



Registration Form

Office use only

Registering office: _____

Received date: _____

Registration number: _____

Registering officer: _____

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

To be completed by the applicants

	Applicant (yourself)	Joint Applicant / Partner
Title (e.g. Mr/Mrs/Ms/Miss/Other)		
First Name and Middle Name (if applicable)		
Surname		
Date of Birth (DD/MM/YYYY)	/ /	/ /
Relationship (joint applicant only)	Not Applicable	
Nationality		
Address Line 1		
Address Line 2		
Address Line 3		
Address Line 4		
Address Line 5		
Postcode		
What date did you move into the property?	/ /	/ /
Contact Tel. Home		
Mobile		
Email Address		
Are you/your partner pregnant?		
When is the baby due?		

Number of household members to be re-housed with applicant (if there are more than 5 other members please write all details on the blank page at the end of this form).

Title	First Name	Last Name	Date of Birth	Relationship to Applicant
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	

Are you eligible to apply?				
Please answer all questions in this section	Applicant		Joint Applicant/Partner	
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"/>
Has any legal action for Anti-Social Behaviour been made against you or any member of your household?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you currently owe Rent Arrears?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What is your current housing?				
Self-contained accommodation	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?	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"/>
Do you rent your home from a Council or a Housing Association landlord?	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 Number				
What type of property do you live in? (house/flat/bungalow/other) If other - give details:				
How many bedrooms are there in your current home?				
Other accommodation	Applicant		Joint Applicant/Partner	
Are you; Living with parents/relatives	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, prison or other	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

Applicant's Addresses	Date from	Date to	Landlord/Owner Name & Address
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
Joint Applicant/Partner's Addresses	Date from	Date to	Landlord/Owner Name and Address
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	

Housing Circumstances	Yes	No
Are you homeless or threatened with homelessness?		
Is your current property in disrepair?		
Do you or a family member have a Medical or Disability Need?		
Is your current property too big for you?		
Have you a Notice to Quit or Repossession Notice?		
Are you experiencing harassment or violence?		
Are you overcrowded?		
Do you have another reason for needing to move?		
Do you live in an upstairs flat and have a child under 10?		

Do you require supported housing?		
Do you or any member of your household need:		
Occasional visiting support to your home	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Daytime support of scheme based staff	Yes <input type="checkbox"/> No <input type="checkbox"/>	
24 hour support of scheme based staff	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)		
Bromsgrove <input type="checkbox"/>	Malvern Hills <input type="checkbox"/>	Stratford-on-Avon <input type="checkbox"/>
Worcester <input type="checkbox"/>	Wychavon <input type="checkbox"/>	Wyre Forest <input type="checkbox"/>
Local connection details in relation to the districts listed above		
Local Connection	Details Please give full names, addresses and relationship for close relatives/ work and approximately how long they have lived/ worked there (Please use additional information section on page 5 if necessary)	
Live <input type="checkbox"/> Relatives <input type="checkbox"/> Work <input type="checkbox"/> Other <input type="checkbox"/>		
Live <input type="checkbox"/> Relatives <input type="checkbox"/> Work <input type="checkbox"/> Other <input type="checkbox"/>		
Live <input type="checkbox"/> Relatives <input type="checkbox"/> Work <input type="checkbox"/> Other <input type="checkbox"/>		
Please list areas of preference of villages, towns or area where you would prefer to be housed and where you have a local connection. To view a full list of all towns and villages within each district please go to www.homechoiceplus.org.uk		
1) _____ 2) _____ 3) _____		
Please help us to build new housing in areas where it is really needed (This question will not affect your ability to bid for any properties which may become vacant)		
If you are interested in moving to a town, which town would you choose? (one choice only)		
If you are interested in moving to a village, which village would you choose? (one choice only)		
Would you choose; Rented accommodation	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Accommodation where you can have part ownership?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Other Information

Where did you hear about this
Choice Based Lettings scheme?

Are you related to any Council / Housing
Association staff or local Councillors /
Housing Association Board Members

If so, please give their details

Additional Information

Please use for any additional information you would like to give us to support your application.

Your Declaration	
<p>I/We confirm that the information given in this registration 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.</p> <p>I/We understand that Council and Housing Association landlords are entitled, by law, to take action to terminate any tenancy obtained by deception.</p> <p>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.</p> <p>You may be asked for additional information at any stage throughout your application.</p>	
Applicant's Signature	Date
Joint Applicant / Partner's Signature	Date
<p>Has this form been filled in by someone other than the person(s) who is making the application? If the form has not been filled in by the applicant or applicant's partner/joint applicant please complete the following.</p> <p>As far as possible, I have confirmed with the person applying that the answers given on this form are correct.</p> <p>Name:</p> <p>Address:</p> <p>Signature:</p> <p>Date:</p> <p>Relationship to Applicant:</p>	
Data Protection Act	
<p>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.</p> <p>Please ensure you have used the correct postage or you can hand this form in to any of the contact points. For quick and secure registration please use our on line form at www.homechoiceplus.org.uk</p>	

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 question in the following sections, leave blank. Please tick appropriate box for both you and your joint applicant/partner.

What is your religion?	Applicant	Joint Applicant / Partner
None		
Christian		
Hindu		
Jewish		
Muslim		
Sikh		
Other		
Prefer not to say		
Sexuality		
Heterosexual		
Gay or Lesbian		
Bisexual		
Prefer not to say		
Ethnic Origin		
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		
Other		
Do you identify yourself as male or female?	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Do you consider yourself to have a disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Home Choice Plus Advice & Contact Points

Bromsgrove District	<p>Bromsgrove District Housing Trust Buntsford Court, Buntsford Gate, Bromsgrove, Worcs, B60 3DJ Telephone: 0800 0850160 Email: customer_services@bdht.co.uk www.bdht.co.uk</p> <p>Bromsgrove District Council Customer Service Centre, School Drive, Bromsgrove, Worcs, B60 1AY Telephone: 01527 881288 Email: worcstershirehub@bromsgrove.gov.uk www.bromsgrove.gov.uk</p> <p>Elgar Housing Association Partnership House, Grovewood Road, Malvern, Worcs, WR14 1GD Telephone: 01684 579579 Email: housingneeds@festivalhousing.org www.festivalhousing.org</p> <p>Malvern Library Graham Road, Malvern, Worcs, WR14 2HU Telephone: 01684 862151</p> <p>Tenbury Wells Library 24 Teme Street, Tenbury Wells, Worcs, WR15 8AA Telephone: 01684 862151</p> <p>Upton Upon Severn Library School Lane, Upton Upon Severn, Worcs, WR8 0LE Telephone: 01684 862151</p>	<p>Mon, Tue, Wed 8.30am-5.30pm Thurs 8.30am-7pm Fri 8.30am-4pm</p> <p>Mon, Tue, Wed & Fri 9am-5pm Thurs 10am-5pm Sat 9am-12noon</p> <p>Mon, Tue, Thurs & Fri 9am-5pm Wed 10am-5pm</p> <p>Mon-Fri 9am-5pm</p> <p>Mon, Tue, Thurs, Fri 9.30am-5.30pm (closed on Wed)</p> <p>Mon 1.30pm-5.30pm, Wed & Fri 9.30am-5.30pm (closed 12.30-1.30)</p>
Malvern Hills District	<p>Stratford-on-Avon District Council Elizabeth House, Church Street, Stratford-upon-Avon, Warks, CV37 6HX Telephone: 01789 260861/2 Email: housingadvice@stratford-dc.gov.uk www.stratford.gov.uk</p> <p>Stratford-on-Avon District Council 44 Telegraph Street, Shipston-on-Stour, Warks, CV36 4DA Telephone: 01608 661458</p> <p>Stratford-on-Avon District Council Globe House, Priory Road, Alcester, Warks, B49 5DZ Telephone: 01789 762216</p> <p>Southam Library High Street, Southam, Warks, CV47 0HB Telephone: 01926 817560</p>	<p>Mon-Wed 8.45am-5.15pm Thurs-Fri 8.45am-5pm</p> <p>Mon-Fri 9am-5pm</p> <p>Mon-Fri 9am-5pm</p> <p>Mon-Fri 9am-5pm</p>
Avon District	<p>Warminster City Council Orchard House Complex, Farrier Street, Warminster, Wiltshire, SN4 3BB Telephone: 01905 722233 Email: housing@warminster.gov.uk www.warminster.gov.uk</p> <p>Warminster Community Housing Customer Service Centre Independent House, Farrier Street, Warminster, Wiltshire, SN4 3BH Telephone: 0800 1972 805 Email: wchtalk@wchnt.co.uk www.wchnt.co.uk</p> <p>Warndon Office 56 Cranham Drive, Warndon, Worcs WR4 9PA Telephone: 0800 1972 805</p>	<p>Mon, Tue, Thurs, Fri 8.30am-5pm Wed 10am-5pm</p> <p>Mon-Fri 8.30am-4.30pm</p> <p>Mon-Fri 8.30am-4.30pm</p>
Worcester District	<p>Wychavon District Council Civic Centre, Queen Elizabeth Drive, Pershore, Worcs WR10 1PT Telephone: 01386 565020 Email: housingneeds@wychavon.gov.uk www.wychavon.gov.uk</p> <p>Droitwich Community Contact Centre 44 High Street, Droitwich Spa, Worcs, WR9 8ES</p> <p>Evesham Community Contact Centre Abbey Road, Evesham, Worcs, WR11 4SB</p> <p>Roofstop Housing Group 70 High Street, Evesham, Worcs WR11 4YD Telephone: 01386 420800 www.roofstopgroup.org</p> <p>Spa Housing Association The Royal Exchange, 9 Queen Street, Droitwich Spa, Worcs, WR9 8LA Telephone: 01905 823100 www.festivalhousing.org</p> <p>Wyre Forest Community Housing, Oxford House, Oxford Street, Kidderminster, Worcs, DY10 1BQ Telephone: 01562 732356 Email: allocations@communityhg.com www.communityhg.com</p> <p>Wyre Forest District Council Worcestershire Hub, Vicar Street, Kidderminster, Worcs, DY10 1DB Telephone: 01562 732928 www.wyreforestdc.gov.uk</p> <p>Wyre Forest District Council Worcestershire Hub, Civic Centre, Stourport-on-Severn, Worcs, DY13 8UJ Telephone: 01562 732928 www.wyreforestdc.gov.uk</p> <p>Wyre Forest District Council Worcestershire Hub, 6 Load Street, Bewdley, Worcs, DY12 2AF Telephone: 01562 732928 www.wyreforestdc.gov.uk</p>	<p>Mon-Fri 8.30am-4.30pm</p> <p>Mon-Fri 9am-5pm Sat 9am-12.30pm</p> <p>Mon-Fri 9am-5pm, Sat 9am-12.30pm</p> <p>Mon-Fri 8am-8pm, Sat 9am-5pm, Sun 10am-4pm</p> <p>Mon, Tue, Thurs, Fri 9am-5pm Wed 9.30am-5pm</p> <p>Mon, Tue, Thurs, Fri 9am-5pm Wed 10am-5pm</p> <p>Mon-Fri 9am-4.30pm</p> <p>Mon, Tue, Thurs, Fri 8.30am-5pm Wed 10am-5pm</p> <p>Mon-Fri 9am-4.30pm</p> <p>Mon-Fri 9am-4.30pm</p>
Wychavon District	<p>Wyre Forest District Council Worcestershire Hub, Civic Centre, Stourport-on-Severn, Worcs, DY13 8UJ Telephone: 01562 732928 www.wyreforestdc.gov.uk</p> <p>Wyre Forest District Council Worcestershire Hub, 6 Load Street, Bewdley, Worcs, DY12 2AF Telephone: 01562 732928 www.wyreforestdc.gov.uk</p>	<p>Mon-Fri 9am-4.30pm</p> <p>Mon-Fri 9am-4.30pm</p>
Wyre Forest District		<p>Mon-Fri 9am-4.30pm</p> <p>Mon-Fri 9am-4.30pm</p>