

# Application for Housing

Registration No:

If you need advice about this form, please telephone us on 020 8547 5003.

landlord. The Council can help with enquiries about your application once it has been registered.

Housing officers and members of the Kingston Housing Partnership will have access to the information you provide on this form. If you are a housing association tenant, any enquiries should be directed to your

**Data Protection:** The information you provide on this form may be shared with other departments within the Council.

**PLEASE WRITE CLEARLY IN BLOCK CAPITALS USING BLACK INK**

## SECTION 1: PERSONAL DETAILS

**1A. Your details.** *Joint applicants need to decide who to name as the lead applicant and complete their details below.*

Title (Mr, Mrs, Ms, Miss, other)	<input type="text"/>	<b>Marital status</b>	
Surname	<input type="text"/>	Married	<input type="checkbox"/>
First Names	<input type="text"/>	Divorced	<input type="checkbox"/>
		Widowed	<input type="checkbox"/>
		Single	<input type="checkbox"/>
		With partner	<input type="checkbox"/>
Date of Birth	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	National Insurance Number	<input type="text"/>
Present address	<input type="text"/>		
Date moved in	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Telephone: Home	
		Work	
		Mobile	
		Email	

If you do not have a permanent address, or you want us to phone or send letters to a friend's or relative's house, please give a contact address and phone number.

Contact address

Contact telephone



If a member of your household is not living with you what are the reasons for this?

Are you, or is anyone who is living with you, pregnant?

Yes  No

If **yes**, please give their name.

When is the baby due?

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Please send a photocopy of the baby's birth certificate when born.**

**1C. Why are you applying for housing? Please tick the relevant boxes.**

- I owe rent to my landlord.
- My landlord is selling the property I rent.
- I am behind in mortgage payments.
- I am experiencing a relationship breakdown.
- I am living with family/friends.
- I am in care or in a foster placement.
- I am in prison/hospital or other institution.
- I am in the Armed Forces.
- I would like a bigger home.
- I would like a smaller home.
- I would like a repair or improvement to my home.
- I have experienced harassment/violence.
- Other reasons. Please give details below.

**1D. Why are you applying for housing? Other information.**

I have been given Notice to leave my home. Yes  No

If yes, when does the Notice expire?

I have been sent a Summons from the Court. Yes  No

My Court hearing is due on (please give date).

**1D. Why are you applying for housing? Other information (continued).**

I have a Possession Order from the Court.

Yes  No

The Court has ordered me to leave my home on (please give date).

I have received a Warrant.

Yes  No

The Warrant will be enforced on (please give date).

**SECTION 2: HOUSING HISTORY**

**2A. Starting with your current address, please list all addresses you have lived at during the last five years including those outside the UK. Also, say whether you were a council or housing association tenant, a home owner, renting privately, a lodger or living with parents (continue on a separate page if necessary).**

Address and Postcode	From date	To date	Who do you pay your rent/ mortgage to?	Type of tenancy (for example, private rented, council, licence)	Reason for leaving

Have you ever been a council or housing association tenant?  
If **yes**, please give details below.

Yes  No

Address and postcode

From

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

To

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of council/housing association.

If **yes**, please state reasons for leaving.

### SECTION 3: INCOME AND SAVINGS

#### 3A. Ownership of property. This includes any sole or joint ownership of any property anywhere in the world.

Have you, or do you currently own, a property anywhere in the world?

Yes  No

If **yes**, please give details below.

Address and  
postcode

From	Day <input type="text"/>	Month <input type="text"/>	Year <input type="text"/>
To	Day <input type="text"/>	Month <input type="text"/>	Year <input type="text"/>

If **yes**, please state reasons for leaving.

#### 3B. Earned income.

Is anyone in your household working? This includes self employment.

Yes  No

#### 3C. Who is your employer and those of other household members?

Name	Employer's name and address	Take home pay	Hours worked
		£ every	
		£ every	
		£ every	
		£ every	
		£ every	
		£ every	

**3D. If you or any member of your household are claiming benefits please indicate below including how much you receive. Please include ALL benefits.**

Name of Claimant	Type of benefit	Amount of benefit received
		£ every
		£ every
		£ every
		£ every
		£ every
		£ every
		£ every
		£ every
		£ every

**3E. Savings/Investments.**

Do you, or any member of your household, have a bank/building society account or other capital investment account? (For example, premium bonds, shares etc?)

Yes

No

If **yes**, please give details below of the type of investment and the amount.

Name	Type of Saving/Investment	Amount held
		£
		£
		£
		£

Do you have any other source of income?

Yes

No

If **yes**, please give details.

## SECTION 4: CURRENT HOUSING COSTS

4A. If you pay rent/mortgage, what is your monthly/weekly charge?

£  every

4B. Arrears.

Do you have any arrears?

Yes  No

If so, how much?

## SECTION 5: HOUSING NEED

5A. Relatives.

Do you have a relative or relatives living in Kingston Borough?

Yes  No

If **yes**, please give details below.

Name	Address	How long have they lived in Kingston Borough?	Relationship to you

5B. Please provide details of your children in full time education.

Name(s) of child(ren)	Name of School or College	Address	Date course started

**5C. Disability/health problems.**

Does anyone in your household have a disability?  
If **yes**, please give details.

Does anyone in your household have any health problems or disability which would be improved by moving to another home, or would be affected if you had nowhere to live?

Yes  No

**If you've answered yes to the above, please fill in a Medical Assessment Form.**

**5D. Support/help you receive.**

Do you have any help/support provided by other professionals? This may include counsellors, social workers, money adviser etc.  
If **yes**, please provide details below.

Yes  No

Name	Job Title	Location	Contact Details

If necessary, do we have your permission to contact this person for more information about your housing needs?

Yes  No

If **yes**, please sign here:

Day  Month  Year

**5E. Areas to live.**

Are there any areas you prefer to live and why do you want to live there?  
If **yes**, please give details and provide supporting evidence.

Yes  No

Are there any areas where you can't live?  
If **yes**, please give details and provide supporting evidence.

Yes  No

Would you consider living outside of Kingston Borough?  
If **yes**, please give details.

Yes  No

## 5F. Pets.

Do you have any pets?  
If **yes**, please give details below.

Yes  No

Type and number of pets:

**Many landlords including the Council, do not allow dogs or cats in properties without a garden. Having a dog will not be accepted as a good reason for refusing a flat. Please sign below to show that you have understood this.**

Signature:

Please confirm whether or not you will make arrangements for your pet(s)  
if they can't go with you if you are rehoused.

**I will make arrangements for my pet(s).**

Yes  No

## SECTION 6: YOUR CURRENT HOUSING

### 6A. Type of home.

Please tell us the type of home you occupy, for example,  
house, flat, maisonette, mobile home etc.

**6B. Please give details of the rooms you and your household use.**

	Who sleeps in this room?	Do you share this room with another household?	What is the length and width of this room?
Bedroom 1			
Bedroom 2			
Bedroom 3			
Bedroom 4			
Bedroom 5			
Bedroom 6			
Living Room 1			
Living Room 2			
Kitchen			
Bathroom			
Toilet (inside)			
Toilet (outside)			

Which floor is your housing on?

Is there a lift?

Yes

No

**6C. Home Ownership.**

Would you like to receive information about any low cost Home Ownership Schemes?

Yes

No

## 6D. Extra information.

Please use this space to say why you are making this application and give us any extra information you have in support of it.

Please continue on a separate sheet of paper if necessary.

## SECTION 7: RELATIVES EMPLOYED BY KINGSTON HOUSING PARTNERSHIP

Is anyone in your household related to a councillor or employee of Kingston Council?

Yes

No

Is anyone in your household related to a committee member or employee of any of the housing associations taking part in the Kingston Housing Partnership?

Yes

No

**If you have answered yes to either of the above two questions, please give the following details:**

Name	Organisation	Related to	Relationship

## SECTION 8: EQUALITY MONITORING

Please fill in the equality monitoring pages at the back of this application form. The questions are for monitoring purposes only to help us provide better services and won't affect your application for housing.

## SECTION 9: DECLARATION

### All applicants must read this declaration and sign below.

This Council is under a duty to protect the public funds it administers and may use the information you have provided and match it against information held by the Council. The Council may also disclose any such information to other public bodies or similar external agencies, for the purpose of the prevention or detection of fraud.

I declare that to the best of my knowledge and belief the information I have given is correct in every detail. I understand that it is an offence to give false or misleading information or withhold relevant information. I also understand that I may be liable to prosecution if any information is subsequently found to be false. If prosecuted by the Council and found guilty I could be ordered to pay a fine of up to £5,000 as set out in section 171(1) of the Housing Act 1996 Part VI.

I will advise the Council of any changes in circumstances which occur whilst my application is being investigated.

Signature of  
lead applicant:

Date:

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of  
joint applicant:

Date:

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Interpreter:

Officer:

#### Please return this form to:

Housing Allocations Team  
Guildhall Two  
Kingston upon Thames  
Surrey KT1 1EU

#### Please note:

If returning your application by post you should use a large letter rate stamp (marked "LARGE") to guarantee delivery. The Council will not accept items with insufficient postage as there is a fee payable on receipt. If you have any questions about this, please ask at your local Post Office.

If you have difficulty reading this document because of a disability or because English is not your first language, we can help you. Please call our helpline on 020 8547 5000 or ask someone to call on your behalf.

## Farsi

چنانچه قادر نیستید این نامه را به دلیل ناتوانی یا مشکل زبان بخوانید ما میتوانیم به شما کمک کنیم. لطفاً خود یا شخص دیگری با شماره کمک شهرداری کینگستون تماس بگیرید.  
تلفن 020 8547 5000 ۰۲۰۸۵۴۷۵۰۰۰

## Korean

당신이 신체적인 불편함 혹은 언어 문제로 인해 이 서류를 읽지 못할 경우, 저희들이 돕겠습니다. 킹스톤 의회 상담전화 (Kingston Council Helpline) 020 8547 5000 로 직접 전화하시거나 혹은 다른 사람에게 전화를 부탁하십시오.

## Kurdish Sorani

ئەگەر توانای خویندنهوهی ئەم نوسراوەت نیه لەبەر پەككهوتەي/ بێ توانای یاخود لەبەر زمان تیئە گەیشتن ، ئەوا ئیئە ئەتوانین یارمەتیت بدەین . تکایە پەییوەندی بکە بە هێلی یارمەتی شارەوانی کینگستونەوه (Kingston Council) بەژمارە تەلەفۆنی 020 8547 5000 یان بەکەسی بلی کە بەناوی تۆوه پەییوەندی بکات .

## Arabic

إن لم تكن قادراً على قراءة هذا النص بسبب اللغة أو أي عائق آخر، اتصل بنا ف نحن نستطيع مساعدتك. الرجاء الاتصال بخط مجلس كنجستون للمساعدة (Kingston Council Helpline) على الرقم 020 8547 5000 أو اطلب من أي شخص آخر الاتصال بنا نيابة عنك.

## Punjabi

ਜੇਕਰ ਤੁਸੀਂ ਅਪਾਹਜਤਾ ਜਾਂ ਭਾਸ਼ਾ ਦੇ ਕਾਰਣ ਇਸ ਦਸਤਾਵੇਜ਼ ਨੂੰ ਪੜ੍ਹਨ ਵਿੱਚ ਅਸਮਰਥ ਹੋ, ਤਾਂ ਅਸੀਂ ਤੁਹਾਡੀ ਸਹਾਇਤਾ ਕਰ ਸਕਦੇ ਹਾਂ। ਕਿਰਪਾ ਕਰਕੇ 020 8547 5000 'ਤੇ ਕਿੰਗਸਟਨ ਕੌਂਸਲ ਦੀ ਹੈਲਪਲਾਇਨ 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਆਪਣੇ ਵੱਲੋਂ ਕਿਸੇ ਨੂੰ ਕਾਲ ਕਰਨ ਲਈ ਕਹੋ।

## Portuguese

Caso você não consiga ler este documento devido a deficiência ou idioma, nós podemos ajudar. Por favor, ligue para o canal de atendimento Kingston Council no telefone 020 8547 5000, ou solicite a alguém para ligar por você.

## Tamil

உங்களால் இந்த கடிதத்தை படிக்க இயலவில்லை என்றால் தயவு கூர்ந்து கிங்ஸ்டன் உதவி மையத்தை நீங்களோ அல்லது உங்களை சார்ந்த எவராவது தொடர்பு கொள்ளவும்.  
தொடர்பு கொள்ள வேண்டிய எண் 020 8547 5000

## Urdu

اگر آپ معذوری یا زبان کے سبب اس دستاویز کو پڑھنے سے قاصر ہیں تو ہم آپ کی مدد کر سکتے ہیں۔ براہ مہربانی 020 8547 5000 پر کنگسٹن کونسل ہیپلپ لائن کو فون کریں یا کسی سے درخواست کریں کہ وہ آپ کی جانب سے فون کرے۔

## Somali

Haddii aadan awoodin akhrinta dokumentigan sabab naafada ama luqadda ah, waan ku caawin karnaa. Fadlan soo wac Khadka caawimada ee Kawnsalka Kingston 020 8547 5000 ama qof ku matalaya ka codso inuu na soo waco.

## Chinese

我们可以协助您，如果您因语言障碍或残疾不能阅读此文件。请拨打金斯敦市议会热线服务电话 020 8547 5000 或请求他人来代表您通话。

## Albanian

Në qoftë se nuk mund ta lexoni këtë dokument, për shkak të gjuhës ose ndonjë të metë tjetër, ne mund të ju ndihmojmë. Ju lutem telefonojeni Këshillin e Kingstonit (Kingston Council) në linjën 020 8547 5000, ose kërkoni që dikush të telefonoj në emër tuaj.

## French

Si vous êtes dans l'incapacité de lire ce document à cause des barrières linguistique ou autre, nous pouvons vous aider. Appelez ou faites appeler le numéro d'assistance du Kingston Council au 020 8547 5000.

# Equality monitoring

Please help us to provide better services for everyone by completing this form. If you do not want to answer a question, you can tick the 'I prefer not to tell you' box. We will keep this information confidential. Thank you for your time.

## What is your age?

16 to 29       30 to 44       45 to 59       60 to 74       75 or over   
I prefer not to tell you

## Disability and health

Do you have a long-term physical or mental-health condition or disability? (Long-term means has lasted, or is likely to last, 12 months or more.)

Yes       No       I prefer not to tell you

If yes, please say what type of condition you have.

Hearing impairment       Mobility, muscular or physical disability   
Sight impairment       Learning disability   
Speech impairment       Mental-health problem (for example, depression, schizophrenia, bi-polar disorder or anxiety)   
Diagnosed health condition (for example, cancer, HIV, multiple sclerosis)

Please tell us if you have any other disability    
I prefer not to tell you

Does this condition have a considerable effect on your ability to carry out normal day-to-day activities?

Yes       No       I prefer not to tell you

Are you a wheelchair user?

Yes       No       I prefer not to tell you

## What is your first language?

I prefer not to tell you

If English is not your first language, do you consider yourself to be non-English speaking?

Yes       No       I prefer not to tell you

## Sex

Are you: Male?       Female?       I prefer not to tell you

## What is your religion or belief?

Buddhist       Christian       Hindu       Jewish       Muslim       Sikh       No religion or belief

Please tell us if you follow any other religion or belief    
I prefer not to tell you

### What is your sexuality?

Heterosexual     Bisexual     Gay     Lesbian     I prefer not to tell you

### What is your nationality?

I prefer not to tell you

### What is your ethnic origin?

#### White

British     Irish     Other White     Please say which   
Gypsy or Romany     Irish Traveller

#### Mixed

White and Black African     White and Black Caribbean     White and Asian   
Other mixed     Please say which

#### Asian or Asian British

Bangladeshi     Indian     Pakistani     Tamil   
Other Asian     Please say which

#### Black or Black British

African     Caribbean     Other Black     Please say which

#### Other ethnic origin

Chinese     Korean     Other ethnic origin     Please say which

I prefer not to tell you

### What is your socio economic grouping? (your occupation)

Full time student     Full time work (more than 30 hours a week)   
Part time work (less than 30 hours a week)     Not seeking work     Other adult   
Government training     Job seeker     Retired   
Unable to work due to ill health     I prefer not to tell you

#### Computer System Alert

An alert can be placed on our computer system that will let our staff and partners know of any special need or requirement you have. Where possible this will enable your housing services to be delivered appropriately and according to your needs. This alert will only show the information you have provided on this form.

I agree to this alert facility     I do not agree to this alert facility

Lead applicant's signature: