



Application for Housing

Strictly private and confidential

COMPLETED APPLICATION FORMS SHOULD BE RETURNED TO:
Ashton Pioneer Homes: Margaret House, Margaret Street, Ashton-u-Lyne OL6 7TH
T: 0161 343 8128 F: 0161 343 6420 E: aph@ashtonpioneerhomes.co.uk W: www.ashtonpioneerhomes.co.uk

Part 1. Applicant details - please complete each section below and second applicant details if required:

Is this a joint application? Yes No If Yes, please enter the second applicant details below

First names:

Last name:

Title e.g. Mr /Mrs / Miss /Ms / other:

Date of birth: / /

Daytime telephone:

Mobile telephone:

Home telephone:

Email:

Please tick the option below which best describes your current residential status. Are you:

A council tenant

A housing association tenant

A private landlord tenant

An owner - occupier

Living with family and friends / lodging

Currently an Ashton Pioneer resident

Other (please describe)

National Insurance Number:

Please tick the options below which are your preferred methods of contact:

by telephone

by mobile by text

by letter by email

Do you have access to the internet?

Yes No

First names:

Last name:

Title e.g. Mr /Mrs / Miss /Ms / other:

Date of birth: / /

Daytime telephone:

Mobile telephone:

Home telephone:

Email:

Please tick the option below which best describes your current residential status. Are you:

A council tenant

A housing association tenant

A private landlord tenant

An owner - occupier

Living with family and friends / lodging

Currently an Ashton Pioneer resident

Other (please describe)

National Insurance Number:

Please tick the options below which are your preferred methods of contact:

by telephone

by mobile by text

by letter by email

Do you have access to the internet?

Yes No

Part 2. Housing History

We need to know where you have been living for at least the past five years. If you have lived in a rented property then the landlord's details **must** be given in order for us to consider your application. Please be aware that it is necessary for us to contact your previous landlords in order to check your suitability as an Ashton Pioneer Homes tenant.

Please complete this section for **both the main applicant and the second applicant** (if there is one). If you need more space please attach a separate sheet.

2A - Current address (please fill in sections 2B & 2C if you have lived at this address for less than 5 yrs)

MAIN APPLICANT DETAILS

Address:

Postcode:

own: lodging: renting:

How long have you lived at this address? from to

How many bedrooms are there?

How many people live in this property?
(you may need to provide evidence of this)

If you have any outstanding rent or mortgage payments on this or **any** previous properties, please state the **total amount owed**:

SECOND APPLICANT DETAILS

Address:

Postcode:

own: lodging: renting:

How long have you lived at this address? from to

How many bedrooms are there?

How many people live in this property?
(you may need to provide evidence of this)

If you have any outstanding rent or mortgage payments on this or **any** previous properties, please state the **total amount owed**:

If you are renting a property please provide details of the landlord or letting agent below:

Name:

Address:

Postcode:

Telephone:

Reason for leaving rented property:

Name:

Address:

Postcode:

Telephone:

Reason for leaving rented property:

2B - Previous address

Address:

Postcode:

own: lodging: renting:

How long have you lived at this address? from to

Address:

Postcode:

own: lodging: renting:

How long have you lived at this address? from to

If you were renting this property please provide details of the landlord or letting agent below:

Name:

Address:

Postcode:

Telephone:

Reason for leaving rented property:

Name:

Address:

Postcode:

Telephone:

Reason for leaving rented property:

2C - Additional previous address

Address:

Postcode:

own: lodging: renting:

How long have you lived at this address? from to

Address:

Postcode:

own: lodging: renting:

How long have you lived at this address? from to

If you were renting this property please provide details of the landlord or letting agent below:

Name:

Address:

Postcode:

Telephone:

Reason for leaving rented property:

Name:

Address:

Postcode:

Telephone:

Reason for leaving rented property:

2D - Evictions or Notice of Seeking Possession

Have you ever been evicted or served with a Notice of Seeking Possession?
yes no if yes, please give details below:

Date served / /

Have you ever been evicted or served with a Notice of Seeking Possession?
yes no if yes, please give details below:

Date served / /

Part 3 - Housing requirements

In this section please give details of your current accommodation and the people who will be living with you, if any.

3A - What type of accommodation do you currently occupy?

MAIN APPLICANT DETAILS

house	<input type="checkbox"/>	bed & breakfast	<input type="checkbox"/>
flat	<input type="checkbox"/>	hospital	<input type="checkbox"/>
bungalow	<input type="checkbox"/>	care / support home	<input type="checkbox"/>
prison	<input type="checkbox"/>	caravan / mobile home / boat	<input type="checkbox"/>
other (please describe) <input type="text"/>			

SECOND APPLICANT DETAILS

house	<input type="checkbox"/>	bed & breakfast	<input type="checkbox"/>
flat	<input type="checkbox"/>	hospital	<input type="checkbox"/>
bungalow	<input type="checkbox"/>	care / support home	<input type="checkbox"/>
prison	<input type="checkbox"/>	caravan / mobile home / boat	<input type="checkbox"/>
other (please describe) <input type="text"/>			

3B - Please give details of any additional people to be re-housed

If you need to include more people, or there are people living with you now who will not be moving with you, please provide this information in **Part 13**.

Full Name	Sex (M/F)	Date of birth	National Ins. No.	Relationship to main applicant	Reg. Dis.	Reg. Blind
		/ /				
		/ /				
		/ /				
		/ /				
		/ /				

If any of these are children who visit regularly please tell us how many nights per week that you have access in **Part 13**.

3C - If any of the people listed above are not currently living with you, please give details below:

Full Name	Current Address	Reason For Living Apart

3D - Is anyone who is being re-housed expecting a baby, if so please give details below:

Full Name	Estimated Birth Date	Certificate of Confinement Provided?	
		yes <input type="checkbox"/>	no <input type="checkbox"/>
		yes <input type="checkbox"/>	no <input type="checkbox"/>

If you need to include more information, there is additional space in **Part 13**.

3E - Immigration

Is anyone mentioned on this application form affected by immigration rules?, If so please give details:

Full Name	Immigration Details

Part 4 - Household Income - please provide details for applicants that receive any income:

	MAIN APPLICANT DETAILS				SECOND APPLICANT DETAILS			
	Please tick whether the figure you have given is	Per week	Per fortnight	Per month	Please tick whether the figure you have given is	Per week	Per fortnight	Per month
Earned Income (after deductions)	£				£			
State Benefits (including state pension)	£				£			
Private Pensions / investment income	£				£			
OTHER	£				£			
Other income coming into the household	£				£			

Part 4B - Household Outgoings - please provide approximate details of what you spend on your outgoings:

	MAIN APPLICANT DETAILS				SECOND APPLICANT DETAILS			
	Please tick whether the figure you have given is	Per week	Per fortnight	Per month	Please tick whether the figure you have given is	Per week	Per fortnight	Per month
Current Rent / Mortgage Payments	£				£			
Utility Bills (e.g. gas, electricity, water, TV licence)	£				£			
Loans / Credit Cards / Store Cards	£				£			
Food and Household Goods	£				£			
TV subscriptions (e.g. Sky), Broadband, Internet	£				£			
Telephone / Mobile	£				£			
OTHER	£				£			
If other, please describe:								

Part 4C - Do you have access to Banking Facilities? Yes No Type

Part 5. Equality and Diversity

We are committed to ensuring that all applicants are treated equally and not discriminated against on the grounds of gender, sex, race, marital or civil partner status, gender reassignment, colour, nationality, ethnic or national origin. You are requested to provide the following information to help us improve the services provided to you. However if you do not wish to answer these questions you do not have to do so, and it will not affect your application in any way.

5A - Ethnic Background

MAIN APPLICANT DETAILS

White	
British	
Irish	
Other*	

Black or Black British	
Caribbean	
African	
Other*	

MIXED	
White & Black Caribbean	
White & Black African	
White & Asian	
Other*	

Asian or Asian British	
Indian	
Pakistani	
Bangladeshi	
Other*	

OTHER	
Gypsy / Traveller	
Prefer not say	
Other	

Preferred Language	
Spoken	
Written	

SECOND APPLICANT DETAILS

White	
British	
Irish	
Other*	

Black or Black British	
Caribbean	
African	
Other*	

MIXED	
White & Black Caribbean	
White & Black African	
White & Asian	
Other*	

Asian or Asian British	
Indian	
Pakistani	
Bangladeshi	
Other*	

OTHER	
Gypsy / Traveller	
Prefer not say	
Other	

Preferred Language	
Spoken	
Written	

5B - Religion

Buddhist		Jewish		None	
Christian		Muslim		Prefer not to say	
Hindu		Sikh		Other	
If other, please specify					

Buddhist		Jewish		None	
Christian		Muslim		Prefer not to say	
Hindu		Sikh		Other	
If other, please specify					

5C - Gender

Male		Transgender male to female	
Female		Transgender female to male	
Prefer not to say			

Male		Transgender male to female	
Female		Transgender female to male	
Prefer not to say			

5D - Sexual Orientation

Heterosexual		Lesbian / Gay woman	
Bisexual		Gay Man	
Other		Prefer not to say	

Heterosexual		Lesbian / Gay woman	
Bisexual		Gay Man	
Other		Prefer not to say	

5E - Health

Please fill in the details below which best represent any health conditions that you or any member of the household may have. Please state who has the condition and their relationship to the main applicant. Please use **Part 13** for additional information if required.

	Who has this condition (full name/s)	Relationship to the main applicant
Wheelchair user		
Physical disability		
Deaf or Hard of hearing		
Visual impairment		
Long term condition		
Progressive long-term illness		
Mental health problems		
Learning disability		
Difficulties with reading / writing		
Drug / Alcohol related condition		
Frail / Poor mobility		
If other, please specify:		

5F - Does anyone in your household have 'carers' responsibility? If so please state:

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Part 6 - Criminal convictions - Have you or anyone seeking rehousing with you:

any unspent (see part 12) criminal convictions, court orders or been the subject of an anti-social behaviour order?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, please give details below:
had legal action taken against you because of an anti-social behaviour order or criminal conviction?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
received court orders or have any pending cases in relation to the above?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	

Full Name	Offence Details

If you need to include more information, there is additional space in **Part 13**.

Part 7 - Reasons for application - what in your view is the main reason why you want to move?

MAIN APPLICANT DETAILS

- Left your home country as a refugee
- Property unsuitable because of ill health / disability (please give details in **7B**)
- Loss of tied accommodation (your home came with your job)
- End of assured shorthold (fixed term) tenancy
- Eviction or Repossession
- Domestic violence
- Non violent relationship breakdown with partner
- Asked to leave by family or friends
- Racial harassment
- Other problems with neighbours
- Property unsuitable because of overcrowding (please give details in **7B**)
- Discharged from prison or from long stay hospital or other institution
- Property unsuitable because of poor condition
- Cannot afford rent or mortgage
- To move nearer family / friends / school
- To move nearer work
- To move to accommodation with support (e.g. sheltered housing)
- To move to independent accommodation
- Under-occupation
- Other (please give details in **7B**)

SECOND APPLICANT DETAILS

- Left your home country as a refugee
- Property unsuitable because of ill health / disability (please give details in **7B**)
- Loss of tied accommodation (your home came with your job)
- End of assured shorthold (fixed term) tenancy
- Eviction or Repossession
- Domestic violence
- Non violent relationship breakdown with partner
- Asked to leave by family or friends
- Racial harassment
- Other problems with neighbours
- Property unsuitable because of overcrowding (please give details in **7B**)
- Discharged from prison or from long stay hospital or other institution
- Property unsuitable because of poor condition
- Cannot afford rent or mortgage
- To move nearer family / friends / school
- To move nearer work
- To move to accommodation with support (e.g. sheltered housing)
- To move to independent accommodation
- Under-occupation
- Other (please give details in **7B**)

7B - Reason for application continued

Please use the space below to tell us in more detail about the reasons why you are moving:

7C - Agency support

Please give details below if you or anyone moving in with you receives support or help from an agency e.g. a support worker:

Who receives support:	<input type="text"/>
Contact's name:	<input type="text"/>
Agency:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
Postcode:	<input type="text"/>
Contact's telephone:	<input type="text"/>

Who receives support:	<input type="text"/>
Contact's name:	<input type="text"/>
Agency:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
Postcode:	<input type="text"/>
Contact's telephone:	<input type="text"/>

If you need to include more information, there is additional space in **Part 13**.

Part 8 - Where do you want to live?

Please tick the accommodation you want: How many bedrooms do you require?

Low rise High rise Bungalow House Maisonette

In which areas would you like to live?

Do you have any special requirements, such as a ground floor flat

Do you intend to bring a pet with you? YES NO

If yes, please describe below:

PLEASE NOTE: Unless express permission is given, pets are not allowed in our High Rise and Maisonette properties.

Part 9 - Where did you hear about us?

Please tick all relevant boxes: (you may select more than one)

Family / friends	<input type="checkbox"/>	To let board	<input type="checkbox"/>	Site sign board	<input type="checkbox"/>	Internet	<input type="checkbox"/>
Local authority	<input type="checkbox"/>	Press advert	<input type="checkbox"/>	Advice centre	<input type="checkbox"/>	Other	<input type="checkbox"/>

If other, please specify:

Part 10 - Declaration

It is a criminal offence to knowingly make a false declaration or withhold information reasonably required in connection with your application. Please read the following information and sign if you accept the terms and conditions:

I / we agree that Ashton Pioneer Homes (APH) can make any enquiries to confirm that what I / we have written on this application is true and that APH can take up any references considered necessary in relation to this application. (Please be aware that this may necessitate the disclosure of your current accommodation to your referees).

The information given on this form is a true statement. If I / we are granted a tenancy because I / we have given false or misleading information, or because I / we have not given, or failed to inform APH if my / our circumstances change it is an offence and my / our tenancy may be terminated and I / we may have to pay a fine of up to £5000 under Section 171 of the 1996 Housing Act. All information that APH holds concerning you as an individual will be held and processed by the organisation strictly in accordance with the provisions of the General Data Protection Regulations 2018. Please read Part 11 - Fair collection statement for more details. If APH is unable to help you, or you do not reply to any requests for further information, your application will be cancelled and all paperwork will be confidentially destroyed.

Also, it is essential in accordance with The APH Code of Governance, that all applicants for housing disclose any relationships with employees or board members of APH. Failure to disclose a relationship with anyone at APH may jeopardise any application that you make and invalidate a reservation made on any property.

Please tick the relevant box below to confirm that you are / are not related to, or in a relationship with, anyone within APH and to confirm that you have not used, and will not use, any influence in the application process or the reservation of an APH home.

MAIN APPLICANT SIGNATURE

Print Name:

Are you related to or connected to anyone within APH or its associates? yes no

If yes, please specify:

Date: / /

SECOND APPLICANT SIGNATURE

Print Name:

Are you related to or connected to anyone within APH or its associates? yes no

If yes, please specify:

Date: / /

PHOTO ID AND TWO REFERENCES WILL BE REQUIRED FOR ALL APPLICANTS

Part 11 - Fair Collection Statement

All the information we collect about you is held and processed by APH in accordance with the General Data Protection Regulations 2018. You can withdraw your consent at any time in line with Article 7(3) of the GDPR, unless Ashton Pioneer Homes need to retain your personal information for legal or legitimate reasons. In signing this form you give APH permission to exchange your information with other parties to either check the information you have given us or where we need to share it as part of the activities we undertake or where we are required to do so by law. We may collect "sensitive" personal information which includes details around your age, gender, disability, ethnic origin, religion, sexual orientation and medical conditions. We understand that you may not feel comfortable answering some of these questions and you have the right to refuse to tell us but we need this information to make sure we treat all our customers fairly and also because we know that this information may affect your choice of home, the area you want to live in or the services we need to provide to you. If you have any questions regarding Data Protection please contact us.

Part 12 - Rehabilitation of Offenders Act 1974

Under the Rehabilitation of Offenders Act 1974 after a certain period of time all convictions (except those listed below) become spent. The length of time between the date of conviction and the date it becomes spent depends on the nature of the sentence imposed, the age of the offender at the date of conviction and can be extended by subsequent convictions. Once convictions are spent they need not be disclosed for the purpose of a housing application. We will contact you if we need further information.

*Convictions which can never become spent are those for which a sentence of life imprisonment, a sentence of over two and a half years' imprisonment, detention, youth custody or corrective training was imposed. You must inform us of any further convictions received or pending action prior to being re-housed.

