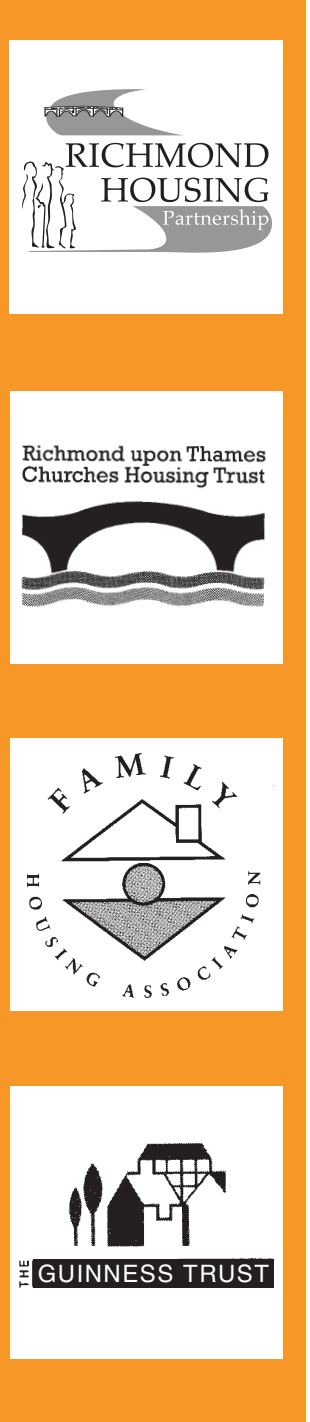


For office use only		
App. type	Initial	Surname

Registration No.

# RICHMOND HOUSING REGISTER

## APPLICATION FORM



# RICHMOND HOUSING REGISTER - APPLICATION FORM

Please answer all parts of this form so that we can assess your application and work out your priority for housing. We operate a points based system to reflect priority for re-housing. Please see our 'Applying for Housing' leaflet for more information about this.

We will write to you within 14 working days to confirm that you have been placed onto the housing register.

If you need any help in completing this form, please contact the Housing Provision Section on 020 8891 7872 / 8831 6444 / 8487 5227.

Please return the form to:

Housing Provision Section, Civic Centre, 44 York Street, Twickenham TW1 3BZ.

## Section 1 You and your family

### 1.1 Please complete the details below.

YOUR DETAILS	
Surname	
First name(s)	
Mr/Mrs/Miss/Ms	Date of Birth
	/ /
National Insurance Number	
Full address and postcode	
Date you moved to this address: / /	
Telephone	
Home:	
Work:	
Mobile:	

YOUR PARTNER'S DETAILS	
Surname	
First name(s)	
Mr/Mrs/Miss/Ms	Date of Birth
	/ /
National Insurance Number	
Full address and postcode	
Date you moved to this address: / /	
Telephone	
Home:	
Work:	
Mobile:	

If you are sleeping rough, you will need to provide a 'care of' address for correspondence.

### 1.2 Please list anyone else you want to be housed with you

Surname	First Name(s)	Are they male or female?	Relationship to you	Date of birth

**1.3 Are you, or is anyone needing to be rehoused with you, pregnant?** Yes  No

If yes, please state who is pregnant

Date the baby is due:

**1.4 Please give details of anyone who normally lives with you, but lives elsewhere at present because you do not have room for them.**

Name	Relationship to you	Address	Date of birth

**1.5 Please give details of anyone you want to be housed with you but has never lived with you.**

Name	Relationship to you	Address	Date of birth

**1.6 If English is not your first language, please state which language you would prefer us to use when we write to you.**

**1.7 Please show other addresses at which you have lived during the past 5 years in the UK or abroad**

Address	Type of tenancy*	Landlord's name	Date from	Date to	Reason for leaving

\*Examples of tenancy are: private rented tenant, owner occupier, council or housing association tenant, living with friends or relatives, at college or university.

**1.8** Please show other addresses at which your partner has lived during the past 5 years if different from section 1.7 above.

Address	Type of tenancy*	Landlord's name	Date from	Date to	Reason for leaving

**1.9** Have you or your partner ever been a housing association or council tenant? Yes  No

If 'Yes' please complete the following:

Address	Reason for leaving	Date from	Date to:

**1.10** Do you or your partner currently own any property in the UK or abroad? Yes  No

**1.11** Have you ever owned any property in the UK or abroad? Yes  No

Please complete the following if you have answered 'Yes' to either of the above questions:

Address	Reason for leaving	Date from	Date to:

## 1.12 Pets

**Do you have any pets?**

If Yes, please give details

Yes  No


You will not be allowed to keep a dog unless your new home has direct access to a garden. There are few such properties, so if you are offered a flat without its own garden, you will need to make arrangements for your dog to be cared for elsewhere. This will not apply if you have a guide/hearing dog.

## Section 2 Eligibility for housing

**2.1 Are you or anyone included on your application subject to any form of immigration control?**

Yes  No

If 'Yes' please complete the following:

Name	Type of passport and current status in the UK, eg. visa for work or study, joining a family member, seeking asylum.

**If you have answered 'Yes', please provide copies of any relevant documents to show your immigration status.**

We may not be able to consider you for housing if you are subject to immigration control. If you are an asylum seeker or a person from abroad, you are only eligible to apply to the council for permanent housing if we consider you to meet criteria as set out in the Housing Act 1996.

Please contact us if you are unsure about how this affects you.

## Section 3 Your links to borough of Richmond upon Thames

If you live in the London Borough of Richmond upon Thames, there is no need to complete this section; please go on to Section 4.

If you are not living in the London Borough of Richmond upon Thames, do you or your partner currently work in this borough?

Yes  No

If yes, is it permanent employment?  
(Not casual or temporary work)

Yes  No

Please give the following details about your current employment

	Start date of current employment	Name of current employer	Address where you work
<b>Your details</b>			
<b>Your partner's details</b>			

Please provide a copy of your employment contract or official letter from your employer if you do not have a written contract. We will be unable to assess your local connection to the borough without this.

**If you do not live or work in the borough of Richmond upon Thames, please explain why you would like to live in this borough. If it is to receive support from relatives, please ask them to provide written statements explaining what support they would provide you with. (Please use additional sheets if necessary).**

## Section 4 Reasons for rehousing

### 4.1 Please tick the one, main reason for why you need rehousing.

Need for a larger property	<input type="checkbox"/>	Leaving the Armed Forces	<input type="checkbox"/>
Leaving parents' or family home	<input type="checkbox"/>	Leaving local authority care	<input type="checkbox"/>
Being asked to leave	<input type="checkbox"/>	Need a smaller property	<input type="checkbox"/>
To be near friends or relatives	<input type="checkbox"/>	Racial harassment	<input type="checkbox"/>
Cannot afford present housing	<input type="checkbox"/>	Other type of harassment	<input type="checkbox"/>
Relationship breakdown	<input type="checkbox"/>	Leaving prison	<input type="checkbox"/>
Domestic violence	<input type="checkbox"/>	In poor quality accommodation	<input type="checkbox"/>
Living in temporary accommodation	<input type="checkbox"/>	Violence or threat of violence	<input type="checkbox"/>
Ready to leave supported accommodation	<input type="checkbox"/>	Medical/Health circumstances	<input type="checkbox"/>

*(If you tick this box please see also Section 5)*

### 4.2 There may be the possibility of rehousing in other boroughs that we have a partnership agreement with. Please tick the areas you would be interested in living in.

<input type="checkbox"/> Kingston upon Thames	<input type="checkbox"/> Merton	<input type="checkbox"/> Sutton
<input type="checkbox"/> Wandsworth	<input type="checkbox"/> Lambeth	<input type="checkbox"/> Croydon

If a suitable property does become available in these boroughs, we may contact you to see if you would like to move there.

## Section 5 Medical, disability or welfare needs

It is important you complete this section if you have any medical, disability, welfare, social or other needs that might affect your priority for rehousing.

**5.1 Does anyone on your application need housing for medical reasons?** Yes  No

**5.2 Does anyone on your application need housing for welfare or social reasons?** eg. fear of violence, harrassment, to be near relatives for support/care needs or due to the effects of overcrowding in your home. Yes  No

**5.3 Does anyone on your application consider they have a physical disability?** If 'Yes' give the name of the person(s). Yes  No

**5.4 Does anyone on your application consider they have a learning disability?** If 'Yes' give the name of the person(s). Yes  No

**5.5 Does anyone on your application consider they have any other disability?** If 'Yes' give the name of the person(s) and more information about their disability. Yes  No

**5.6 Does anyone on your application need a wheelchair to get around in the home?** If 'Yes' give the name of the person(s).

Yes  No

**5.7 Is anyone on your application registered disabled?**  
If 'Yes' give the name of the person(s).

Yes  No

If you answer 'Yes' to any of these questions we will send you a medical/disability self assessment form or welfare/social form, which you should complete and return to us. We will then be able to assess these needs.

## Section 6 Staff, Councillors and Committee Members

**Are you related to, or are you or your partner a member of staff, a Councillor or a Committee member of any of the housing organisations shown on the front of this application form?**

If 'Yes' who are you related to and how?

Yes  No

## Section 7 Your present housing circumstances

**7.1 Are you:**

- |                              |                          |                                  |                          |   |                          |
|------------------------------|--------------------------|----------------------------------|--------------------------|---|--------------------------|
| An owner-occupier            | <input type="checkbox"/> | Of no fixed abode                | <input type="checkbox"/> | A private tenant                                    | <input type="checkbox"/> |
| Living with parents          | <input type="checkbox"/> | Living with relatives or friends | <input type="checkbox"/> | A housing association or council tenant             | <input type="checkbox"/> |
| A lodger                     | <input type="checkbox"/> | Living in local authority care   | <input type="checkbox"/> | Living in a hostel or bed & breakfast accommodation | <input type="checkbox"/> |
| Living in tied accommodation | <input type="checkbox"/> | Caravan/mobile home              | <input type="checkbox"/> |   |                          |
| Other                        | <input type="checkbox"/> |                                  |                          |   |                          |

Please describe

**7.2 Are you sleeping rough?**  
(This would include sleeping in your car)

Yes  No

If you answer 'Yes' we will send you a short form to complete and return to us. We will send it to your 'care of' address. We will then assess whether additional priority can be awarded to your application.

**7.3 How would you describe where you are living now?**

House	<input type="checkbox"/>	Self-contained studio	<input type="checkbox"/>	Flat or maisonette	<input type="checkbox"/>
Hostel or bed & breakfast	<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>
Sheltered accommodation (retirement housing)	<input type="checkbox"/>	Caravan/mobile home	<input type="checkbox"/>	Prison	<input type="checkbox"/>
Room in a shared house	<input type="checkbox"/>	Other (please describe)	<input type="text"/>		

If you live in a flat or a maisonette, which floor is it on?

**7.4 Condition/suitability of your home**

Do you think the structural condition or level of disrepair of your home is affecting your health or the health of anyone included in this application? Yes  No

If 'Yes', please describe the conditions

**If 'Yes' has an environmental health officer visited you?**

Please give the name of the officer and their telephone number if you have it. Please also give the name of the local authority, if not Richmond upon Thames.

**7.5 Your tenancy/licence agreement**

Do you have a written agreement with your name on it? Yes  No

If 'No', please describe the arrangement between you and your landlord

If 'Yes', what type of agreement do you have?  
(your written tenancy agreement will tell you this)

On what date did the present agreement start?

Please give the name and address of landlord.

Does your landlord live in the same property as you?

Yes  No

If 'Yes', has s/he always done so since you moved in?

Yes  No

Are there any other names on your agreement?

Yes  No

If 'Yes', please give the name(s) of any who are included in this housing application

## 7.6 Moving from your home

Have you been told to leave your current accommodation?

Yes  No

If Yes, who is asking you to leave? (Please tick the appropriate box)

Friend  Relative  Landlord

Other  (Please give details)

If you have been told to leave your home, please give the date you must leave by:

If you are being asked to leave a friend or relative's home, please provide a letter from this person confirming this. The letter should include a daytime contact telephone number.

Have you had a Notice to Quit or a Notice of Seeking Possession?

Yes  No

If Yes, please provide a copy together with a copy of your tenancy agreement.

Has anyone obtained a Court order to make you leave your home?

Yes  No

If Yes, please provide a copy.

If 'Yes', on what date does the Court order take effect?

Please note we will be unable to fully assess your application without the additional information.

### 7.7 Please give details of your present accommodation

	Tick correct box	If 'Yes', where are they located?	Do you share this with anyone <b>not</b> included on your application?
Do you have; Cooking facilities?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
A hot water supply?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
A cold water supply?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you have... a fixed bath or shower?	Tick correct box	If 'Yes', where is it located?	Do you share this with anyone <b>not</b> included on your application?
	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you have... a toilet ?	Tick correct box	If 'Yes', where is it located?	Do you share this with anyone <b>not</b> included on your application?
	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you have... the use of a separate living room ?	Tick correct box	If 'Yes', where is it located?	Do you share this with anyone <b>not</b> included on your application?
	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

### 7.8 Bedrooms

How many bedrooms do you and anyone included on your application have the right to use?

Please show who sleeps in each bedroom

	Name of person	Size of the room in feet or metres
Bedroom 1		
Bedroom 2		
Bedroom 3		
Bedroom 4		

### 7.9 Other rooms used as bedrooms

Room	Is this room used as a bedroom?	If YES, who sleeps in it?
Living Room	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Dining Room	Yes <input type="checkbox"/> No <input type="checkbox"/>	

## Section 8 Shared ownership

Are you interested in low cost home ownership schemes, including shared ownership and Homebuy? Yes  No

If 'Yes', please confirm that you agree to being sent more information about these schemes. Yes  No

To be eligible for these schemes you will need to be working and/or have substantial savings.

## Section 9 Sheltered accommodation

This is retirement housing for people over the age of 60.

Are you interested in sheltered accommodation? Yes  No

If you have answered 'Yes' we will send you more information.

## Section 10 Your income and savings

**10.1** Are you or your partner: *(please tick whichever applies)*      you      your partner

Working full time

Unemployed

A full time student

On a government training scheme

Working part time

Permanently sick/disabled

Retired

Other (please specify)

**10.2** What is your and your partner's total annual income before tax? £

**10.3** How much capital or savings do you and your partner have in total? £

**10.4** Do you or your partner receive any welfare benefits (excluding child benefit)

If 'Yes', please give details below. Yes  No

Name of benefit	Amount	How often paid

## Section 11 Other information

Is there anything else not covered on this form that you wish to tell us about or anything you feel might support your application?



# 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. If you decide not to give us the information, it will not affect your application.

**Ethnic origin** (please tick just one box)

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

**Any other background**

Nationality - please specify

**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/straight  Gay Man  Bisexual  Gay Woman/Lesbian

Prefer not to say

Other - please specify

Please refer to the 'Applying for Housing' leaflet to explain how your application will be dealt with. Please contact us if you do not have a copy.

If there is any change in your circumstances, you will need to complete a 'Change of Circumstances' form and return it to us. We will then be able to re-assess your application.

**Please contact us if you have any difficulties in completing this form, or need it in Braille, large print, audio tape or another language.**

**Housing Provision,  
Civic Centre, 44 York Street, Twickenham TW1 3BZ**

**Phone: 020 8891 7872 / 8831 6444 / 8487 5227**

**Minicom: 020 8891 7423**

**Website: [www.richmond.gov.uk](http://www.richmond.gov.uk)**

**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 receptionin 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 ਜਾਏ ਪਤੇ ਉੱਪਰ ਰਿਸੈਪਸ਼ਨ 'ਤੇ ਆਉ 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، براہ کرم نیچے دیئے ہوئے ایڈریس کے استقبال پر جا کر ملیئے، جہاں ہم آپ کیلئے ٹیلیفون انٹرپرائٹنگ سروس (ٹیلیفون پر ترجمانی کی سروس) کا انتظام کر سکتے ہیں۔

**Civic Centre, 44 York Street, Twickenham TW1 3BZ**