



Hill Homes Housing Application Form

Your information

Title:		
First name:		
Surname:		
Have you been known by any other name?		
If you answered 'Yes', please state what it was?		
Date of birth:		
Gender:		
National Insurance No.		
Current Address:		
Postcode:		
Contact Details	Home Telephone No.	
	Mobile Telephone No.	
	Email Address:	

Please tell us the following information	
Do you have the right to resident in the United Kingdom?	Yes/No
Are you seeking asylum in this country?	Yes/No
If you are in the process of applying for the right to remain in the UK or seeking asylum, this might affect your application. In which case, we will ask you for further information and proof about this. This will also apply to anyone else who you have included on this application.	

If anyone else wants to live with you i.e. spouse/civil partner/carer, please give the following information:	
Title:	
First name:	
Surname:	
Have you been known by any other name?	
If you answered 'Yes' what was it?	
Date of birth:	
Gender:	
National Insurance No.	
Current Address:	
Postcode:	
Contact Details	Home Telephone No.
	Mobile Telephone No.
	Email Address:

Please tell us the following information (to be completed by second person on this application)	
Do you have the right to resident in the United Kingdom?	Yes/No
Are you seeking asylum in this country?	Yes/No

Have you or anyone who would like to live with you previously made an application to us for Housing?	Yes/No
If you answered 'Yes', what name is the application in?	
Please tell us who your current landlord is or who you live with.	

Communication Needs
Please tell us if you need any help in communicating with us, either due to needing translating services or due to a disability or other factor.

What type of accommodation do you live in now (if renting, please give brief details of your landlord)?

House/Flat/Maisonette/Bungalow	
Sheltered Housing/Hostel	
Do you own your home?	
How many bedrooms are there?	
Do you share a bedroom?	
If you answered 'Yes', who do you share with?	
Do you share a bathroom or kitchen?	
If you are not currently living in Haringey, please state whether you have lived in the borough before and when, and/or if you have any close relatives currently living in the borough.	

Please tell us why you want to be rehoused:

Which Hill Homes scheme are you interested in applying for? (please tick both if you wish to be considered for both)

Nuffield Lodge (sheltered)	
Trees (extra care)	

What type of property do you require?

Studio (Nuffield only)	
One bed flat	
Two bed flat	
Desired floor level (both schemes have lifts)	

Other information	
Are you known to Haringey Social Services?	
Do you have a social worker?	
Are you registered with a GP in Haringey?	
Do you have anybody who could/would help you move in?	

Declaration (If a joint application, both must sign)

Please read and sign the declaration below:	
I/We understand that I/we may face legal action and lose any housing or offer of housing if false information is provided.	
Signed.....	Date.....
Signed.....	Date.....

Consent

In order to assess your application, we may need to seek further information, either from yourself or anyone currently providing a service to you. However, we cannot discuss your application for housing with anybody other than you, without your written permission. If you would like to grant permission please sign below.	
I/We hereby give permission for Hill Homes to discuss my/our application with the following individuals or authorised officers from the following agencies/organisations	
Individuals	
Name	What you would like us to discuss with them?
1.	
2.	
Agency/Organisation e.g. Age UK, GP etc	
What you would like us to discuss with them?	
1.	
2.	

As part of my application for housing I/We understand that Hill Homes will be contacting other agencies such as Social Services, previous landlords and Health Authorities to enable an accurate assessment and potential offer of housing to be made.	
I authorise Hill Homes to obtain any relevant information from the appropriate organisations in relation to my application.	
Signed.....	Date.....
Signed.....	Date.....

Additional Information

If you are offered accommodation with the Association, a full support/care assessment will be carried out (you may have had these done already) but it would help us if you could tell us anything that would enable us consider what support you may benefit from if you move into one of our schemes.

Disability (please choose from the following that best describes the disability)

Mobility	
Visual Impairment	
Hearing Impairment	
Progressive disability/ Chronic Illness (e.g. MS, Cancer)	
Mental Health	
Learning Disability	
Other	
Do not wish to disclose	

Financial management (please tell us if you feel you would benefit from finance/benefit advise and support)

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Social inclusion (Please tell us if you would like some support with socialising, making/finding friends and keeping in touch with family)

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Health and wellbeing (please tell us about anything that concerns you about your health and you think we need to be immediately aware of)

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Tenancy sustainment (Pleas tell us if you have any concerns about maintaining a tenancy if you move into one of our homes)

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Application Monitoring Form

<p>ETHNIC GROUP:</p> <p>Choose ONE section from A to E, then tick the appropriate box to indicate Your cultural background.</p>	<p>A. White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other White background, please write in:</p> <p>B. Mixed <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed background, please write in:</p> <p>C. Asian Or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background, please write in:</p> <p>D. Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background, please write in:</p> <p>E. Chinese or other ethnic group <input type="checkbox"/> Chinese <input type="checkbox"/> Any other, please write in:</p>
<p>SEXUAL ORIENTATION:</p>	<p><input type="checkbox"/> Heterosexual <input type="checkbox"/> Homosexual <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual</p>
<p>GENDER:</p>	<p><input type="checkbox"/> Female <input type="checkbox"/> Male</p>
<p>RELIGION/BELIEF:</p>	
<p>AGE GROUP:</p>	<p><input type="checkbox"/> 55 – 65 <input type="checkbox"/> 66-75 <input type="checkbox"/> 75 and over</p>
<p>I CONSIDER MYSELF TO HAVE A DISABILITY:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>