



Davertry District Council

Homechoice Application Form

Please complete all sections of this form fully and return with the supporting documents listed on page 11 and return it to:

Davertry District Council
Housing Options Office
Lodge Road
Davertry
NN11 4FP
Tel: 01327 871100

The information you provide will be used to assess your eligibility and priority for the Homechoice register. Daventry District Council works in partnership with the housing associations in the district to advertise their vacant properties and nominate applicants from the Homechoice register. Further information can be found on our website www.homechoice-link.org.uk. Alternatively please email: homechoice@davertrydc.gov.uk for further information.

- If you think you are homeless or are likely to become homeless please tick this box. Please provide any relevant proof.

It is important that you complete all sections and supply all of the supporting documents that apply to your situation. Failure to do so will result in a delay in registration.

When all information is received we aim to process your application within 10 working days. When you are registered we will send you a registration letter and a booklet explaining how you can bid (register your interest) for a property.

Change of Circumstances:

Once your application has been registered it is your responsibility to inform the Housing Options Team of changes in your circumstances eg, if you move or your household details change. You may be required to complete a new application. Failure to notify us of changes may result in your application being suspended and any offer of a property being withdrawn by the housing association.

Medical and welfare:

If you have any medical or welfare factors which are affected by your current housing situation or affect the type of property you require then please request a medical self-assessment form.

If you require this document in another format or different language then please contact the Housing Options Team for assistance.

Application Number:	Case Worker:	Date:
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The Applicant(s)

Applicant 1

Title (Please tick or specify if Other)	Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/>	Other	
First Name(s)			
Surname			
Previous Name (if any)			
Date of Birth	D	M	YY
National Insurance Number			
Address			postcode:
Telephone Number (including std)			
Mobile or daytime contact number			
Email address			
Marital Status		Relationship to Joint Applicant	

Joint Applicant

Title (Please tick or specify if Other)	Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/>	Other	
First Name(s)			
Surname			
Previous Name (if any)			
Date of Birth	D	M	YY
National Insurance Number			
Address			postcode:
Telephone No (including std)			
Mobile or daytime contact number			
Email Address			
Relationship to Applicant			
Marital Status		(if married to applicant 1 please supply a copy of the marriage certificate)	

If you do not wish to be contacted at the above address, please give an alternative address and contact number.			postcode:

Your current housing

Please answer the following questions regarding your current circumstances

What type of property do you live in?	House <input type="checkbox"/> Bungalow <input type="checkbox"/> Caravan <input type="checkbox"/> Bedsit <input type="checkbox"/> Flat <input type="checkbox"/> Other <input type="checkbox"/> (specify below)		
	Other type of accommodation		
	If you currently live in a flat, on which floor is it located?		
	How many bedrooms does the property have?		
	On what date did you move to this property?	D	M
Which of the following describes your current occupation of the property?	Home owner <input type="checkbox"/> Housing association <input type="checkbox"/> Local authority <input type="checkbox"/>		
	Private tenant <input type="checkbox"/> Lodger with family <input type="checkbox"/> Lodger with others <input type="checkbox"/>		
Do you or your Joint Applicant own any other property in this country or abroad?	Other		
	No <input type="checkbox"/> Yes <input type="checkbox"/>	If 'Yes' please provide the full address(es) of the property	
Estimated current value			postcode: _____
Are you named on any tenancy in this country or abroad?	No <input type="checkbox"/> Yes <input type="checkbox"/>	If 'Yes' please provide the full address(es) of the property	
			postcode: _____
Who is the landlord?			
Do you owe DDC or any other local authority or housing association any money? e.g. Loans, council tax, rent etc.	Please confirm who you owe and amount(s)		
			£
			£
Have you ever had a loan from DDC to assist you with accommodation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If 'Yes' please provide details below	

Overcrowding/under-occupation

For each bedroom in the property where you live now, please state in the table below who has use of the room.

Bedroom	Name of Occupier
One	
Two	
Three	
Four	
Five	

People moving with you

Please provide details of **all the people who will be moving with you (even if they do not live with you now) and who will live with you as their main residence.**

Full Name	Date of Birth	Sex	Relationship to applicant(s)	Does the person live with you at present?
	D M YY			Yes <input type="checkbox"/> No <input type="checkbox"/>
	D M YY			Yes <input type="checkbox"/> No <input type="checkbox"/>
	D M YY			Yes <input type="checkbox"/> No <input type="checkbox"/>
	D M YY			Yes <input type="checkbox"/> No <input type="checkbox"/>
	D M YY			Yes <input type="checkbox"/> No <input type="checkbox"/>

If you or any person moving with you is **pregnant**, write her name and when the baby is due below.

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Contact (Access)

Please list your children who stay with you for **less than 4 nights a week** in the table below.

Full Name	Date of Birth	Sex	Relationship to applicant(s)	Please supply the name & address of the parent with whom they reside.

People staying behind

Please provide details below of anyone who lives with you at the moment but who will not be moving with you.

Full Name	Date of Birth	Sex	Relationship to applicant(s)

Income / Employment / Self Employment

Applicant 1

Job Title				Hours per week	
Employment start date	D	M	YY	Annual Salary Gross: (Before Tax)	
Employer's Name and Address					
					postcode:
Telephone No (including std)					
Is your job	Permanent <input type="checkbox"/> Temporary <input type="checkbox"/>				

Joint Applicant

Job Title				Hours per week	
Employment start date	D	M	YY	Annual Salary Gross: (Before Tax)	
Employers Name and Address					
					postcode:
Telephone No (including std)					
Is your job	Permanent <input type="checkbox"/> Temporary <input type="checkbox"/>				

If either of you have any further employment or registered interest in companies then please provide details on a separate sheet

Please indicate if you or your Joint Applicant receive any of the following benefits.

Income support <input type="checkbox"/>	Income based Job seekers allowance <input type="checkbox"/>	Working families tax credit <input type="checkbox"/>	
Housing benefit <input type="checkbox"/>	Universal Credit <input type="checkbox"/>	Council tax benefit <input type="checkbox"/>	Disability living allowance <input type="checkbox"/>
Other (please specify)			

Please provide proof of your income e.g. wage slips, benefit award letters.

Savings / Assets

Please note any savings or assets you have. Please also include balances of any other accounts including your current account. **Please provide proof of all accounts, e.g. recent bank statement.**

Account number	Name of account holder	Balance
Assets	Type	Value

Housing history

Please provide details of all the addresses that you have lived at in the **last ten years**

Applicant 1				
Address	Tenure (e.g. owner, private tenant, living with parents or social housing)	Occupancy dates	Reason for leaving	If property is rented, please state Landlord name and address
		D/M/YY to D/M/YY		
		D/M/YY to D/M/YY		
		D/M/YY to D/M/YY		
		D/M/YY to D/M/YY		
		D/M/YY to D/M/YY		
		D/M/YY to D/M/YY		

Joint Applicant				
Address	Tenure (e.g. owner, private tenant, living with parents or social housing)	Occupancy dates	Reason for leaving	If property is rented, please state Landlord name and address
		D/M/YY to D/M/YY		
		D/M/YY to D/M/YY		
		D/M/YY to D/M/YY		
		D/M/YY to D/M/YY		
		D/M/YY to D/M/YY		
		D/M/YY to D/M/YY		

Do either of you have arrears at any of the above listed addresses?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address		Amount	£
Address		Amount	£

Family Connections

Please give details of any close relatives you have in the Daventry district.

Name & Address	Occupancy dates	Relationship	Telephone
	D/M/YY to D/M/YY		
	D/M/YY to D/M/YY		
	D/M/YY to D/M/YY		
	D/M/YY to D/M/YY		

Reasons for applying

Personal
<input type="checkbox"/> Independence
<input type="checkbox"/> Neighbour problems
<input type="checkbox"/> Social
<input type="checkbox"/> Medical
<input type="checkbox"/> To be near work
<input type="checkbox"/> Homeless
<input type="checkbox"/> To give support to relatives
<input type="checkbox"/> To receive support from relatives
<input type="checkbox"/> Racial harassment
<input type="checkbox"/> Sexual Harassment
<input type="checkbox"/> Violence from partner
<input type="checkbox"/> Relationship breakdown
<input type="checkbox"/> Learning difficulty
<input type="checkbox"/> Physical disability

Property
<input type="checkbox"/> Current property too big
<input type="checkbox"/> Current property too small
<input type="checkbox"/> Current property needs repair
<input type="checkbox"/> Difficulty using stairs
<input type="checkbox"/> Asked to leave
<input type="checkbox"/> Need sheltered housing
<input type="checkbox"/> Cannot maintain property/garden
<input type="checkbox"/> Rent too expensive
<input type="checkbox"/> Mortgage too expensive
<input type="checkbox"/> Children living in flat above ground floor
<input type="checkbox"/> Legal notice to quit (Please supply copy)
<input type="checkbox"/> Adapted property not needed anymore

Other reasons (please specify):	
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Please give fuller details below about any of the reasons for applying that you have indicated on your reasons for applying.

Your requirements

Does a member of the family have any disability/medical condition that is affected by your current accommodation?

<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, a Medical Self Assessment Form will be supplied
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Property Type	
What types of property would you like to apply for?	<input type="checkbox"/> House <input type="checkbox"/> Bungalow <input type="checkbox"/> Bedsit <input type="checkbox"/> Flat <input type="checkbox"/> Sheltered Schemes <input type="checkbox"/> Level access <input type="checkbox"/> Adapted

Areas	
For the purposes of data collection, please provide a list of areas you would like to live.	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Data collection for all possible future rural developments

Do you have a local connection to Northampton borough e.g. live/have lived in the district, working or close family members in the district? Data collection for all possible future rural developments.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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HM Forces

Applicant 1

Are you currently in HM Forces?	Yes No	If Yes, anticipated date of discharge	D	M	Y Y
Have you previously served in HM Forces?	Yes No	If Yes, please provide dates. From:	D	M	Y Y
			To:	D	M
Joint Applicant					
Are you currently in HM Forces?	Yes No	Are you a wife/husband of a deceased member of HM Forces?	Yes No		
Have you previously served in HM Forces?	Yes No	If Yes, please provide dates. From:	D	M	Y Y
			To:	D	M

Criminal convictions

Please provide details of any convictions against you. ("Spent" convictions stay on your criminal record but you no longer have to declare them after a certain period of time.)

Applicant 1

Does any member of your household have any unspent convictions?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If 'Yes' please give details below	
Name of person		Date of conviction	
Nature of offence			
Has any member of your household ever been issued with an Anti Social Behaviour Order or Community Protection Notice?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Miscellaneous

Do you have any pets?	<input type="checkbox"/> No <input type="checkbox"/> Yes (If, Yes, please give details below)
Have you any reason why you would not be able to place a bid via internet or telephone?	<input type="checkbox"/> No <input type="checkbox"/> Yes (If, Yes, please explain)
Do you have transport?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Third party authorisation

If you would like us to discuss your application with another person who is not on the application form please complete the table below:-

Name	Date of Birth	Relationship	Telephone

If you or your joint applicant are related to a councillor, committee member, employee of Daventry District Council or of any housing association please give their name and relationship to you below

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Declaration

Please read the following statement, then **SIGN AND DATE THE FORM ON PAGES 9 AND 10**

I/we declare that:-

- All the information that I/we have provided on this application form is true and correct to the best of my/our knowledge
- No information has been omitted which may affect this application
- Any change in circumstances will be immediately reported to Housing Options Team.
- Daventry District Council have permission to contact any agencies to verify any of the information included in this application

I/we understand that

- The giving of false information on this application may result in the cancellation of my/our application
- Should I/we be granted a tenancy on the basis of false information supplied by me/us, the Council or Housing Association may take court action to evict me/us from the property
- All the information given on this form will be treated in confidence. However, the council is under a duty to protect public money and property and may use the information given on this form to detect and prevent fraud. For this reason any information given on this form may be disclosed to other Government Departments, Agencies, Associations and Local Authorities to enable them to carry out their functions.
- Information will also be passed on to housing associations to carry out choice based lettings, functions and allocations of property.
- The council will exclude applicants who are themselves guilty of, or members of their household moving with them, guilty of unacceptable behaviour e.g. former rent arrears, former tenants evicted for breach of tenancy conditions, persons who are abusive or attack council staff, persons convicted of an arrestable offence which took place in or around a locality of the dwelling, persons engaging in unlawful activity in a locality etc.
- The council may not register my/our application if it is incomplete or where I/we refuse to give the information requested in it.
- A person guilty of misrepresentation as defined in Daventry District Council's current Allocation Scheme can find themselves facing a fine of up to £5,000 as well as a ban from the register and possible prosecution.

Signature First Applicant

Date

Signature Joint Applicant

Date

If you have completed this application on behalf of a third party please give your details below:

Name & Relationship to applicant:

PLEASE TURN OVER, SIGN & DATE THE NEXT PAGE TOO

Office use only



Housing Options Team

Lodge Road, Daventry, Northamptonshire. NN11 4FP
Tel: (01327) 871100 Dx: 21965 Fax: (01327) 300011

This form allows Daventry District Council to contact other agencies in relation to your housing application.
Please read and sign the declaration below.

I/we have applied to Daventry District Council for housing and hereby give my/our permission for you to disclose any information required by the Council to assess my/our application.

Name First Applicant

Date

Signature First Applicant

Date

Name Joint Applicant

Date

Signature Joint Applicant

Date

Privacy Statement

Your personal information - what we need and why?

Daventry District Council collects personal information from you in order to deal with your Housing Application within Daventry District Council Housing Allocation Scheme as required under section 167 of the Housing Act 1996. This includes your name, address, email, proof of identification, income and savings, change in circumstances and information on previous tenancies etc. We will not collect any personal data from you we do not need.

The information you provide will be kept within our Housing IT system in order to provide and oversee your application. It is necessary to hold this information to enable the Council to process your application in accordance with the Daventry District Council Housing Allocations Scheme.

Who does the Council share your information with?

It may be necessary to share your personal information internally and with external agencies such as the Police, Housing Association, Medical Professionals, Voluntary Agencies, Landlords, Support Worker and Social Services in order to deal with your Housing Application. However, no other third parties will have access to your information, unless the law allows them to do so.

How long does the Council keep your personal information?

The Council is required under the Housing Act 1996 to keep your personal information for a minimum of 10 years following our last interaction with you, after which time it will be disposed of securely.

What are your rights?

If at any point you believe the information we hold is incorrect you may request to see this information and have it corrected or deleted. If you wish to raise a complaint on how we have handled your personal information, you can contact our Data Protection Officer who will investigate the matter.

If you are not satisfied with our response or believe we are processing your personal data not in accordance with the law you can complain to the Information Commissioner's Office (ICO) www.ico.org.uk

Our Data Protection Officer is Gillian Kennedy and you can contact her by email dataprotection@daventrydc.gov.uk

All information you provide is held in accordance with our Information Charter and in line with the Data Protection Principles. Our Information Charter can be viewed online here www.daventrydc.gov.uk/informationcharter

Checklist for application

Proof of identification (any one of the following for each applicant and people moving with you)

- Birth certificate
- Passport
- Photo driving licence
- Proof of age identification (with photo)
- Employee Identification (with photo)
- HM Forces Identification (with photo)
- EU Identification Card
- Approved Immigration Status Documents

Proof of Residence (any two of the following)

- Household bill (gas, water, electricity, water, council tax)
- Tenancy/Licence Agreement
- DWP Benefit Document
- Driving Licence
- Bank Statement, Credit Card Statement, Catalogue Statement or similar document with home address
- Working Tax Credits

Proof of Tenancy

- Tenancy or Licence Agreement
- Proof of rent payment
- Letter from Landlord

Proof of Clear Rent Account (current or former)

- Rent account statement

Proof of Marriage

- A recognised Marriage certificate

Proof of Pregnancy

- An estimated Date of Confinement Certificate
- Confirmation letter from Doctor or Midwife

Proof of Child Benefit:

- Letters from Benefit Agency

Proof of Capital:

- Bank/Building Society Statements

Persons from abroad or recently returned to the UK

• Applicants accepted as a refugee or granted Indefinite, Exceptional, Discretionary or Limited leave to remain in the UK, must provide Home Office documentation

• Nationals of the EEA must provide proof of current employment or self-employment

• If you are a UK citizen but have recently returned from abroad, please provide proof that you are habitually resident in the UK



Housing Options Team

Lodge Road, Daventry, Northamptonshire. NN11 4FP
 Tel: (01327) 871100 Dx: 21965 Fax: (01327) 300011

Housing Options Team aims to comply with the Commission for Racial Equality's "Code of Practice in Rented Housing" and has a policy of equal opportunity for all. To help us monitor the success of the policy we would be grateful if you could complete and return this questionnaire with your completed application form.

The information provided will be stored on our computer and this paper will then be destroyed. It will not be kept with your application and the information will only be used for statistical purposes. It will not be used in dealing with your application for housing nor for any other purpose.

Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Do you have a physical or mental impairment which has a substantial and long term impact on your ability to carry out day to day activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Religion
<input type="checkbox"/> Christian
<input type="checkbox"/> Buddhist
<input type="checkbox"/> Hindu
<input type="checkbox"/> Jewish
<input type="checkbox"/> Muslim
<input type="checkbox"/> Sikh
<input type="checkbox"/> No religion
<input type="checkbox"/> Do not wish to state
<input type="checkbox"/> Any other religion (please specify below)
.....
.....
.....
.....
.....

Ethnic Group

White	
<input type="checkbox"/> British	<input type="checkbox"/> Irish
White other

Mixed	
<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> White & Black African
<input type="checkbox"/> White and Asian	
Mixed other

Asian or Asian British		
<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi
Asian other	

Black or Black British	
<input type="checkbox"/> Caribbean	<input type="checkbox"/> African
Black other

Chinese <input type="checkbox"/>
Other
.....

Gypsy / Traveller <input type="checkbox"/>
Other
.....

Other groups
.....
.....