



Wickham Community Land Trust

Application Form for housing

Revised 10 March 2017

- Dedicated to providing affordable housing in Wickham
- Housing for local people and those working locally who cannot afford local market level prices
- Housing in control of the community, for the community

Charity No. 1134897
Company Registered in England, No. 6608621
Registered Provider 4692

APPLICATION FORM

Strictly confidential

YOUR HOUSEHOLD DETAILS

1. Names *Please give full names*

| | Title | Forename(s) | Surname | Date of Birth | Gender M/F |
|-------------|-------|-------------|---------|---------------|---------------|
| Applicant 1 | | | | | |
| Applicant 2 | | | | | |
| Other 1 | | | | | |
| Other 2 | | | | | |
| Other 3 | | | | | |
| Other 4 | | | | | |

2. Relationship to Applicant 1

| | |
|-------------|--|
| Applicant 2 | |
| Other 1 | |
| Other 2 | |
| Other 3 | |
| Other 4 | |

3. Have you or anyone in your household been known by any other name?

Please state

| |
|--|
| |
| |

4. National Insurance Number

Please give full numbers

| | |
|-------------|--|
| Applicant 1 | |
| Applicant 2 | |
| Other 1 | |
| Other 2 | |
| Other 3 | |
| Other 4 | |

5. Does anyone have a disability?

Please tick as appropriate

| | |
|-------------|--|
| Applicant 1 | |
| Applicant 2 | |
| Other 1 | |
| Other 2 | |
| Other 3 | |
| Other 4 | |

6. If any member of your household has a disability or medical condition which needs to be taken into consideration please give details

| |
|--|
| |
| |
| |

7. Is anyone in your household pregnant? Yes No

| |
|---|
| Name: |
| Due date: <i>Please provide documentary evidence</i> |

YOUR ADDRESS AND CONTACT DETAILS

8. Current address

| | |
|----------------------|-------------------|
| Applicant 1 | |
| | |
| | |
| Tel. no: | Mobile No. |
| Work Tel. no: | E-Mail: |

9. Current address (if different from above)

| | |
|----------------------|-------------------|
| Applicant 2 | |
| | |
| | |
| Tel. no: | Mobile No. |
| Work Tel. no: | E-Mail: |

10. Contact address

If you wish us to write to you at a different address from your current address please complete the section below

| |
|--|
| |
| |
| |
| |

11. What type of address is this? Please tick as appropriate:

Home Work Solicitor's Parent's Other

12. Preferred method of contact
Please indicate order of preference by
Numbering; 1,2,3

| | |
|----------------------------------|--|
| Post | |
| Telephone | |
| In person (home visit) | |
| Personal representative or carer | |
| E-mail | |
| Other (please specify) | |

13. Do you have any specific needs? Please tick as appropriate

| | |
|---------------|--|
| Sign language | |
| Braille | |
| Audio | |
| Large Print | |
| Easy read | |
| Other | |

RIGHT TO RENT Please see page v of the 'Guidance Notes for completing Application Form for housing'

14. Age and UK Residence

| | Aged 18 or over? Yes/No | Place of birth |
|--------------------|----------------------------|----------------|
| Applicant 1 | | |
| Applicant 2 | | |

15.

| | Do you hold a valid UK Passport? Yes/No | Do you hold passport of identity card for the EEA or Switzerland? Yes/No | Do you hold 'permanent residence card' issued by Home Office? Yes/No |
|--------------------|--|--|--|
| Applicant 1 | | | |
| Applicant 2 | | | |

16. WCLT Waiting List

We normally destroy unsuccessful application forms twelve months after a property has been allocated. **If your application is unsuccessful on this occasion, would you like us to retain your household and contact details on file so that we can contact you should any other appropriate WCLT property become available?**

Yes No

Please continue on page 4 of this form

MEETING THE CRITERIA FOR A WCLT HOME

SECTION 1: CONDITIONS PRECEDENT

Please see 'Guidance Notes for completing Application Form for housing', page ii

HOUSING NEED

1. Please give your reasons for making this application

| |
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| |
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| |
| |
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| |

2. Have you registered with any of the following for housing?

2.1 Local Authority Housing Register Yes No

Please supply your registration number if you have one

2.2 Homes in Hants Yes No

Please supply your registration number if you have one

2.3 HelptoBuy South Yes No

Please supply your registration number if you have one

ABILITY TO AFFORD

Your Employment and Income

Please answer the following questions about your employment and income. Full time is considered to be 30 hours or more.

3. Are you employed?

Please tick appropriate box

| | Yes | No |
|-------------|-----|----|
| Applicant 1 | | |
| Applicant 2 | | |

If yes, is your employment full time/part time/self employed?

| | |
|-------------|--|
| Applicant 1 | |
| Applicant 2 | |

4. What is your annual salary before deductions and bonuses?

| | |
|-------------|---|
| Applicant 1 | £ |
| Applicant 2 | £ |

5. Do you receive an annual bonus?

Yes No Please give figures

| | |
|-------------|-----------|
| Applicant 1 | £(approx) |
| Applicant 2 | £(approx) |

6. What is your job title?

| | |
|-------------|--|
| Applicant 1 | |
| Applicant 2 | |

7. What is the name of your employer?

| | |
|-------------|--|
| Applicant 1 | |
| Applicant 2 | |

8. What was the employment start date?

| | |
|-------------|--|
| Applicant 1 | |
| Applicant 2 | |

9. What is the address of your employer?

| | |
|-------------|---------|
| Applicant 1 | |
| | Tel. No |
| Applicant 2 | |
| | Tel. No |

10. Do you have any savings or investments? Please tick as appropriate below

| | | |
|-------------|-----|----|
| | Yes | No |
| Applicant 1 | | |
| Applicant 2 | | |

11. If yes, how much? Please give figures below

| | |
|-------------|---|
| | £ |
| Applicant 1 | |
| Applicant 2 | |

12. Do other household members have income which would contribute to household income? Yes No

If yes, please state £ per week month

13. If you are not employed please explain your status, e.g. in training, a job seeker, retired, not seeking work, a student, unable to work (sick or disabled), child under 16, or other.

| | |
|-------------|--|
| Applicant 1 | |
| Applicant 2 | |
| Other 1 | |
| Other 2 | |
| Other 3 | |
| Other 4 | |

14. Benefits and Tax Credits

14.1 Do you receive State Benefits or Tax Credits? Yes No

14.2 If yes, please state which Benefits/Tax Credits you receive every week. *Please tick as appropriate.*

- Child Benefit DLA Job Seeker's Allowance
 Income Support State retirement pension
 Tax Credits Other

14.3 Please state your weekly household income from Benefits/Credits

| |
|---|
| £ |
| |

15. Financial Commitments

Do you have existing financial commitments, such as Car Finance, Student Loan, Child Maintenance payments etc.?

Please give details and amounts

| Applicant 1 | Applicant 2 |
|-------------|-------------|
| | |
| | |

SUITABILITY OF ACCOMMODATION AVAILABLE

16. What housing options are you looking for?

- | | |
|---|---|
| <input type="checkbox"/> Shared ownership/shared equity | <input type="checkbox"/> Rental accommodation |
| <input type="checkbox"/> Flat | <input type="checkbox"/> House |
| <input type="checkbox"/> 1 bedroom | <input type="checkbox"/> 2 bedrooms |
| <input type="checkbox"/> 3 bedrooms | |

16.1 If you are looking for shared ownership, do you have funds for a deposit?

Yes No If yes, how much? £

16.2 Have you talked to your bank/a building society about a mortgage?

Yes No

16.3 Have you had a mortgage offer letter ? Yes No

17. Do you or anyone in your household need support for any of the following reasons? If yes, please tick as appropriate – you can tick more than one box

- | | |
|--|--|
| <input type="checkbox"/> Drug or alcohol misuse | <input type="checkbox"/> Domestic violence and abuse |
| <input type="checkbox"/> Learning disabilities | <input type="checkbox"/> Mental Health Problems |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Sensory disabilities |
| <input type="checkbox"/> Physical disabilities | <input type="checkbox"/> Old age |
| <input type="checkbox"/> Young person or care leaver | <input type="checkbox"/> Other |

18. Do you or anyone in your household receive any of the following? If yes, please tick below as appropriate – you can tick more than one box

- | | |
|--|--|
| <input type="checkbox"/> Advocate | <input type="checkbox"/> Community Psychiatric Nurse – CPN |
| <input type="checkbox"/> Health Visitor | <input type="checkbox"/> Occupational Therapist – OT |
| <input type="checkbox"/> Probation Officer | <input type="checkbox"/> Social Worker or care manager |
| <input type="checkbox"/> Special Needs Housing Officer | <input type="checkbox"/> Support, key or resettlement worker |
| <input type="checkbox"/> Other <i>Please state</i> | <input type="text"/> |

If, yes, please provide the name and address of the person or organisation providing the support you receive.

19. **Giving Support: Do you or anyone in your household need to give support to some else?** Yes No

If yes, please provide supporting information including the name, address and relationship to the person who receives your support and the reason you need to support them.

| |
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| |
|--|

SECTION 2: LOCAL CONNECTION

Please see pages ii to iv of 'Guidance Notes for completing Application Form for housing'

20. **How long have you lived in the area?**

| <i>Please tick appropriate box</i> | Resident in Wickham | | Resident in Shedfield, Soberton, Newtown, Boarhunt, Swanmore, Bishop's Waltham, Curdridge | | Local Government Area of Winchester | |
|------------------------------------|----------------------------|-------------------|--|-------------------|--|-------------------|
| | 3 years or more | Less than 3 years | 3 years or more | Less than 3 years | 3 years or more | Less than 3 years |
| Applicant 1 | | | | | | |
| Applicant 2 | | | | | | |

21. **Employment in the area:** Does (either) applicant have employment in one of the following?

| <i>Please tick appropriate box</i> | Parish of Wickham. | Shedfield, Soberton, Newtown, Boarhunt, Swanmore, Bishop's Waltham, Curdridge | Winchester District |
|------------------------------------|---------------------------|--|----------------------------|
| Applicant 1 | | | |
| Applicant 2 | | | |

22. **Offer of employment** Does (either) applicant have an offer of employment in one of the following?

| <i>Please tick appropriate box</i> | Parish of Wickham | Shedfield, Soberton, Newtown, Boarhunt, Swanmore, Bishop's Waltham, Curdridge | Winchester District |
|------------------------------------|--------------------------|--|----------------------------|
| Applicant 1 | | | |
| Applicant 2 | | | |

23. Family Connection

| <i>Please tick appropriate box(es)</i> | Family has been living in village for more than one year | A local family member needs the support of Applicant | Applicant needs the support of local family member(s) |
|--|---|---|--|
| Applicant 1 | | | |
| Applicant 2 | | | |

24. What is your specific local connection with Wickham?

Please give details/addresses to support this

25. How long have you had a connection with Wickham?

If your connection is with Shedfield, Soberton & Newtown or Boarhunt, Swanmore, Bishop's Waltham or Curdrige please answer questions 26 and 27. If your connection is with the local government area of Winchester please answer question 28.

26. What is your specific local connection with Shedfield, Soberton & Newtown, Boarhunt, Swanmore, Bishop's Waltham or Curdrige?

27. How long have you had this connection?

28. What is your specific local connection with the local government administrative area of Winchester?

Please give details/addresses to support this

How long have you had this connection?

29. Do you have any other local connections or commitments you would like to mention?

SECTION 3: CURRENT ACCOMMODATION

Please see page iii of 'Guidance Notes for completing Application Form for housing'

30. Please provide as many details about your current home as possible

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| |
| |

31. Date you moved into current address

32. Are any persons to be housed not currently living with the main applicant?

Yes No If yes, please give details

| |
|--|
| |
| |

33. Please indicate the type of accommodation you currently occupy *Please tick as appropriate*

- | | | |
|--|-----------------------------------|--|
| <input type="checkbox"/> Bedsit/studio | <input type="checkbox"/> Bungalow | <input type="checkbox"/> Caravan/mobile home |
| <input type="checkbox"/> Maisonette | <input type="checkbox"/> Flat | <input type="checkbox"/> Rooms in a house/flat |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Hostel | <input type="checkbox"/> House |
| <input type="checkbox"/> Other | <input type="checkbox"/> Prison | <input type="checkbox"/> Sleeping rough/no fixed abode |

34. Please indicate the type of tenure you have *Please tick box(es) as appropriate*

- | | |
|--|---|
| <input type="checkbox"/> Council introductory tenant | <input type="checkbox"/> Housing Association assured tenant |
| <input type="checkbox"/> Council secure tenant | <input type="checkbox"/> Housing Association starter tenant |
| <input type="checkbox"/> Hostel/non secure tenant | <input type="checkbox"/> Housing Association assured shorthold tenant |
| <input type="checkbox"/> Living with family or friends | <input type="checkbox"/> Lodger |
| <input type="checkbox"/> MOD Service accommodation | <input type="checkbox"/> Mobile home tenant |
| <input type="checkbox"/> No fixed abode | <input type="checkbox"/> Owner occupier |
| <input type="checkbox"/> Supported housing tenant | <input type="checkbox"/> Private tenant (assured shorthold tenancy) |
| <input type="checkbox"/> Tied service accommodation | <input type="checkbox"/> Other <i>please specify</i> |

35. Are you currently housed in accommodation arranged by Winchester City Council as part of their homelessness duties?

Yes No

36. Owner Occupation

36.1 Do you or anyone in your household own a property? Yes No

36.2 Have you or anyone in your household previously owned a property?

Yes No

36.3 If you have answered 'yes' above, please provide full details including, for example, an estate agent's valuation of your property, the amount of mortgage outstanding and your savings.

| | |
|-----------|----------------------|
| Address | |
| Valuation | Mortgage outstanding |
| Date sold | Savings |

37. Tied Tenants

37.1 Are you required to leave your tied accommodation? Yes No

37.2 Date you need to leave your accommodation?

37.3 Please explain why you have to leave

| |
|--|
| |
| |
| |
| |

37.4

| | |
|----------------------------------|---|
| Name of Landlord/Managing Agent: | |
| Address: | Rent: <i>(please indicate weekly/monthly)</i> |
| | |
| | Contact telephone no. |

38. Are you in rented accommodation? If so please give details.

| | |
|----------------------------------|---|
| Name of Landlord/Managing Agent: | |
| Address: | Rent: <i>(please indicate weekly/monthly)</i> |
| | |
| | Contact telephone no. |

39. Details of your current accommodation

Do you have use of the following facilities in your home? *Please circle Yes or No as appropriate.*

If yes, do you share the facility with anyone else not included in your household?
Please provide details of who they are and their relationship to you.

| Facilities available | | Shared | Details |
|----------------------|--------|--------|---------|
| Living room | Yes/No | Yes/No | |
| Bedroom 1 | Yes/No | Yes/No | |
| Bedroom 2 | Yes/No | Yes/No | |
| Bedroom 3 | Yes/No | Yes/No | |
| Bedroom 4 | Yes/No | Yes/No | |
| Other room | Yes/No | Yes/No | |
| Inside wc | Yes/No | Yes/No | |
| Outside wc | Yes/No | Yes/No | |
| Bath/shower | Yes/No | Yes/No | |
| Hot water | Yes/No | Yes/No | |
| Kitchen | Yes/No | Yes/No | |

40. Pets

40.1 Do you have any pets? Yes No

40.2 If you do have pets, please provide details

| |
|--|
| |
| |
| |

41. Repairs

41.1 In what state of repair is your current home? *Please tick as appropriate*

Good Medium Poor Very poor

41.2 If your home is in a poor state of repair or very poor, please give details below.

| |
|--|
| |
| |
| |

41.3 Is your landlord aware of these problems? Yes No

41.4 Has the Council's Private Sector Housing/Environmental Health Service been informed? Yes No

YOUR HOUSING HISTORY

42. Where have you lived previously?

Please give details of the addresses at which you and your partner have lived during the past five years. List the address you lived in prior to your current home and all other addresses.

Applicant 1

| Address | Date from | Date to | Please state tenure | Reason for leaving |
|---------|-----------|---------|---------------------|--------------------|
| | | | | |
| | | | | |
| | | | | |

Applicant 2 Where did you live before your current address? (Only complete the section below if different from Applicant 1)

| Address | Date from | Date to | Please state tenure | Reason for leaving |
|---------|-----------|---------|---------------------|--------------------|
| | | | | |
| | | | | |
| | | | | |

43. Have you or anyone in your household ever had action taken against you for breach of tenancy such as Notice of Seeking Possession or Notice to Quit?

Yes No

If yes, please provide details

| |
|--|
| |
|--|

44. Do you have any outstanding rent arrears on either your current, or a previous tenancy?

Yes No

If yes, please state the amount of arrears and the address concerned

| Amount £ | Address |
|-------------|---------|
| | |

45. Have you or anyone in your household been convicted of an offence related to anti-social behaviour or bound by a Court Order which affects your housing?

Yes No

If yes, please provide details

| |
|--|
| |
|--|

46. Have you or anyone in your household had any other action taken against you as a result of a conviction, an injunction or any other Court Order which has restricted or restricts where you are allowed to live?

Yes No

If yes, please provide details

LENGTH OF WAIT

Please see 'Guidance Notes for completing Application Form for housing', page iii.

47. How long have you been waiting? *Please state the time in years*

| | Length of time in years |
|----------------------------------|-------------------------|
| Local Authority Housing Register | |
| HelptoBuy South | |
| Seeking private accommodation | |

OTHER NEEDS TO BE TAKEN INTO CONSIDERATION

48. Accessibility: Do you or anyone in your household have any mobility or sensory requirements? Yes No

Please tell us if your property has any adaptations for the disabled.

49. Do you have a requirement for an adapted property? Yes No

If yes, please identify the type of property that you require

- Ground floor toilet
- Level access
- Stair-lift
- Other, please specify
- Ground floor accommodation
- Level access shower
- Wheelchair accommodation

50. Do you or anyone in your household have a long standing illness or health condition such as cancer, diabetes, chronic heart disease or epilepsy? Yes No

If yes, please state

EQUAL OPPORTUNITIES (Optional)

Wickham Community Land Trust aims to ensure that everyone who applies for housing is provided with a fair and equitable service and that service will be monitored to ensure it is transparent and fair. By giving the following information you will help us to make sure that we are meeting those standards for transparency and fairness. It is important that you complete this section but we realise that some people may be unwilling to do so, therefore these sections are optional.

All WCLT accommodation will be offered to applicants according to their eligibility, regardless of ethnic origin, marital status, race, gender or sexuality.

51. Nationality (Choose from Bulgarian, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Non-EEA national, Other, Other EEA national, Poland, Romania, Slovakia, Slovenia, Any other country (Please state), UK National.

| | |
|--------------------|--|
| Applicant 1 | |
| Applicant 2 | |
| Other 1 | |
| Other 2 | |
| Other 3 | |
| Other 4 | |

52. Ethnic Origin, Religion and Sexual Orientation

Ethnic Origin Choose from: White, British / Irish /Any other White background, Mixed parentage or heritage, White and Black Caribbean / White and Black African / White and Black Asian / Any other mixed background, Asian or Asian British, Indian, Paristani, Bangladeshi, Any other Asian background, Black or Black British, Caribbean / African / Any other Black background, Chinese, Other ethnic group, Romany gipsy, Irish gipsy or traveller, Other traveller, Any other ethnic group (please state)

Religion Choose from: Buddhist, Christian, Hindu, Jewish, Muslim, Sikh, Other, (prefer not to say)

Sexual Orientation Choose from: bisexual, gay, heterosexual, lesbian, transgender, other, prefer not to say.

| | Ethnic Origin | Religion | Sexual Orientation |
|--------------------|----------------------|-----------------|---------------------------|
| Applicant 1 | | | |
| Applicant 2 | | | |
| Other 1 | | | |
| Other 2 | | | |
| Other 3 | | | |
| Other 4 | | | |

DISCLOSURE

53. Are you or anyone in your household related to a member of the Board of Trustees/Directors of Wickham Community Land Trust? Yes No

If yes, please state their name and their relationship to you.

Once your application has been assessed we will write to you to tell you your registration date.

You must keep us informed of any changes to your household, medical conditions or housing situation. This is very important as it could result in a change of your eligibility for certain Wickham Community Land Trust homes.

Data Protection Act 1998: Consent to share information

We may seek information about you from various third parties in order to assess your housing needs. The information you give us may be:

- used to confirm and verify issues raised in your application and assess your housing need
- disclosed, if appropriate, to relevant authorities for the purpose of preventing or detecting fraud
- shared with others for the purposes of managing Wickham Community Land Trust properties.

This information will not normally be used for other purposes. Wickham Community Land Trust will share information with other agencies on a strictly 'need to know' basis. Your personal data will otherwise be treated as strictly confidential provided you have not tried to mislead Wickham Community Land Trust, or have not withheld information.

Please note that when there is a clear overriding public interest we reserve the right to share certain types of information with third parties such as housing providers, even if you have not given explicit consent; for example, where there are risks to the immediate health and safety of an individual, staff or the public.

False or misleading statements

Wickham Community Land Trust reserves the right to discontinue an application or seek possession of a property where false or inaccurate information has been provided deliberately or information withheld.

Wickham Community Land Trust reserves the right to prosecute in the event of any wilful misrepresentation by the applicant or applicants.

54. Declaration – Please read and sign the declaration below:

I hereby authorise you to use my information as set out above and give consent for third parties to disclose information to Wickham Community Land Trust for these purposes, as applicable.

I agree that this authorisation may be photocopied and that copies may be used to obtain the required information.

The details I have given on this form are true and correct. I will inform Wickham Community Land Trust if any of these details change. I understand that any changes may alter my eligibility for housing.

Signature of Applicant 1

Date

| | |
|--|--|
| | |
|--|--|

Signature of Applicant 2

Date

| | |
|--|--|
| | |
|--|--|

If this form has been completed by anyone other than the main applicant, please give details below.

Completed by

Signed by

Relationship to main applicant

55. Supporting documents you are providing: Do not sent originals through the post: photocopies will be acceptable at this stage.

55.1 **Identity** *please tick as appropriate.*

UK Passport Driving Licence

Other (*please specify*)

55.2 **Household Financial documents** *please tick as appropriate*

Salary slips information Benefits statements Savings/investment

Other (*please specify*)

55.3 **Proof of Accommodation** *please tick as appropriate*

Tenancy agreement Letter from landlord, friend or family

Utility bills

55.4 **Any other evidence**

| |
|--------------------------------------|
| e.g. pregnancy or mortgage documents |
|--------------------------------------|

Thank you for completing this application form:
Please return it with supporting documentation to:

**Wickham Community Land Trust,
P.O. Box 652,
FAREHAM,
PO14 9LB.**

Supplementary page for additional information