



Office use only	
Registering office:
Date received:
Registration number:
Registering officer:

Please tick the relevant boxes and complete the form using **BLOCK CAPITALS** in **BLACK INK**

This form will not be registered if not completed fully

To be completed by the applicants

1. Personal details	Applicant (yourself)	Joint applicant/partner
Title (eg Mr/Mrs/Ms/Miss/Other)		
First name and middle name (if applicable)		
Surname		
Date of birth (DD/MM/YYYY)/...../...../...../.....
Relationship to the applicant (joint applicant only)	Not applicable	
National Insurance number (You must provide this)	<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"/>
Nationality		
Have you or any household members to be re-housed with you come from abroad to live in this country within the last 5 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you live, work or have close relatives in any of the following districts? (Tick all that apply)		
Applicant 1	Bromsgrove <input type="checkbox"/> Malvern Hills <input type="checkbox"/> Worcester <input type="checkbox"/> Wyre Forest <input type="checkbox"/> Stratford-on-Avon <input type="checkbox"/> Wychavon <input type="checkbox"/>	
Applicant 2	Bromsgrove <input type="checkbox"/> Malvern Hills <input type="checkbox"/> Worcester <input type="checkbox"/> Wyre Forest <input type="checkbox"/> Stratford-on-Avon <input type="checkbox"/> Wychavon <input type="checkbox"/>	
Current Address line 1 - House name/number		
Current Address line 2 - Street name		
Current Address line 3		
Current Address line 4 - City/Town		
Current Address line 5 - County		
Current Postcode		
What date did you move into the property?/...../...../...../.....
Current Contact number home		
Current Contact number mobile		
Other contact (eg. support worker, family member)		
Email address		
Are you/or your partner pregnant?		
When is the baby due?/...../...../...../.....

2. Details of other household members to be re-housed with applicant (if there are more than 5 other members please write all details in Section 13) Please do not include applicant/joint applicant details.

Title	First name	Last name	Date of Birth	Relationship to applicant

3. Please list all the previous addresses where you have lived in the last five years

Applicant's addresses – including postcodes	Date from	Date to	Landlord/owner name and contact details	Reason for leaving
/...../...../...../.....		
/...../...../...../.....		
/...../...../...../.....		
/...../...../...../.....		
/...../...../...../.....		
Joint applicant/partners addresses – including postcode				
/...../...../...../.....		
/...../...../...../.....		
/...../...../...../.....		
/...../...../...../.....		
/...../...../...../.....		

4. Other Local Connections		
District	Please state any local connections you may have	Details: please give full names, addresses and relationship for close relatives and approximately how long they have lived there (further details can be provided at Section 16)
Bromsgrove	Relatives <input type="checkbox"/> Other <input type="checkbox"/>	
Malvern Hills	Relatives <input type="checkbox"/> Other <input type="checkbox"/>	
Stratford-on-Avon	Born <input type="checkbox"/> Relatives <input type="checkbox"/> Other <input type="checkbox"/>	
Worcester City	Relatives <input type="checkbox"/> Other <input type="checkbox"/>	
Wychavon	Relatives <input type="checkbox"/> Other <input type="checkbox"/>	
Wyre Forest	Relatives <input type="checkbox"/> Other <input type="checkbox"/>	

5. Economic status (please tick)								
Applicant 1	Employed	0–15 hours per week <input type="checkbox"/>	16–23 hours per week <input type="checkbox"/>	24 hours per week – full time <input type="checkbox"/>	Jobseeker <input type="checkbox"/>	In education/training <input type="checkbox"/>	Retired <input type="checkbox"/>	Unable to work <input type="checkbox"/>
Applicant 2	Employed	0–15 hours per week <input type="checkbox"/>	16–23 hours per week <input type="checkbox"/>	24 hours per week – full time <input type="checkbox"/>	Jobseeker <input type="checkbox"/>	In education/training <input type="checkbox"/>	Retired <input type="checkbox"/>	Unable to work <input type="checkbox"/>

6. Employment details	
Applicant 1	Name of employer
	Date employment commenced:/...../.....
	Address of work place
	If you are self-employed, please provide details of type of and location of employment

	Date self employment commenced:/...../.....
Applicant 2	Name of employer
	Date employment commenced:/...../.....
	Address of work place
	If you are self-employed, please provide details of type of and location of employment

	Date self employment commenced:/...../.....

7. Household income (including benefits)			
Are you in receipt of any of the following income based benefits?			
Job Seekers Allowance	<input type="checkbox"/>	Income Support	<input type="checkbox"/>
Employment Support Allowance	<input type="checkbox"/>	Pension Credit Guarantee	<input type="checkbox"/>
Working Tax Credit	<input type="checkbox"/>	Child Tax Credit	<input type="checkbox"/>
Universal Credit	<input type="checkbox"/>		
If no, what is your total gross household income (including all other benefits) per year?			
£0 – £9,999	<input type="checkbox"/>	£30,000 – £34,999	<input type="checkbox"/>
£10,000 – £19,999	<input type="checkbox"/>	More than £35,000	<input type="checkbox"/>
£20,000 – £29,999	<input type="checkbox"/>		
Do you have savings/equity above £50,000 Yes <input type="checkbox"/> No <input type="checkbox"/>			
If you have debts from loans or credit cards, please give details of the amount and type			
.....			

8. Other information				
Please answer all questions in this section	Applicant		Joint applicant/partner	
Do you volunteer for a minimum of 20 hours per month?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a full time carer in receipt of Carer's Allowance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a severe disability and are in receipt of a high rate disability benefit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, to any of the above please provide evidence.				

9. Housing information				
Please answer all questions in this section If Yes, please provide details in section 16	Applicant		Joint applicant/partner	
Has there been or is there currently any legal action for anti-social behaviour being taken against you or any member of your household?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you currently/previously breached your tenancy agreement for poor property condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you currently/previously breached your tenancy agreement for any other reason?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been evicted for rent arrears?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any housing related debt? (eg. rent arrears to a private landlord or letting agent; debts owed to a Council or housing association, including former tenancy arrears; mortgage arrears)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

10. What is your current housing?				
	Applicant		Joint applicant/partner	
Do you own the home where you live?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a financial interest in any other property – UK or abroad?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you rent your home from a private landlord?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

10. What is your current housing? (continued)		
	Applicant	Joint applicant/partner
Do you rent your home from a Housing Association or Council?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have a landlord (any type), please provide:	Name:	
	Address:	
	Telephone:	
Are you Living in tied accommodation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Living with parents/other family/friends	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sharing or lodging	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Due to leave hospital, care, prison or other institution?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
What type of property do you live in? (House/Flat/Bungalow/Other) (Please state what floor if you live in a flat eg. ground floor, second floor)		
How many bedrooms are in your current home?		

11. Housing circumstances – please tick if the statement applies to you		
Are you homeless or threatened with homelessness?	<input type="checkbox"/>	Please explain at section 16
Is your property in disrepair?	<input type="checkbox"/>	Please explain at section 16
Do you or your family member need to move because of a medical or disability need?	<input type="checkbox"/>	Please explain at section 16
Does your property have aids and adaptations which you no longer need?	<input type="checkbox"/>	Please explain at section 16
Is your current property too big for you?	<input type="checkbox"/>	Please complete the overcrowding/under occupier form at section 15
Have you a Notice to Quit or Repossession Notice? If yes please provide a copy, along with your tenancy agreement	<input type="checkbox"/>	Please explain at section 16
Are you experiencing harassment or violence?	<input type="checkbox"/>	Please explain at section 16
Are you overcrowded?	<input type="checkbox"/>	Please complete the overcrowding/under occupier form at section 15
Do you have another reason for needing to move?	<input type="checkbox"/>	Please explain at section 16
Do you live in an upstairs flat and have a child under 10?	<input type="checkbox"/>	Please explain at section 16
	Applicant	Joint applicant/partner
Do you require housing with support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you or any member of your household need older person's housing?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you or the joint applicant ever served in the armed forces? If you have served what was your discharge date?/...../...../...../.....

12. Please help us to build new housing. If you are interested in moving, in which villages or towns would you like to be housed? For a full list please view www.homechoiceplus.org.uk . (This will not affect where you will be rehoused; it is for future building purposes only)		
1	2	3

13. Would you be interested in shared ownership?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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14. If you are an existing housing association/council tenant would you be interested in exchanging your property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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15. Overcrowding or Under Occupying Form – Please complete the table below with details of all the people who live in the property with you, even if you do not wish for them to move with you. (Do not include applicant and joint applicant)

Number of bedrooms at the property:		Doubles:	Singles:
Full name	Sex: Male/Female	Date of birth	Relationship (To main applicant/joint applicant)

16. Other information

17. Has this form been filled in by someone other than the person(s) making the application?

The person who has filled in the form (the representative) must fill in this part

Are you an officer of the Council/Housing Association?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:	Relationship to applicant:
Address:	
Contact number:	
Signature:	Date:

18. Are you related to any Council/Housing Association Staff or Local Councillors/Housing Association Board Members?

Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please give their details:
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19. Your declaration

I/We confirm that the information given in this application form is correct. I/We will inform 'Home Choice Plus' immediately of any change in my/our circumstances. I/We understand that this registration form will be cancelled if I/we have given false information. It may also be cancelled if I/we fail to notify a change of address.

I/We understand that Council and Housing Association landlords are entitled, by law, to take action to terminate any tenancy obtained by deception.

I/We understand that 'Home Choice Plus' may share the information provided with other organisations and statutory bodies to meet my/our housing needs and to protect public funds. I agree to 'Home Choice Plus' making enquiries which are appropriate and relevant to this application.

You may be asked for additional information at any stage throughout your application.

Data Protection Act

The information provided on this form will be held on computer and is subject to the provisions of the Data Protection Act. The information is confidential and will not be passed on to any other person or organisation without your consent. For further information on 'Home Choice Plus', data protection policy and procedures please contact the agency dealing with your application.

Applicant's Signature	Date:/...../.....
Joint applicant/partner's signature	Date:/...../.....
I give permission that (name/organisation)	can act on my behalf
Signed by (applicant)	Date:/...../.....

Please turn over to complete Equal Opportunities section

20. Equal Opportunities (optional)

All the information you provide will be treated as confidential, and we will only use it for equal opportunities monitoring. If you do not want to answer certain questions in the following sections, leave blank. Please tick appropriate box for both you and your joint applicant/partner.

Ethnic Origin	Applicant	Joint applicant/partner
White: British		
White: Irish		
White: other		
Mixed: White and Black Caribbean		
Mixed: White and Black African		
Mixed: White and Asian		
Mixed: other		
Asian/Asian British: Indian		
Asian/Asian British: Pakistani		
Asian/Asian British: Bangladeshi		
Asian/Asian British: other		
Black or Black British: Caribbean		
Black or Black British: African		
Black or Black British: other		
Chinese		
Gypsy/Romany		
Traveller		
Other ethnic background		
Prefer not to say		
What is your religion?	Applicant	Joint applicant/partner
None		
Christian		
Hindu		
Jewish		
Muslim		
Sikh		
Other		
Prefer not to say		
Sexuality	Applicant	Joint applicant/partner
Heterosexual		
Gay or Lesbian		
Bisexual		
Prefer not to say		
Other		
Do you identify yourself as male or female?		
Do you consider yourself to have a disability?		