		
TOTAL		
Savings		
Equity (e.g. property)		
TOTAL		

9 If you are employed, attend college, please provide details and name and address:

10 If you have no income, please state why not:

11 How do you travel to work/school/college?

12 Are there any medical grounds, special needs, or other personal circumstances that you feel affect your housing? YES NO

If you answer YES, we will ask you to complete another form.

13 Are you related to, or personally known to, any member of staff, councillor, or committee member of the Council, or any housing association with property in LBRut? YES NO
If YES, please provide details:

14 Have you ever had contact with either social services, probation, mental health services or drug and alcohol services? YES NO

If YES, please provide details:

PROVIDING A FAIR HOUSING SERVICE

We would like you to complete the following section to help us check that we are providing a fair housing service.

Ethnic origin (please ✓ just one box)

- | | | | | |
|----------------|--|--|--|--|
| White | <input type="checkbox"/> British | <input type="checkbox"/> Irish | <input type="checkbox"/> European | <input type="checkbox"/> White other* |
| Black | <input type="checkbox"/> African | <input type="checkbox"/> Caribbean | <input type="checkbox"/> Black British | <input type="checkbox"/> Other black* |
| Asian | <input type="checkbox"/> Indian | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Other Asian* |
| Mixed | <input type="checkbox"/> White & African | <input type="checkbox"/> White & Caribbean | <input type="checkbox"/> White & Asian | <input type="checkbox"/> Other mixed background* |
| Chinese | <input type="checkbox"/> | | | |

Any other background Nationality - please specify _____

Disability

Are you a registered disabled person?

- YES NO

Is any member of your household a registered disabled person?

- YES NO

Do you consider yourself to be suffering from a disability?

- YES NO

Religion and faith

Do you belong to a religion or faith group?

- YES NO

If YES, please specify which one (e.g. Christian, Muslim, Hindu, etc.) _____

Sexual Orientation

Please indicate your sexual orientation?

- Heterosexual Homosexual Bisexual

Prefer not to say Other - please specify _____

SECTION 214 DECLARATION

Housing Act 1996, Part VII (as amended 2002)

Name	Name
Address	Address

When you apply to the Council for accommodation or for assistance under the Housing Act 1996, Part VII (as amended 2002) you are required by law to tell the truth and answer questions truthfully. You could be guilty of an offence if you do not tell the truth. You could also be guilty of an offence if you deliberately withhold relevant information.

If your circumstances change after you have completed the form and before you are told about the Council's decision in your case, you must tell the Council as soon as possible. If you do not do this you could also be guilty of an offence (unless you have a reasonable excuse for not doing so). Any person found guilty of the sorts of offences mentioned above is liable to a fine not exceeding £5,000.

If you have any questions about what this Notice means, please ask a Housing Aid Officer before you sign it. Call at the Civic Centre, 44 York Street, Twickenham or phone 020 8891 7409.

- **I /we declare that the above information is correct to the best of my knowledge.**
- **I /we understand that it is an offence to provide false information in support of an application for a tenancy with a registered social landlord, and could result in prosecution and eviction from any housing accommodation offered.**

Signed	Date
Signed	Date

AUTHORITY TO OBTAIN INFORMATION

I /we hereby authorise whoever it may concern to release information about my financial position/my mortgage/previous tenancies/my current and previous addresses and other information requested by the London Borough of Richmond upon Thames, Housing Needs Division relevant to my applications homeless.

Name	Name
Address	Address
Previous Address	Previous Address
Signed	Date
Signed	Date

If you have any difficulty understanding this publication please visit reception at the address below where we can arrange a telephone interpreting service

Albanian	Nese keni veshtersi per te kuptuar kete botim, ju lutemi ejani ne recepcionin ne adresen e shenuar me poshte ku ne mund te organizojme perkthime nepermjet telefonit.
Arabic	إذا كانت لديك صعوبة في فهم هذا المنشور، فنرجو زيارة الإستقبال في العنوان المعطى أدناه حيث بإمكاننا أن نرتب لخدمة ترجمة شفوية هاتفية.
Bengali	এই প্রকাশনার অর্থ বুঝতে পারায় যদি আপনার কোন সমস্যা হয়, নিচে দেওয়া ঠিকানায় রিসেপশন-এ চলে আসুন যেখানে আমরা আপনাকে টেলিফোনে দোভাষীর সেবা প্রদানের ব্যবস্থা করতে পারবো।
Farsi	اگر در فهمیدن این نشریه مشکل دارید، لطفاً به میز پذیرش در آدرس قید شده در زیر رجوع فرمایید تا سرویس ترجمه تلفنی برایتان فراهم آورده شود.
Gujarati	જો તમને આ પુસ્તિકાની વિગતો સમજવામાં મુશ્કેલી પડતી હોય તો, કૃપયા નીચે જણાવેલ સ્થળના રિસેપ્શન પર આવો, જ્યાં અમે ટેલિફોન પર ગુજરાતીમાં ઇન્ટરપ્રિટીંગ સેવાની ગોઠવણ કરી આપીશું.
Panjabi	ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਪਰਚੇ ਨੂੰ ਸਮਝਣ ਵਿੱਚ ਮੁਸ਼ਕਲ ਪੇਸ਼ ਆਉਂਦੀ ਹੈ ਤਾਂ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਪਤੇ ਉੱਪਰ ਰਿਸੈਪਸ਼ਨ 'ਤੇ ਆਓ ਜਿੱਥੇ ਅਸੀਂ ਟੈਲੀਫੋਨ ਤੇ ਗੱਲਬਾਤ ਕਰਨ ਲਈ ਇੰਟਰਪ੍ਰਿਟਰ ਦਾ ਪ੍ਰਬੰਧ ਕਰ ਸਕਦੇ ਹਾਂ।
Urdu	اگر آپ کو اس اشاعت کو سمجھنے میں کوئی مشکل ہے تو، براؤزر کے نیچے دیئے ہوئے ایڈریس کے اشتعالیے پر جا کر ملیئے، جہاں ہم آپ کیلئے ٹیلیفون انٹریپریٹنگ سروس (ٹیلیفون پر ترجمانی کی سروس) کا انتظام کر سکتے ہیں۔

Civic Centre, 44 York Street, Twickenham TW1 3BZ

Please contact the Public Information Officer on 020 8891 7677 if you need this document in Braille, large print, audio tape, or another language

London Borough of Richmond upon Thames Personal Information Policy

The Council respects your privacy rights and is committed to ensuring that it protects your details and information about your dealings with the Council.

The Social Services and Housing departments may need to hold a variety of information about you. This information will be used to help us plan and provide the correct services for you.

Usually only individuals that are involved in providing you services will see your information.

At times your information may be shared with other Departments and people who do not work for the Council (eg: your GP, NHS Health Care Providers, voluntary sector providers) if you are receiving, or need to receive, care or services from them. Your information will not be disclosed without your consent to third parties that are not working with us to provide a service to you unless there are exceptional circumstances - for example, where the health or safety of a person is at risk.

You have a right to see most of the information we hold about you. Please let a member of staff know if you want to access your files.