tower hamlets homeseekers

Housing List Application

Answer all questions on this form fully & truthfully or your application will be delayed. Please use a black ball point 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/street name - *line 1* | Home phone no.

Street name - *line 2 if needed* | Work phone no.

Town/city | Postcode | Mobile phone no.

Date of birth D D M M Y Y | National Insurance no. | Email address

Female ☐ Male ☐ | Nationality

About your present accommodation

- ☐ I rent from a council
- ☐ I rent from housing association
- ☐ I live with friends/family
- ☐ Employer provides home
- ☐ I rent from private landlord
- ☐ I own my home
- ☐ I live in a hostel
- ☐ I am a lodger
- ☐ council's Homeless Service temporary accommodation

Other - please tell us

Key Worker status? Yes ☐ No ☐
*See section **10***

Is the tenancy in your name? Yes ☐ No ☐

If yes, who is your landlord?

- ☐ East End Homes
- ☐ East Homes
- ☐ Family Mosaic
- ☐ Gateway HA
- ☐ Island Homes
- ☐ Old Ford HA
- ☐ Poplar HARCA
- ☐ Providence Row HA
- ☐ Southern Housing HA
- ☐ Spitalfields HA
- ☐ Swan HA
- ☐ THCH
- ☐ Tower Hamlets council

Other - please tell us

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

Mr, Mrs, Ms, etc. | First name | Surname

Relationship | House/flat no. | Block/street name - *line 1*

Street name - *line 2 if needed* | Home phone no.

Town/city | Postcode | Mobile phone no.

Date of birth D D M M Y Y | National Insurance no. | Email address

Female ☐ Male ☐ | Nationality

Key Worker status? Yes ☐ No ☐
*See section **10***

আপনি যদি এই ভাষায় এই পুস্তিকার Haddi aad jeceshahay inaad hesho nuqul ah 如果你想索取此册 Nếu quí vị muốn có một bản sao của اپنی زبان میں چاہیے تو برائے مہربانی

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.

Mr, Mrs, Ms, etc. | First name | Surname

1 Date of birth D D M M Y Y | National Insurance no. | Female ☐ Male ☐

Nationality | Relationship to you

Mr, Mrs, Ms, etc. | First name | Surname

2 Date of birth D D M M Y Y | National Insurance no. | Female ☐ Male ☐

Nationality | Relationship to you

Mr, Mrs, Ms, etc. | First name | Surname

3 Date of birth D D M M Y Y | National Insurance no. | Female ☐ Male ☐

Nationality | Relationship to you

Mr, Mrs, Ms, etc. | First name | Surname

4 Date of birth D D M M Y Y | National Insurance no. | Female ☐ Male ☐

Nationality | Relationship to you

Mr, Mrs, Ms, etc. | First name | Surname

5 Date of birth D D M M Y Y | National Insurance no. | Female ☐ Male ☐

Nationality | Relationship to you

Mr, Mrs, Ms, etc. | First name | Surname

6 Date of birth D D M M Y Y | National Insurance no. | Female ☐ Male ☐

Nationality | Relationship to you

Mr, Mrs, Ms, etc. | First name | Surname

7 Date of birth D D M M Y Y | National Insurance no. | Female ☐ Male ☐

Nationality | Relationship to you

Mr, Mrs, Ms, etc. | First name | Surname

8 Date of birth D D M M Y Y | National Insurance no. | Female ☐ Male ☐

Nationality | Relationship to you

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

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

1 Date of birth D D M M Y Y | National Insurance no. | Female ☐ Male ☐

Nationality | Relationship to you

Why aren't you living together now? | What date did you stop living together? D D M M Y Y

Addresses they lived in over last THREE years

House/flat no. | Block/street name - *line 1* | Date moved in D D M M Y Y

Street name - *line 2 if needed* | Date moved out D D M M Y Y

Town/city | Postcode | Reason for moving out

House/flat no. | Block/street name - *line 1* | Date moved in D D M M Y Y

Street name - *line 2 if needed* | Date moved out D D M M Y Y

Town/city | Postcode | Reason for moving out

Mr, Mrs, Ms, etc. | First name | Surname

2 Date of birth D D M M Y Y | National Insurance no. | Female ☐ Male ☐

Nationality | Relationship to you

Why aren't you living together now? | What date did you stop living together? D D M M Y Y

Addresses they lived in over last THREE years

House/flat no. | Block/street name - *line 1* | Date moved in D D M M Y Y

Street name - *line 2 if needed* | Date moved out D D M M Y Y

Town/city | Postcode | Reason for moving out

House/flat no. | Block/street name - *line 1* | Date moved in D D M M Y Y

Street name - *line 2 if needed* | Date moved out D D M M Y Y

Town/city | Postcode | Reason for moving out

5. About your accommodation - NOW and BEFORE

Where you live **NOW**

Date moved in D D M M Y Y **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. Include **everyone** who lives at the address.

Studio flat

Bedroom 1

Bedroom 2

Bedroom 3

Bedroom 4

Bedroom 5

Bedroom 6

Where you lived **BEFORE**, most recent first.

All addresses if you lived elsewhere over last FIVE years

House/flat no. Block/street name - *line 1*

Street name - *line 2 if needed*

Town/city Postcode

Date moved in D D M M Y Y

Date moved out D D M M Y Y

Reason for moving out

House/flat no. Block/street name - *line 1*

Street name - *line 2 if needed*

Town/city Postcode

Date moved in D D M M Y Y

Date moved out D D M M Y Y

Reason for moving out

House/flat no. Block/street name - *line 1*

Street name - *line 2 if needed*

Town/city Postcode

Date moved in D D M M Y Y

Date moved out D D M M Y Y

Reason for moving out

House/flat no. Block/street name - *line 1*

Street name - *line 2 if needed*

Town/city Postcode

Date moved in D D M M Y Y

Date moved out D D M M Y Y

Reason for moving out

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.

Mr, Mrs, Ms, etc. | First name | Surname

House/flat no. | Block/street name - *line 1* | Type of interest

Street name - *line 2 if needed* | Why can't they live there?

Town/city | Postcode

Mr, Mrs, Ms, etc. | First name | Surname

House/flat no. | Block/street name - *line 1* | Type of interest

Street name - *line 2 if needed* | Why can't they live there?

Town/city | Postcode

7. Other applications for housing

Has anyone on this application now, or in the past, made any application for housing in another area?
If *Yes* please supply the following details of those applications: Yes ☐ No ☐

Mr, Mrs, Ms, etc. | First name | Surname

Address from which the application was made | **Which council or housing association?**

House/flat no. | Block/street name - *line 1*

Street name - *line 2 if needed* | **Housing ref. no.**

When was the application made? D D M M Y Y

Town/city | Postcode

Was it accepted? Yes ☐ No ☐

Mr, Mrs, Ms, etc. | First name | Surname

Address from which the application was made | **Which council or housing association?**

House/flat no. | Block/street name - *line 1*

Street name - *line 2 if needed* | **Housing ref. no.**

When was the application made? D D M M Y Y

Town/city | Postcode

Was it accepted? Yes ☐ No ☐

8. Health issues and disability

If, because of vulnerability, you need help filling in this form contact the Lettings Client Support Team on 020 7364 0204/0206/0209.

Under the Disability Discrimination Act, 1995 a person is considered to have a disability if he/she has a physical or mental impairment which has a sustained and long term (12 months or more) adverse effect on his/her ability to carry out normal day to day activities.

Having read the above statement, do you, or anyone on this application, consider your/themselves disabled?
Yes ☐ No ☐ If "Yes" please supply details below:

Mr, Mrs, Ms, etc. First name Surname

☐ Wheelchair user ☐ Learning disability ☐ Drug/alcohol issue
☐ Other mobility impairment ☐ Chronic & progressive illness ☐ Other *please tell us*
☐ Hearing impairment ☐ HIV/multiple sclerosis/cancer
☐ Sight impairment ☐ Mental health issue

Mr, Mrs, Ms, etc. First name Surname

☐ Wheelchair user ☐ Learning disability ☐ Drug/alcohol issue
☐ Other mobility impairment ☐ Chronic & progressive illness ☐ Other *please tell us*
☐ Hearing impairment ☐ HIV/multiple sclerosis/cancer
☐ Sight impairment ☐ Mental health issue

Mr, Mrs, Ms, etc. First name Surname

☐ Wheelchair user ☐ Learning disability ☐ Drug/alcohol issue
☐ Other mobility impairment ☐ Chronic & progressive illness ☐ Other *please tell us*
☐ Hearing impairment ☐ HIV/multiple sclerosis/cancer
☐ Sight impairment ☐ Mental health issue

Mr, Mrs, Ms, etc. First name Surname

☐ Wheelchair user ☐ Learning disability ☐ Drug/alcohol issue
☐ Other mobility impairment ☐ Chronic & progressive illness ☐ Other *please tell us*
☐ Hearing impairment ☐ HIV/multiple sclerosis/cancer
☐ Sight impairment ☐ Mental health issue

Does anyone on this application have a health problem that is seriously affected by where they live NOW?
If Yes *please give details* Yes ☐ No ☐

Is anyone on this application expecting a baby? Yes ☐ No ☐ If *Yes* please give the following details:
Name of expectant mother
First name Surname

Date baby expected D D M M Y Y

9. Access to services

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.

ETHNICITY

Main	Joint	
		Asian/Asian British Are you:
☐	☐	Bangladeshi
☐	☐	Chinese
☐	☐	Indian
☐	☐	Pakistani
☐	☐	Vietnamese
☐	☐	Other Asian background *please tell us*
		Main
		Joint
		Black/Black British Are you:
☐	☐	African
☐	☐	Somali
☐	☐	Caribbean
☐	☐	Other Black background *please tell us*
		Main
		Joint
		Dual/Mixed Heritage Are you:
☐	☐	Asian/Black
☐	☐	Asian/White
☐	☐	Black African/White
☐	☐	Black Caribbean/White
☐	☐	Other dual/mixed heritage *please tell us*
		Main
		Joint
☐	☐	**Gypsy/Romany/Irish traveller**
		White Are you:
☐	☐	British
☐	☐	Irish
☐	☐	Other White background *please tell us*
		Main
		Joint
☐	☐	**Other ethnic group?** *Please tell us*
		Main
		Joint
☐	☐	**Prefer not to say**

Main	Joint	**FAITH/BELIEF/GENDER** Are you:
☐	☐	Buddhist
☐	☐	Christian
☐	☐	Hindu
☐	☐	Jewish
☐	☐	Muslim
☐	☐	Sikh
☐	☐	No religion
☐	☐	Other *please tell us*
		Main
		Joint
☐	☐	**Prefer not to say**
		Which of the following statements best describes you:
☐	☐	Bisexual
☐	☐	Gay
☐	☐	Heterosexual (straight)
☐	☐	Lesbian
☐	☐	**Prefer not to say**

COMMUNICATION

Main	Joint	Do you speak English?
☐	☐	Yes
☐	☐	No
		Can you read/write English?
☐	☐	Yes
☐	☐	No

If "*No*" what is your spoken and written language? Please tick just **one** box for the **Spoken** option and **one** box for the **Written** option.

Spoken Main	Spoken Joint		Written Main	Written Joint
☐	☐	Bangla	☐	☐
☐	☐	Sylheti	☐	☐
☐	☐	Cantonese	☐	☐
☐	☐	Somali	☐	☐
☐	☐	Vietnamese	☐	☐
☐	☐	Other *please tell us*	☐	☐

Main	Main
Joint	Joint

Do you require translation/interpretation services?

Main	Joint	
☐	☐	Yes
☐	☐	No

10. Key Worker status

There are many public sector jobs where it is very hard to recruit and retain essential staff. You must be employed full or part-time and on a permanent contract and within the Local Authority area, 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

Number

Street name - *line 1*

Street name - *line 2 if needed*

Town/city

Postcode

Manager/Human Resources

Phone no.

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

You can get advice about private rented accommodation from the council's Housing Advice Service:

Housing Advice Service
London Borough of Tower Hamlets
Albert Jacob House
62 Roman Road
London E2 0PG

Tel: **020 7364 3558**
Fax: **020 7364 3559**
Email: **housing.advice@towerhamlets.gov.uk**
Opening hours: **9.30a.m. - 4.30p.m./Monday - Friday**

12. Connections in the Tower Hamlets area

Have you lived in Tower Hamlets for at least 6 of the last 12 months or at least 3 of the last 5 years?

Yes ☐ No ☐

If ***Yes*** please tick one of the following boxes: ☐ 6 of the last 12 months
☐ 3 of the last 5 years
then go to **section 13.**

If ***No*** answer all relevant questions in the rest of this section.

Your reasons

Why are you applying to the Tower Hamlets housing list?

How will moving to Tower Hamlets benefit your family?

Work

Does anyone on your application work in Tower Hamlets?

Mr, Mrs, Ms, etc. First name Surname

Name & address of organisation

Number Street name - *line 1*

Street name - *line 2 if needed*

Town/city Postcode

Job title **How long in this employment?**

Mr, Mrs, Ms, etc. First name Surname

Name & address of organisation

Number Street name - *line 1*

Street name - *line 2 if needed*

Town/city Postcode

Job title **How long in this employment?**

Continued....

12. Connections in the Tower Hamlets area *.....continued*

Family

Is anyone on your application related to anyone who lives in the borough? Yes ☐ No ☐

If *Yes* please tell us about them:

Mr, Mrs, Ms, etc. | First name | Surname

House/flat no. | Block/street name - *line 1* | **How long in Tower Hamlets?**

Street name - *line 2 if needed* | **How are they related to you?**

Town/city | Postcode

What support do they provide? | **What support do you give?**

Mr, Mrs, Ms, etc. | First name | Surname

House/flat no. | Block/street name - *line 1* | **How long in Tower Hamlets?**

Street name - *line 2 if needed* | **How are they related to you?**

Town/city | Postcode

What support do they provide? | **What support do you give?**

Mr, Mrs, Ms, etc. | First name | Surname

House/flat no. | Block/street name - *line 1* | **How long in Tower Hamlets?**

Street name - *line 2 if needed* | **How are they related to you?**

Town/city | Postcode

What support do they provide? | **What support do you give?**

Continued....

12. Connections in the Tower Hamlets area *.....continued*

School/college

Who, on your application, attends school or college in Tower Hamlets?

Mr, Mrs, Ms, etc. | First name | Surname

Name & address of school/college

Number | Street name - *line 1*

Street name - *line 2 if needed*

Town/city | Postcode

How related to you? | **How long have they been there?**

Mr, Mrs, Ms, etc. | First name | Surname

Name & address of school/college

Number | Street name - *line 1*

Street name - *line 2 if needed*

Town/city | Postcode

How related to you? | **How long have they been there?**

Mr, Mrs, Ms, etc. | First name | Surname

Name & address of school/college

Number | Street name - *line 1*

Street name - *line 2 if needed*

Town/city | Postcode

How related to you? | **How long have they been there?**

13. Council or housing association connections

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?

No ☐ Yes ☐

If *Yes*, please tell us who they are and your relationship to them:

Mr, Mrs, Ms, etc. | First name | Surname

Name & address of employer/organisation

Number | Street name - *line 1*

Street name - *line 2 if needed*

Town/city | Postcode

What does this person do?

☐ Worker

☐ Board member

☐ Elected councillor

How are they related to you?

Mr, Mrs, Ms, etc. | First name | Surname

Name & address of employer/organisation

Number | Street name - *line 1*

Street name - *line 2 if needed*

Town/city | Postcode

What does this person do?

☐ Worker

☐ Board member

☐ Elected councillor

How are they related to you?

Mr, Mrs, Ms, etc. | First name | Surname

Name & address of employer/organisation

Number | Street name - *line 1*

Street name - *line 2 if needed*

Town/city | Postcode

What does this person do?

☐ Worker

☐ Board member

☐ Elected councillor

How are they related to you?

14. 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 Lettings Policy.

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:

15. 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 সই করার আগে এটা বোঝা খুব জরুরী। আপনার যদি এটা বোঝার ব্যাপারে সাহায্য দরকার হয়, তাহলে অনুগ্রহ করে লেটিং টীমের 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 quí vị cho biết sự thật về đơn xin này và hiểu biết lời tuyên bố trước khi quí vị ký tên vào. Xin liên lạc toán cho thuê nếu quí 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眞確的，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 Lettings Policy.
- 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 Tower Hamlets Homes teams and council teams, 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 _____

How do you know this person? _____

Address _____

OFFICE USE ONLY

Application date D D M M Y Y Review date entered online D D M M Y Y Date of visit D D M M Y Y

Person seen
First name
Surname

Name & address of landlord

Name

Number
Street name - *line 1*
Street name - *line 2 if needed*
Town/city
Postcode

Proof seen

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

Complete the following details for each person on the application

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 D D M M Y Y

Signature of team leader (*audit sample*) ..... Date D D M M Y Y

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 হ্যামলেটস্'এর 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 quí 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 ہیملٹس 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۔

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Beacon Authority
2009-2010 Positive engagement of older people
2009-2010 Preventing and tackling child poverty
2003-2009 Winner of 7 previous Beacon Awards
POSITIVE ABOUT DISABLED PEOPLE
INVESTOR IN PEOPLE