



*homechoice* @  
DAVENTRY

[www.homechoice-link.org.uk](http://www.homechoice-link.org.uk)

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

[homechoice@daventrydc.gov.uk](mailto:homechoice@daventrydc.gov.uk)

## *Introduction to Choice Based Lettings*

**Homechoice @ Daventry** is Daventry District Council's Choice Based Lettings Scheme. The scheme gives you more choice about where you want to live and a better idea about the number and type of properties that become available.

**Homechoice @ Daventry** is a partnership with local housing associations. Vacant housing association properties will be advertised on the website [www.homechoice-link.org.uk](http://www.homechoice-link.org.uk) and at the local Council office. Applicants on the housing register can tell the Council they are interested in a property by expressing an interest. This is known as a "bid". No money is exchanged; it is just an expression of interest.

The aim of Choice Based Lettings is to make letting arrangements more transparent and to give a true understanding of the housing available in the Daventry District.

Further information on the process can be found in our users guide available on the website at [www.homechoice-link.org.uk](http://www.homechoice-link.org.uk) or email [Homechoice@daventrydc.gov.uk](mailto:Homechoice@daventrydc.gov.uk) or alternatively phone us on (01327) 871100

## *How to apply*

To apply to be on Home Choice @ Daventry, you should complete the attached form and send it to: **Daventry District Council, Housing Options Team, Lodge Road, Northamptonshire NN11 4FP**

So we can process your application, it is important that you complete all sections fully and supply all requested documentation/certificates. Failure to do so will result in us returning your application and a delay on your registration date.

If there are any medical or social factors that you feel should be taken into consideration please complete a medical self-assessment form that can be obtained from the Housing Options Team.

We will process your application within 10 working days of receipt and will then write to you and inform you if you qualify to be registered. If you do not qualify we will tell you why. If you wish to appeal against our decision please do so in writing to the Housing Options Manager within 14 days.

## *Review and changes of circumstances*

**PLEASE NOTE:**-it is the applicant's responsibility to ensure that the department has correct, up to date information. You will be asked to update your application form annually. If no reply is received, we will cancel your application. You should notify us of changes in your circumstances as they occur and complete an update application form. Failure to do this could result in any offer of a property being withdrawn by the housing association.

## *Further information*

**If you need assistance with this form please contact us at:  
Daventry District Council Housing Options Team at Lodge Road, Daventry,  
Northamptonshire, NN11 4FP, Tel 01327 871100.**

**If English is not your first language please contact us for assistance.**

For alternative advice on housing issues you may contact  
**Citizens Advice Daventry & District** at The Abbey, Abbey Street, Daventry,  
Northamptonshire. Telephone: 0844 855 2122.

Application Number:	Case Worker:	Date:
---------------------	--------------	-------

## ***The Applicant(s)***

Please provide details about yourself and any person applying with you for a Joint tenancy. Failure to complete all sections and supply relevant documents / certificates will result in your application being returned back to you at the address provided.

### **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 (please supply a copy of your birth certificate)
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 (please supply a copy of your birth certificate)
National Insurance Number			
Address			
			postcode:
Telephone No (including std)			
Mobile or daytime contact number			
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:

## Residency

Have you or your Joint Applicant lived abroad in the past 10 years?	No <input type="checkbox"/> Yes <input type="checkbox"/>	If 'Yes' you will be contacted by a Housing Options Officer to establish your rights to reside in the UK.
Do you and your Joint Applicant have the right to live in the U.K?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If you do not hold a UK passport, please provide your passport in-person for verification to the Council offices. <b>Copies will not be accepted.</b> We may contact you for further information.

## 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"/>
Other			
Do you or your Joint Applicant own any other property?	No <input type="checkbox"/> Yes <input type="checkbox"/>	If 'Yes' please list below the full address(es) of the property	
Estimated current value		postcode:	
Property 2 (if applicable)		postcode:	
Estimated current value			
Have you ever been housed using assistance from any bond or deposit schemes?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

## 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** in the following table, even if they do not live with you now. Include any children who stay with you for 4 or more nights per week. Enclose **copies of marriage & birth certificates, and proof of child benefit payments or child tax credits. (do not enclose original documents)**

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. Please enclose a **copy** of proof of pregnancy **(do not enclose original documents)**

--

If any person moving with you is **over 16** and still in **full-time education** write their names below. Please provide proof of this e.g. child benefit payments **(do not enclose original documents)**


## 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 in the table 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 and employment

### Applicant 1

Job Title					
Employment start date	D	M	YY	Annual Salary Gross: (Before Tax)	
Employer's Name and Address					postcode:
Telephone No (including std)					

### Joint Applicant

Job Title					
Employment start date	D	M	YY	Annual Salary Gross: (Before Tax)	
Employers Name and Address					postcode:
Telephone No (including std)					

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

Income support	Income based Job seekers allowance	Working families tax credit
Housing benefit	Council tax benefit	Disability living allowance
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** and any other addresses that you have lived at in the Daventry District at any time. **Please put your current address first and provide proof of clear rent account for your current or most recent tenancy.** If applicable.

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		
		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		
		D/M/YY to D/M/YY		

## Family connections

Please give details of any close relatives you have in the 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	Property
<input type="checkbox"/> Independence	<input type="checkbox"/> Current property too big
<input type="checkbox"/> Neighbour problems	<input type="checkbox"/> Current property too small
<input type="checkbox"/> Social	<input type="checkbox"/> Current property needs repair
<input type="checkbox"/> Medical	<input type="checkbox"/> Difficulty using stairs
<input type="checkbox"/> To be near work	<input type="checkbox"/> Asked to leave
<input type="checkbox"/> Homeless	<input type="checkbox"/> Need sheltered housing
<input type="checkbox"/> To give support to relatives	<input type="checkbox"/> Cannot maintain property/garden
<input type="checkbox"/> To receive support from relatives	<input type="checkbox"/> Rent too expensive
<input type="checkbox"/> Racial harassment	<input type="checkbox"/> Mortgage too expensive
<input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> Children living in flat
<input type="checkbox"/> Violence from partner	<input type="checkbox"/> Legal notice to quit (Please supply copy)
<input type="checkbox"/> Relationship breakdown	<input type="checkbox"/> Adapted property not needed anymore
<input type="checkbox"/> Learning difficulty	
<input type="checkbox"/> Physical disability	

Other reasons (please specify):

## Special requirements

Does any member of the family have any disability or medical condition that affects the type of accommodation you need?

<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, a Medical Self Assessment Form will be supplied
Have you any reason why you would not be able to place a bid?	<input type="checkbox"/> No <input type="checkbox"/> Yes (If, Yes, please explain)





## 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
<b>Joint Applicant</b>					
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, or anyone on your application, involving "offences against the person", including offences of a sexual nature but not convictions which are spent under the Rehabilitations of Offenders Act 1974. ("Spent" convictions stay on your criminal record but you no longer have to declare them after a certain period of time.)

Have you, or any member of your household, ever been convicted of a criminal offence?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If 'Yes' please give details below			
Name of person convicted		Date of conviction			
Nature of conviction					
Have you or any member of your household ever been the subject of an Anti Social Behaviour Order?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If 'Yes' please give details below			
Name of person convicted		Date of conviction			
Nature of conviction					

## Miscellaneous

Do you have any pets?	<input type="checkbox"/> No <input type="checkbox"/> Yes (If, Yes, please give details below)
<hr/>	

## 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
<hr/>			

**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**

<hr/>
-------





## 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



## 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
--------	-------------------------------	---------------------------------

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
--	------------------------------	-----------------------------

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

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

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

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

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

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

<b>Other groups</b>
.....
.....



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.

## Data Protection

All information is treated in the strictest confidence and is registered under the Data Protection Act (1998)

Daventry District Councils Housing Options Team will use the information that you provide for the following purposes: -

- To process your application in accordance with the Choice Based Lettings Policy
- To send your details to the housing associations to allow them to consider you for housing.
- To produce general information about housing needs for a range of organisations (in this case the data will be statistical and we will ensure that it is not possible to identify a particular individual).
- To provide you with information and advice about other housing options that could offer a solution to your housing problems.
- Share information with other departments of the council to enable them to fulfill their duties and obligations.
- Share information with housing associations in order to enable them fulfill their duties and obligations.

You can ask for a copy of the information we have. There is an administration charge for this and a written request is required. You may request us to change your personal details if you consider them incorrect.

### Checklist for application

- |  |   |
|--|---|
| <input type="checkbox"/> Proof of Identification (any one of the following for each applicant and people moving with you) <ul style="list-style-type: none"><li>• Birth certificate</li><li>• Passport</li><li>• Photo driving licence</li><li>• Proof of age identification card (with photo)</li><li>• Employee Identification (with photo)</li><li>• HM Forces Identification (with photo)</li><li>• EU Identification Card</li><li>• Approved Immigration Status Documents</li></ul> | <input type="checkbox"/> Proof of Tenancy <ul style="list-style-type: none"><li>• Tenancy or Licence Agreement</li><li>• Proof of rent payment</li><li>• Letter from Landlord</li></ul>   |
| <input type="checkbox"/> Proof of Residence (any two of the following) <ul style="list-style-type: none"><li>• Household bill (gas, water, electricity, water, council tax)</li><li>• Tenancy/Licence Agreement</li><li>• DWP Benefit Document</li><li>• Driving Licence</li><li>• Bank Statement, Credit Card Statement, Catalogue Statement or similar document with home address</li><li>• Working Tax Credits</li></ul>  | <input type="checkbox"/> Proof of Clear Rent Account <ul style="list-style-type: none"><li>• Rent account statement</li></ul> <input type="checkbox"/> Proof of Marriage <ul style="list-style-type: none"><li>• A recognised Marriage certificate</li></ul> <input type="checkbox"/> Proof of Pregnancy <ul style="list-style-type: none"><li>• An estimated Date of Confinement Certificate</li><li>• Confirmation letter from Doctor or Midwife</li></ul> <input type="checkbox"/> Proof of Child Benefit: <ul style="list-style-type: none"><li>• Letters from Benefit Agency</li></ul> <input type="checkbox"/> Proof of Capital: <ul style="list-style-type: none"><li>• Bank/Building Society Statements</li></ul> |

# Map of Daventry District

