

For official use only				
Applicant's Surname		Application Number		Date of Application
Applicant's Address				



Peterborough Housing Register

Application for Housing

You do not need to make an appointment to apply to join the Housing Register.

Please complete the application form and gather all of the required documentation listed.

Bring the completed form and your documents to Bayard Place Reception - please note that your application may not be accepted unless you provide all of the documents required.

The form will be taken from you and your documents copied. Reception are open for this service Monday to Friday 9am to 5pm

Your application will then be passed to Housing Needs to be processed and we will contact you if we need more information.

We will notify you with the result of your application

Housing Needs
Bayard Place
Broadway
Peterborough
PE1 1HZ
Telephone: (01733) 864064



Your application will not be processed if you do not provide all the relevant documentation or complete this application form in full.

1 About you

1a Your details	Applicant One	Applicant Two
Title		
Forename		
Surname		
Date of birth		
National Insurance Number		
Gender		
Any other name(s) you have used		
Nationality		
Language		
Religion		
Home Telephone		
Mobile Telephone		
Work Telephone		
Email Address		

<p>Applicant One Are you a British Citizen?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>If NO. Do you have the right to reside in the UK?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>Applicant Two Are you a British Citizen?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>If NO. Do you have the right to reside in the UK?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>

✓ **Proof Required** - For each applicant, you must provide proofs of identity. This could be either; TWO items from Group A, or ONE item from Group A and TWO items from Group B

Group A	Group B
<ul style="list-style-type: none"> • Passport • National Identity card • Driving licence • Birth certificate 	<ul style="list-style-type: none"> • Marriage certificate • NHS medical card / GP registration letter • Bank card • Other photo ID

✓ **Proof Required** - If you are from an EU Country we will need to see one of the following:

- proof that you are currently employed , e.g. two months of your most recent payslips or your contract of employment
- Proof that you are self-employed by providing some of the following:-
 - Proof of registration with the Inland Revenue for tax purposes
 - Tax accounts and bank statements relating to your business
 - Invoices, orders and receipts relating to your business
 - Utility bills relating to your business
- Proof that you are receiving State Benefits, e.g. Job Seekers Allowance, Income Support, Employment Support Allowance, Personal Independence Payment Award Letter

✓ **Proof Required** - If you are a former asylum seeker or from outside the EU we will need to see:

- Confirmation of your immigration status e.g. your original Home Office papers confirming your leave to remain or your entry clearance visa which should be in your passport.

1b Other people who live with you

1	Title	
	Forename	
	Surname	
	Date of Birth	
	Gender	
	Relationship	
	Moving with you?	YES <input type="checkbox"/> NO <input type="checkbox"/>

2	Title	
	Forename	
	Surname	
	Date of Birth	
	Gender	
	Relationship	
	Moving with you?	YES <input type="checkbox"/> NO <input type="checkbox"/>

3	Title	
	Forename	
	Surname	
	Date of Birth	
	Gender	
	Relationship	
	Moving with you?	YES <input type="checkbox"/> NO <input type="checkbox"/>

4	Title	
	Forename	
	Surname	
	Date of Birth	
	Gender	
	Relationship	
	Moving with you?	YES <input type="checkbox"/> NO <input type="checkbox"/>

5	Title	
	Forename	
	Surname	
	Date of Birth	
	Gender	
	Relationship	
	Moving with you?	YES <input type="checkbox"/> NO <input type="checkbox"/>

6	Title	
	Forename	
	Surname	
	Date of Birth	
	Gender	
	Relationship	
	Moving with you?	YES <input type="checkbox"/> NO <input type="checkbox"/>

7	Title	
	Forename	
	Surname	
	Date of Birth	
	Gender	
	Relationship	
	Moving with you?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Please continue on a separate sheet if necessary.

✓ Proof Required

For each child to be rehoused we need to see confirmation that the child is normally a resident with you, please provide:

For children under 18 years of age:

- Proof of Child benefit and/or Tax Credits Award and
- The child's birth certificate or passport

For children over 18 years of age:

- Letter from child confirming their desire to be rehoused with you
- The child's birth certificate or passport

If you have access to any children who do not normally reside with you, please provide:

- Formal confirmation of access arrangements e.g. solicitor's letter, court order or letter from other parent

1c Other people who do not live with you but are to be rehoused with you

1	Title	
	Forename	
	Surname	
	Date of Birth	
	Gender	
	Relationship	
	Reason they do not live with you now?	

2	Title	
	Forename	
	Surname	
	Date of Birth	
	Gender	
	Relationship	
	Reason they do not live with you now?	

3	Title	
	Forename	
	Surname	
	Date of Birth	
	Gender	
	Relationship	
	Reason they do not live with you now?	

4	Title	
	Forename	
	Surname	
	Date of Birth	
	Gender	
	Relationship	
	Reason they do not live with you now?	

Please continue on a separate sheet if necessary.

1d Pregnancy

Is anyone included in this application pregnant?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
What is their name and due date?		

✔ Proof Required

You will need to provide maternity records or confirmation from GP

2 Armed services personnel

Is anyone included in this application serving in the British Armed Forces?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Which member of the household and where are they stationed?		
Has anyone included in this application left service in the British Armed Forces within the last 5 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Who and what date did they leave?		

✔ Proof Required

You will need to provide proof of current service and/or discharge papers

3 Local connections

Do you currently live or work in Peterborough?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have family who live in Peterborough?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you have answered yes to any of the questions above please provide further information. E.g. names & addresses		
If no, do you have a connection with Peterborough due to any other reason?		

✔ Proof Required

You will need to provide proof of employment and your relatives address history

4 Previous applications

Have you or anyone else included in this application applied for accommodation from Peterborough City Council before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Name		
Previous application address		
Application reference number (if known)		

5a Current address

	Applicant One	Applicant Two
Current Address		
Date moved in		
Tenure e.g. Homeowner, Private Tenant, Housing Association Tenant, Living with Family / Friends		
Name, contact address and telephone number of landlord or householder		
Why are you looking to move from this address?		
Type of property e.g. House, Flat, Bedsit, Maisonette, Bungalow, Hostel, Other		
Is it Supported Housing?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Number of bedrooms		
If you live in a flat, what floor level is it on?		
Is there a lift in the block?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

✓ Proof Required

You will need to provide two proofs of current address for each applicant, these may include:-

- Bank Statement
- Utility Bill
- NHS Medical Card/Letter
- Letters from the Department for Work and Pensions, HM Revenue & Customs
- Tenancy or Licence Agreement

✓ Proof Required

If you are currently a tenant of a Housing Association in Peterborough, you will need to provide written authorisation from your landlord before an application will be considered.

5b Who sleeps in which bedroom

	Delete as appropriate	Name
Bedroom 1	single/double	
Bedroom 2	single/double	
Bedroom 3	single/double	
Bedroom 4	single/double	
Bedroom 5	single/double	
Bedroom 6	single/double	
Other Room	Type	

6 Previous addresses for the past six years

✓ Proof Required

- Please provide your previous addresses for the last six years - start with the most recent and work backwards
- Please provide your current tenancy agreement for your home
- Please provide any notice, possession order or eviction notice you may have been given

		Applicant One	Applicant Two
1	Address		
	Dates	From to	From to
	Tenure e.g. Homeowner, private tenant		
	Name, contact address and telephone number of landlord or householder		
	Why did you leave this address?		

		Applicant One	Applicant Two
2	Address		
	Dates	From to	From to
	Tenure e.g. Homeowner, private tenant		
	Name, contact address and telephone number of landlord or householder		
	Why did you leave this address?		

		Applicant One	Applicant Two
3	Address		
	Dates	From to	From to
	Tenure e.g. Homeowner, private tenant		
	Name, contact address and telephone number of landlord or householder		
	Why did you leave this address?		

		Applicant One	Applicant Two
4	Address		
	Dates	From to	From to
	Tenure e.g. Homeowner, private tenant		
	Name, contact address and telephone number of landlord or householder		
	Why did you leave this address?		

		Applicant One	Applicant Two
5	Address		
	Dates	From to	From to
	Tenure e.g. Homeowner, private tenant		
	Name, contact address and telephone number of landlord or householder		
	Why did you leave this address?		

		Applicant One	Applicant Two
6	Address		
	Dates	From to	From to
	Tenure e.g. Homeowner, private tenant		
	Name, contact address and telephone number of landlord or householder		
	Why did you leave this address?		

Please continue on a separate sheet if necessary.

6b Previous council or housing association tenancies

Have you or anyone included in this application ever held a council or housing association tenancy before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, whose name(s) was the tenancy in?		
Who was the landlord?		
What was the address?		
What were the tenancy dates?	From	to

6c Home ownership

Have you or anyone included in this application ever owned their own home?	<input type="checkbox"/> Yes – Current Home <input type="checkbox"/> Yes – Previous Home <input type="checkbox"/> Yes– But we have not lived there e.g. rented out <input type="checkbox"/> No
What was the address?	
What were dates of ownership?	From to From to From to From to

✓ Proof Required

If you own your own home or have owned a property in the last six years, please provide the following:-

- Current market valuation
- Mortgage settlement statement
- Notification of possession proceedings
- Order for possession
- Notice of evictions
- Completion Statement (if sold)
- Proof of equity either received or to be received
- Proof of the how the equity has been used or spent

6d – Declaration of Relationship

Are you or any member of your household related to any person who is employed by Peterborough City Council or any Registered Social Landlord (RSL)?"	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please provide their name and employer details	Name:	Employer

7a Care & support

Are you or anyone included in this application:-

Leaving care or being looked after by Social Services?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes please confirm which Local Authority is involved		
Do you have an advocate, support or social worker?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please provide their name and contact details		

✓ Proof Required

Because tenancies can normally only be granted to applicants aged 18 years or older, if you are either 16 or 17 years of age you will need to provide a completed Trustee form – please contact Housing Needs for further information.

7b Health

Are you applying for extra care housing?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you consider anyone included in this application as disabled?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, who and why?		
Does anyone included in this application use a wheelchair?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is your home adapted for a person with mobility issues?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes what adaptations?		
Hand rails	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Level access to home	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Access ramp to home	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Level access shower	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Wet room	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Through floor lift	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Stair lift	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is your home affecting a medical condition and/or disability of anyone included in this application?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Could the medical condition and/or disability be improved by a move to a more suitable home?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If yes, please contact (01733) 864064 to discuss your needs as we may need you complete a separate Medical Assessment Form

8 Income & financial details

	Applicant One	Applicant Two
What is your gross income per Month? (Before tax etc.)		
How is this made up? Employment/Earnings, Benefits e.g. Job Seekers, ESA, Income Support, PIP, Child Benefit, Tax Credits, Pension, DLA.		
Other (please explain)		
Do you have a Bank Account and what is the current balance?	YES <input type="checkbox"/> NO <input type="checkbox"/> BALANCE <input type="text"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> BALANCE <input type="text"/>
Do you have a Credit Union Account and what is the current balance?	YES <input type="checkbox"/> NO <input type="checkbox"/> BALANCE <input type="text"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> BALANCE <input type="text"/>
Total Savings & Investments		
Do you receive income from renting out or subletting property?	YES <input type="checkbox"/> NO <input type="checkbox"/> How much £ <input type="text"/> per month	YES <input type="checkbox"/> NO <input type="checkbox"/> How much £ <input type="text"/> per month
Please provide further account details on a separate sheet if necessary		

9 Previous tenancy history

Have you, or anyone included in this application, ever had an order for possession awarded or been evicted from a property? If yes, please provide details.	YES <input type="checkbox"/> NO <input type="checkbox"/> Details
Do you, or anyone included in this application, have any outstanding debt to any private landlords, housing association or councils? If yes, please provide details.	YES <input type="checkbox"/> NO <input type="checkbox"/> Details
Have you, or anyone included in this application, been given an order made in civil court linked to a property or the locality of a property? If yes, please provide details.	YES <input type="checkbox"/> NO <input type="checkbox"/> Details
Have you, or anyone included in this application, been subject to a non-molestation order, an injunction, an occupation order or a restraining order? If yes, please provide details.	YES <input type="checkbox"/> NO <input type="checkbox"/> Details

10 Criminal Convictions

Does anyone included in this application have any criminal convictions?		
Name	Date of conviction	Details of offence

11 Other

Do you have any pets?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please provide details		

12 Additional preference

We will give additional priority to households who have a strong local connection; have spent time in the armed forces or those who are making a contribution to Peterborough's economy or community.

12a Long standing local connection

Have you or someone who is going to be housed with you been continuously resident in Peterborough for the last 5 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
---	------------------------------	-----------------------------

12b Working households

Does anyone in your household work in Peterborough?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, have you been employed for 9 of the last 12 months?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Contact Details	

12c Community contribution

Does anyone in your household currently undertake any voluntary work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, who do they volunteer for?	Contact Details	
How many hours per month do they volunteer?		
How long have they been volunteering?		

12d Armed Forces Personnel

Have you or any members of your household been discharged from the armed forces in the last 5 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you or any members of your household a serving member of the British regular forces who need to move because of a serious injury, medical condition or disability sustained as a result of their service?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you or any members of your household a bereaved spouse or civil partner of a member of the British regular forces?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, are you having to leave forces accommodation as a result?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you or a member of your household a serving or former member of the British reserve forces who needs to move because of a serious injury, medical condition or disability sustained as a result of their service?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

13 Additional information

Please use this space to provide additional information about your application if necessary

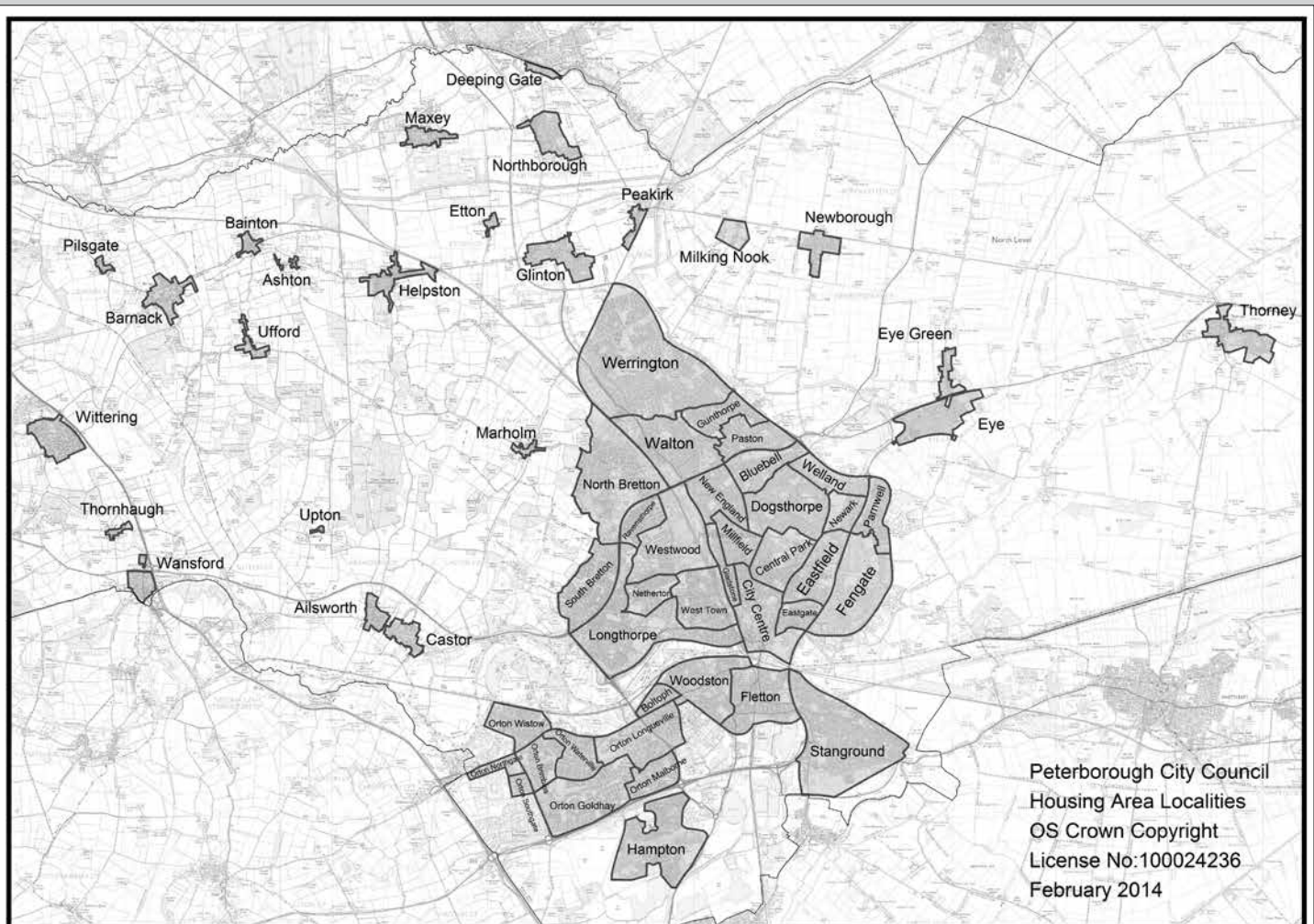
Please continue on a separate sheet if necessary.

14 Where do you want live?

Which areas of Peterborough would you like to be considered for (please tick)?

Please refer to map

Ailsworth		Fengate		New England		South Bretton	
Ashton		Fletton		Northborough		Stanground	
Bainton		Gladstone		North Bretton		Thornhaugh	
Barnack		Glington		Orton Brimbles		Thorney	
Bluebell		Gunthorpe		Orton Goldhay		Ufford	
Botolph Green		Hampton		Orton Longueville		Upton	
Castor		Helpston		Orton Malborne		Walton	
Central Park		Longthorpe		Orton Southgate		Wansford	
City Centre		Marholm		Orton Waterville		Welland	
Deeping Gate		Maxey		Orton Wistow		Werrington	
Dogsthorpe		Milking Nook		Parnwell		West Town	
Eastgate		Millfield		Paston		Westwood	
Eastfield		Netherton		Peakirk		Wittering	
Etton		Newark		Pilsgate		Woodston	
Eye		Newborough		Ravensthorpe			



Equality & diversity monitoring /equal opportunities

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.)

- | | |
|--|--|
| <input type="checkbox"/> Sensory impairment, (such as being blind/having a visual impairment or being deaf/having a hearing impairment) | <input type="checkbox"/> Long standing illness or health condition, (such as cancer, HIV, diabetes, chronic heart disease or epilepsy) |
| <input type="checkbox"/> Physical impairment, (such as using a wheelchair to get around and/or difficulty using your arms) | Other (please specify) |
| <input type="checkbox"/> Learning disability, (such as Downs syndrome or dyslexia) or Cognitive impairment (such as autism or head injury) | <div style="border: 1px solid black; height: 40px; width: 100%;"></div> |
| <input type="checkbox"/> Mental health condition, (such as depression or schizophrenia) | <input type="checkbox"/> Prefer not to say |

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.

Applicant 1
Applicant 2

Gender - Which of the following describes how you think of yourself?

- | | | |
|--------------------------|--------------------------|-------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Male |
| <input type="checkbox"/> | <input type="checkbox"/> | Female |
| <input type="checkbox"/> | <input type="checkbox"/> | Trans |
| <input type="checkbox"/> | <input type="checkbox"/> | Intersex |
| <input type="checkbox"/> | <input type="checkbox"/> | Prefer not to say |

Do you have the protected characteristic Gender Reassignment?

- | | | |
|--------------------------|--------------------------|-----|
| <input type="checkbox"/> | <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | <input type="checkbox"/> | No |

Religion & belief - What is your religious belief?

- | | | |
|--------------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | No Religion |
| <input type="checkbox"/> | <input type="checkbox"/> | Agnostic |
| <input type="checkbox"/> | <input type="checkbox"/> | Muslim |
| <input type="checkbox"/> | <input type="checkbox"/> | Christian |
| <input type="checkbox"/> | <input type="checkbox"/> | Jewish |
| <input type="checkbox"/> | <input type="checkbox"/> | Buddhist |
| <input type="checkbox"/> | <input type="checkbox"/> | Sikh |
| <input type="checkbox"/> | <input type="checkbox"/> | Hindu |
| <input type="checkbox"/> | <input type="checkbox"/> | Humanist |
| <input type="checkbox"/> | <input type="checkbox"/> | Other Religion (please specify) |

- | | | |
|--------------------------|--------------------------|-------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Prefer not to say |
|--------------------------|--------------------------|-------------------|

Applicant 1
Applicant 2

Sexual Orientation - How would you describe your sexual orientation?

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Bisexual (attraction to both men and women) |
| <input type="checkbox"/> | <input type="checkbox"/> | Gay man |
| <input type="checkbox"/> | <input type="checkbox"/> | Gay woman/Lesbian |
| <input type="checkbox"/> | <input type="checkbox"/> | Heterosexual/Straight |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (please specify) |

- | | | |
|--------------------------|--------------------------|-------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Prefer not to say |
|--------------------------|--------------------------|-------------------|

Ethnicity - I would describe my ethnic origin as:-

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | White: British |
| <input type="checkbox"/> | <input type="checkbox"/> | White: Irish |
| <input type="checkbox"/> | <input type="checkbox"/> | White: Traveller of Irish Heritage |
| <input type="checkbox"/> | <input type="checkbox"/> | White: Gypsy/Roma |
| <input type="checkbox"/> | <input type="checkbox"/> | White: Other |
| <input type="checkbox"/> | <input type="checkbox"/> | Black or Black British: African |
| <input type="checkbox"/> | <input type="checkbox"/> | Black or Black British: Somali |
| <input type="checkbox"/> | <input type="checkbox"/> | Black or Black British: Caribbean |
| <input type="checkbox"/> | <input type="checkbox"/> | Black British/Other Black Background |
| <input type="checkbox"/> | <input type="checkbox"/> | Asian or Asian British: Bangladeshi |
| <input type="checkbox"/> | <input type="checkbox"/> | Asian or Asian British: Pakistani |
| <input type="checkbox"/> | <input type="checkbox"/> | Asian or Asian British: Indian |
| <input type="checkbox"/> | <input type="checkbox"/> | Asian British/Other Asian Background |
| <input type="checkbox"/> | <input type="checkbox"/> | Mixed/Dual Heritage: White & Black Caribbean |

Applicant 1
Applicant 2

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Mixed/Dual Heritage: White & Black African |
| <input type="checkbox"/> | <input type="checkbox"/> | Mixed/Dual Heritage: White & Black Asian |
| <input type="checkbox"/> | <input type="checkbox"/> | Mixed/Dual Heritage: Any Other Mixed Background |
| <input type="checkbox"/> | <input type="checkbox"/> | Other Ethnic Groups: Vietnamese |
| <input type="checkbox"/> | <input type="checkbox"/> | Other Ethnic Groups: Chinese |
| <input type="checkbox"/> | <input type="checkbox"/> | Other Ethnic Groups/Any Other Group |
| <input type="checkbox"/> | <input type="checkbox"/> | Prefer not to say |

Relationship Status

- | | | |
|--------------------------|--------------------------|-------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Civil Partnership |
| <input type="checkbox"/> | <input type="checkbox"/> | Married |
| <input type="checkbox"/> | <input type="checkbox"/> | Single |
| <input type="checkbox"/> | <input type="checkbox"/> | Co-habiting |
| <input type="checkbox"/> | <input type="checkbox"/> | Prefer not to say |

15 Confidentiality and Declaration

Important: please read this carefully before signing and dating below.

Confidentiality

The information you provide on this form is confidential. However, in order to process your application we may share the information with other agencies (eg other Councils, Registered Social Landlords, Social Services, Doctors, Government Departments and the Police).

Please note:

1. You must tell us immediately if any of the details you have given on this form change.
2. We will check the information you provide.
3. We will consider legal action against you if you (or anyone acting on your behalf) knowingly provides false information.
4. We may use the information you have provided to help detect and prevent fraud.

Schedule one of the Housing Act 1996 is designed to prevent conflicts of interest between the board members and employees of a registered social landlord (RSL) and those peoples' duties to that organisation.

Broadly speaking it says that RSL's cannot grant any non-contractual payments or benefits to staff, board members or their families without prior approval from their board. A tenancy is considered to be a benefit.

If you are a Board member, member of staff or a close relative or either you need to tell us. This will not usually prevent you from being re-housed but it may make a difference to who your landlord can be.

Declaration

Please be aware that it is a criminal offence to give false information. If you tell us something that we later find to be false we may prosecute you. If you have already obtained rehousing we may also institute possession proceedings and you may lose your new home.

I have read and accept the notes above concerning my responsibilities to provide accurate information and also the Council's use of this information.

The information I have given on this form is true. I will tell you immediately about any changes to my household details, housing circumstances or any other information provided on this form.

	Applicant One	Applicant Two		
Name:			Applicant number:	
Signature:			Date:	