

Answer all questions on this form fully & truthfully or your application will be delayed. Please use a black pen and write in BLOCK CAPITALS. If you need help filling in this form please contact 020 7364 2826 or ask at one of our receptions.

Ref No. Office use only

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

1. About you - Main applicant

Mr, Mrs, Ms, etc. First name Surname

House/flat no. Block name Home phone number

Street name Work phone number

Town/city Postcode Mobile phone number

Date of birth National Insurance number Email address

Nationality Gender Female Male

Are you in employment? Yes No If yes, is it: full time part time self employed

Name of your employer Annual Income £

Have you served in the British armed forces within the last 5 years? Yes No Date of leaving

If so, please provide details. Please include your MOD ID No.

Reason for leaving

About your present accommodation

My Landlord is Tower Hamlets Council My Landlord is a housing association I rent from private landlord

I live with friends/family Employer provides home I own my home

I live in a hostel I am a lodger Council's Homeless Service temporary accommodation

Other - please tell us

Is the tenancy in your name? Yes No If yes, who is your landlord

Landlord name

Address of Landlord

Landlord contact detail

2. About joint tenant/partner who you would like as a joint tenant

Mr, Mrs, Ms, etc.	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	House/flat no.	Block name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street name	Work phone number	
<input type="text"/>	<input type="text"/>	
Town/city	Postcode	Mobile phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	National Insurance number	Email address
<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality	Female <input type="checkbox"/>	Male <input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you in employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, is it: full time <input type="checkbox"/>	part time <input type="checkbox"/>
		self employed <input type="checkbox"/>
Who is your employer	Annual Income	
<input type="text"/>	£ <input type="text"/>	

3. About other members of your household you want to include on your application

Complete a separate row for each member of your household, not the main applicant or joint tenant/partner.

ONE	Mr, Mrs, Ms, etc.	First name	Surname
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Date of Birth	National Insurance No.	Female <input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	Male <input type="checkbox"/>
	Nationality	Relationship to you	
	<input type="text"/>	<input type="text"/>	
TWO	Mr, Mrs, Ms, etc.	First name	Surname
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Date of Birth	National Insurance No.	Female <input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	Male <input type="checkbox"/>
	Nationality	Relationship to you	
	<input type="text"/>	<input type="text"/>	
THREE	Mr, Mrs, Ms, etc.	First name	Surname
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Date of Birth	National Insurance No.	Female <input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	Male <input type="checkbox"/>
	Nationality	Relationship to you	
	<input type="text"/>	<input type="text"/>	
FOUR	Mr, Mrs, Ms, etc.	First name	Surname
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Date of Birth	National Insurance No.	Female <input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	Male <input type="checkbox"/>
	Nationality	Relationship to you	
	<input type="text"/>	<input type="text"/>	

FIVE

Mr, Mrs, Ms, etc. First name Surname

Date of Birth National Insurance No. Female Male

Nationality Relationship to you

SIX

Mr, Mrs, Ms, etc. First name Surname

Date of Birth National Insurance No. Female Male

Nationality Relationship to you

SEVEN

Mr, Mrs, Ms, etc. First name Surname

Date of Birth National Insurance No. Female Male

Nationality Relationship to you

EIGHT

Mr, Mrs, Ms, etc. First name Surname

Date of Birth National Insurance No. Female Male

Nationality Relationship to you

4. About other people you want to include on your application, e.g. dependants*

**Dependants (immediate family only, please do NOT include extended family). Immediate family is you, your partner and your children who are not married or have a partner*

Please give details of anyone who is not living with you at present but will be when you move.

Mr, Mrs, Ms, etc. First name Surname

Date of Birth National Insurance No. Female Male

Nationality Relationship to you

Why aren't you living together now?

What date did you stop living together? DDMMYY

Addresses they lived in over the last three years

Address 1	House/flat number	Block name	Date moved in
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Street name	Date moved out	
	<input type="text"/>	<input type="text"/>	
	Town/city	Postcode	Reason for moving out
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Address 2	House/flat number	Block name	Date moved in
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Street name	Date moved out	
	<input type="text"/>	<input type="text"/>	
	Town/city	Postcode	Reason for moving out
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Mr, Mrs, Ms, etc.	First name	Surname	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Birth	National Insurance No.	Female	Male
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality	Relationship to you		
<input type="text"/>	<input type="text"/>		

Why aren't you living together now?

What date did you stop living together?

Addresses they lived in over the last three years

Address 1	House/flat number	Block name	Date moved in
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Street name	Date moved out	
	<input type="text"/>	<input type="text"/>	
	Town/city	Postcode	Reason for moving out
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Address 2	House/flat number	Block name	Date moved in
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Street name	Date moved out	
	<input type="text"/>	<input type="text"/>	
	Town/city	Postcode	Reason for moving out
<input type="text"/>	<input type="text"/>	<input type="text"/>	

5. About your accommodation - NOW and BEFORE

Where you live **NOW**

Date moved in on which floor do you live? how many bedrooms?

Is your accommodation wheelchair adapted? Yes No Is your accommodation lifted? Yes No

Please tell us who sleeps in each bedroom where you live now, giving their names **and their relationship to you**. List **EVERYONE** who lives at the address including yourself

Bedroom One	Name	Date of birth	Gender	Relationship	Date moved in
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Bedroom Two	Name	Date of birth	Gender	Relationship	Date moved in
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Bedroom Three	Name	Date of birth	Gender	Relationship	Date moved in
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Bedroom Four	Name	Date of birth	Gender	Relationship	Date moved in
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Bedroom Five	Name	Date of birth	Gender	Relationship	Date moved in
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Bedroom Six	Name	Date of birth	Gender	Relationship	Date moved in
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Where you lived **BEFORE**, most recent first. All addresses if you lived elsewhere over last FIVE years

House/flat number

Block name

Date moved in

Street name

Date moved out

Town/city

Postcode

Reason for moving out

House/flat number

Block name

Date moved in

Street name

Date moved out

Town/city

Postcode

Reason for moving out

House/flat number

Block name

Date moved in

Street name

Date moved out

Town/city

Postcode

Reason for moving out

House/ flat number

Block name

Date moved in

Street name

Date moved out

Town/city

Postcode

Reason for moving out

Have you, within the last 3 years, been evicted from a property or been served with a notice of Seeking Possession or Anti-Social Behaviour Order (ASBO). Yes No If yes, please give details

6. Other properties or tenancies

Does anyone on this application have now, or had in the past, an interest in a residential property in the UK (i.e. as owner, joint owner, leaseholder or council or housing association tenant)? Yes No

If yes please give details of who and where the property is located.

Current

Past

Mr, Mrs, Ms, etc.

First name

Surname

House/flat no.

Block name

Street name

Town/city

Postcode

Type of interest

Why cant they live there?

Mr, Mrs, Ms, etc.

First name

Surname

House/flat no.

Block name

Street name

Town/city

Postcode

Type of interest

Why cant they live there?

7. Other applications for housing

Has anyone on this application, made an application for housing through any other scheme? With Tower Hamlets Council or any other Authority or Registered Provider (Housing Association)

Yes No If Yes, name of person

Address from which the application was made:

House/flat number Block name

Street name

Town/city Postcode

Which Scheme? Name of Organisation?

When was the application made? Was it accepted? Yes No

Application reference number

8. Health issues and support needs

Does anyone on this application have a mental or physical health problem that is seriously affected by where they live NOW?

Yes No If yes please give details

If you receive help from a Support worker or Carer please give us their details

Name

Email Address

Telephone Number

8. Health issues and support needs *Cont*

Is anyone on this application expecting a baby?

Yes No If Yes please give the following details:

Person One

Name of expectant mother: First name

Surname Date baby expected

Name of partner

Is there anyone else in the household expecting a baby?

Yes No If Yes please give the following details:

Person Two

Name of expectant mother: First name

Surname Date baby expected

Name of partner

9. Access to services

Do you consider yourself to have a disability according to the terms given in the Equality Act 2010?

(Under the Equality Act 2010, a person is disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities, which would include things like using a telephone, reading a book or using public transport.)

Yes No Prefer to not say

Please state the type of impairment that applies to you. *(People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'other' and specify the type of impairment.)*

Sensory impairment, *(such as being blind/having a visual impairment or being deaf/having a hearing impairment)*

Physical impairment, *(such as using a wheelchair to get around and/or difficulty using your arms)*

Learning disability, *(such as Downs syndrome or dyslexia)* or Cognitive impairment *(such as autism or head injury)*

Mental health condition, *(such as depression or schizophrenia)*

Long standing illness or health condition, *(such as cancer, HIV, diabetes, chronic heart disease or epilepsy)*

Other *(please specify)*

Prefer not to say

9. Access to services *Cont*

By law, we must not discriminate against anyone. The information you give here helps us to make sure that we are fair and unbiased when delivering housing services. These details are confidential.

Main and joint applicants to tick and fill in the appropriate boxes.

Main	Joint	Gender	Main	Joint	Ethnicity (Please note that this question does not refer to your nationality/country of origin. These categories are based on the 2011 Census categories but include categories to reflect the communities of <i>Tower Hamlets</i> .)
<input type="checkbox"/>	<input type="checkbox"/>	Which of the following describes how you think of yourself?	<input type="checkbox"/>	<input type="checkbox"/>	I would describe my ethnic origin as:-
<input type="checkbox"/>	<input type="checkbox"/>	Male	<input type="checkbox"/>	<input type="checkbox"/>	White: British
<input type="checkbox"/>	<input type="checkbox"/>	Female	<input type="checkbox"/>	<input type="checkbox"/>	White: Irish
<input type="checkbox"/>	<input type="checkbox"/>	Trans	<input type="checkbox"/>	<input type="checkbox"/>	White: Traveller of Irish Heritage
<input type="checkbox"/>	<input type="checkbox"/>	Intersex	<input type="checkbox"/>	<input type="checkbox"/>	White: Gypsy/Roma
<input type="checkbox"/>	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>	White: Other
<input type="checkbox"/>	<input type="checkbox"/>	Do you have the protected characteristic Gender-Reassignment?	<input type="checkbox"/>	<input type="checkbox"/>	Black or Black British: African
<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<input type="checkbox"/>	Black or Black British: Somali
<input type="checkbox"/>	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>	Black or Black British: Caribbean
<input type="checkbox"/>	<input type="checkbox"/>	Religion & belief	<input type="checkbox"/>	<input type="checkbox"/>	Black/Black British/Other Black Background
<input type="checkbox"/>	<input type="checkbox"/>	What is your religious belief?	<input type="checkbox"/>	<input type="checkbox"/>	Asian or Asian British: Bangladeshi
<input type="checkbox"/>	<input type="checkbox"/>	No Religion	<input type="checkbox"/>	<input type="checkbox"/>	Asian or Asian British: Pakistani
<input type="checkbox"/>	<input type="checkbox"/>	Agnostic	<input type="checkbox"/>	<input type="checkbox"/>	Asian or Asian British: Indian
<input type="checkbox"/>	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	<input type="checkbox"/>	Asian/Asian British/Other Asian Background
<input type="checkbox"/>	<input type="checkbox"/>	Christian	<input type="checkbox"/>	<input type="checkbox"/>	Mixed/Dual Heritage: White & Black Caribbean
<input type="checkbox"/>	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	<input type="checkbox"/>	Mixed/Dual Heritage: White & Black African
<input type="checkbox"/>	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	<input type="checkbox"/>	Mixed/Dual Heritage: White & Black Asian
<input type="checkbox"/>	<input type="checkbox"/>	Sikh	<input type="checkbox"/>	<input type="checkbox"/>	Mixed/Dual Heritage: Any Other Mixed Background
<input type="checkbox"/>	<input type="checkbox"/>	Hindu	<input type="checkbox"/>	<input type="checkbox"/>	Other Ethnic Groups: Vietnamese
<input type="checkbox"/>	<input type="checkbox"/>	Humanist	<input type="checkbox"/>	<input type="checkbox"/>	Other Ethnic Groups: Chinese
<input type="checkbox"/>	<input type="checkbox"/>	Other Religion (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	Other Ethnic Groups/Any Other Group
<input type="checkbox"/>	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>	Prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	Sexual Orientation	<input type="checkbox"/>	<input type="checkbox"/>	Relationship Status
<input type="checkbox"/>	<input type="checkbox"/>	How would you describe your sexual orientation?	<input type="checkbox"/>	<input type="checkbox"/>	Civil Partnership
<input type="checkbox"/>	<input type="checkbox"/>	Bisexual (attraction to both men and women)	<input type="checkbox"/>	<input type="checkbox"/>	Married
<input type="checkbox"/>	<input type="checkbox"/>	Gay man	<input type="checkbox"/>	<input type="checkbox"/>	Single
<input type="checkbox"/>	<input type="checkbox"/>	Gay woman/Lesbian	<input type="checkbox"/>	<input type="checkbox"/>	Co-habiting
<input type="checkbox"/>	<input type="checkbox"/>	Heterosexual/Straight	<input type="checkbox"/>	<input type="checkbox"/>	Prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>	

10. key Worker status

There are many public sector jobs where it is very hard to recruit and retain essential staff. To qualify as a key worker you must be employed full or part-time and on a permanent contract and within Tower Hamlets, as one of the following: tick the appropriate box

- Ambulance staff working as a paramedic
- Fully qualified nurse working in the borough's NHS hospitals
- Fire fighter or police officer stationed in the borough
- Teacher working in the borough's LEA maintained schools

If you are employed as one of these, who is your employer?

Name & address of organisation

Name of Organisation

Number

Block name

Street name

Town/city

Postcode

Manager/Human Resources

Telephone No.

Their Email address

11. Different housing options

Housing is in very high demand in Tower Hamlets. This means that many households will have to wait a long time before we can help them move. However, there are other housing options that may be available to you. Please tick all the options about which you would be interested in finding out more:

- Buying a home Building a home Homebuy Renting privately Part-buying a home (shared ownership)
- Sharing accommodation Moving out of London Moving to the country or by the sea
- Sheltered (over 60s) Other options

If you live in the private rented sector and are experiencing problems with your landlord or have rent arrears you can get advice from:

Housing Advice Service
London Borough of Tower Hamlets
Albert Jacob House
62 Roman Road
London E2 0PG
Tel: 020 7364 3558

Email: housing.advice@towerhamlets.gov.uk

12. Council or Housing Association connections - Declaration

Do you, or anyone on your application, work or know anyone who works for Tower Hamlets council, any Registered Social Landlord operating in Tower Hamlets, a common Housing Register Partner Landlord or Tower Hamlets Homes, is an elected councillor or a Board member of any of these?

Yes No If yes please give details

Mr, Mrs, Ms, etc.

First name

Surname

Name and address of employer/organisation

House/flat no.

Block name

What does this person do?

Worker

Board member

Elected councillor

Street name

Town/city

Postcode

How are they related to you

Mr, Mrs, Ms, etc.

First name

Surname

Name and address of employer/organisation

House/flat no.

Block name

What does this person do?

Worker

Board member

Elected councillor

Street name

Town/city

Postcode

How are they related to you

Mr, Mrs, Ms, etc.

First name

Surname

Name and address of employer/organisation

House/flat no.

Block name

What does this person do?

Worker

Board member

Elected councillor

Street name

Town/city

Postcode

How are they related to you

13. Information for all applicants

What happens next

The information on this form will be used to assess your application for priority according to the current Allocations Scheme.

We will write to you when we receive this form and ask you to give us documents that prove the information you have given. We may visit you at home in order to check the information you have given us.

Homeless applications

Different rules apply if you are making an application under the Homelessness Act, 2002 as a homeless household.

The Homeless Team will be able to tell you about your application and help you complete this form.

Changes to your household

It is very important that you tell us about all changes to your household as soon as possible. This will make sure that you are given the right priority for housing and that we make you a suitable housing offer.

We may ask for up-to-date information each year but please do not wait for this to tell us about any changes that you think may be important to your housing application.

If you are not sure it is relevant, tell us anyway!

Please tell us any other information that you think may affect your application for housing:

14. Declaration & signature

It is important that you tell the truth on this application form and understand the declaration before you sign it. Please contact Lettings if you need clarification.

এই দরখাস্তে আপনার সত্যি কথা বলা এবং সেই করার আগে এটা বোঝা খুব জরুরী। আপনার যদি এটা বোঝার ব্যাপারে সাহায্য দরকার হয়, তাহলে অনুগ্রহ করে লেটিংস টিমের সাথে যোগাযোগ করুন।

Xaashidani waxay kuu sheegeysaa akhbaar ku saabsan Carruurta la daryeelo iyo Adeegyada Caafimaadka Maskaxda ee Da' Yarta. Haddaad u baahan tahay xaashidani oo ku turjuman luqaddaada, fadlan waxaad saxdaa sanduuqa habboon, ku qor magaca iyo cinwaankaaga, kadibna ku soo dir cinwaanka aan istaam lagaaga baahneyn.

Điều quan trọng là quý vị cho biết sự thật về đơn xin này và hiểu biết lời tuyên bố trước khi quý vị ký tên vào. Xin liên lạc toán cho thuê nếu quý vị cần được giúp đỡ trong việc hiểu biết đơn này.

很重要的是你在這份申請表格上提供的資料必須是真確的，及在簽名前明白這份聲明的內容。若你需要別人協助你瞭解這份文件，請聯絡租住組。

Section 214 of the Homelessness Act, 2002 makes it an offence for you to withhold information that we reasonably require to assess your application or to provide false information that leads to your gaining a tenancy. We will take every legitimate action against anyone who gains a tenancy through knowingly providing false information.

Please sign below only if you agree with all the following statements:

- I have read the Allocations Scheme.
- I have checked the information I have supplied. It is correct and complete to the best of my knowledge.
- I understand that it is my responsibility to tell you immediately if there are any changes in any circumstances that may affect the priority awarded to my application. If I am not sure whether the change will affect my priority I will assume that it does and tell you about it.
- I give permission for you to make enquiries about me to assess my application for housing and prevent fraud now or at any time while I have an application on the Housing List.
- I give permission to the people you contact (i.e. other council teams, Government departments, health professionals, current and previous employers, current and previous landlords, family members, friends etc.) to release to you any and all information you need to assess my application for housing and prevent fraud now, or at any time while I have an application on the Housing List.
- I understand that information I supply, and supplied by others about me, will be held on computer.
- I understand that information I supply, and supplied by others about me, may be shared with other Council teams and Tower Hamlets Homes, Government departments, registered social landlords, support agencies or health professionals to allow a proper assessment of my priority for housing, to prevent fraud or to provide appropriate support to me.
- I understand that one of the consequences of giving false information on this form is that my new landlord may go to Court to regain possession and evict me from any tenancy gained through my giving false information.

Signature of applicant

Date

D	D	M	M	Y	Y
---	---	---	---	---	---

Signature of joint applicant

Date

D	D	M	M	Y	Y
---	---	---	---	---	---

Have you had help filling in this form? If so, please let us know who helped you.

Name

Telephone Number

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

How do you know this person?

Address

OFFICE USE ONLY

Application date

DDMMYY

Review date entered online

DDMMYY

Date of visit

DDMMYY

Person seen

First name

[Text input box]

Surname

[Text input box]

Name and address of landlord

Mr, Mrs, Ms, etc.

[Text input box]

First name

[Text input box]

Surname

[Text input box]

House/flat no.

[Text input box]

Block name

[Text input box]

Proof seen

[Image proof box]

Street name

[Text input box]

Town/city

[Text input box]

Postcode

[Text input box]

The current sleeping arrangements, giving genders and relationships of those using each and any proof seen

bedroom 1

bedroom 4

bedroom 2

bedroom 5

bedroom 3

bedroom 6

other rooms - please state

Notes

OFFICE USE ONLY

Name	Relationship to main	Passport: type number/expiry date	Type of birth certificate	Proof of relationship/identity/residency/ immigration status

Name of assessing officer

First name

Surname

Signature of assessing officer

Date

Signature of assessing officer

(audit sample)

Date

This form is to join the Housing List in Tower Hamlets. If you need help with it let a Housing Officer know or ask at reception.

এই ফর্মটি টাওয়ার হ্যামলেটস্‌এর হাউজিং লিস্ট বা বাড়িঘরের তালিকায় যোগ দেবার জন্য। আপনার যদি এটির ব্যাপারে কোনো সাহায্য দরকার হয়, তাহলে হাউজিং অফিসারদের কাউকে জানান কিংবা রিসেপশনে জিজ্ঞাসা করুন।

Foomkani waa ku biirista Liiska Guryaha degmada Tower Hamlets. Haddii aad gacan u baahan tahay la socodsii Mas'uulka Guryaha ama weydii risabshinka.

Mẫu đơn này dành để gia nhập Danh sách Nhà cửa vùng Tower Hamlets. Nếu quý vị cần được giúp đỡ với tờ đơn, hãy cho một Nhân viên Nhà cửa biết hoặc yêu cầu ở bàn tiếp nhận.

這份表格是爲了加入塔橋地方議會的房屋名單。假如你需要協助，請向房屋主任或接待處查詢。

یہ فارم ٹاور ہملمٹس میں ہاؤزنگ لسٹ میں شامل ہونے کیلئے ہے۔ اگر آپ کو اس میں مدد درکار ہے تو ہاؤزنگ آفیسر کو بتائیں یا ریسپشن سے پوچھیں۔



INVESTORS
IN PEOPLE

Beacon Awards 2003-2010
Winner of 9 previous awards