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# **WickhamCommunityLand Trust**

## **Application Form for housing**

Paper Form

Revised 11<sup>th</sup> May 2018

- 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

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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

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

**YOUR ADDRESS AND CONTACT DETAILS**

8. Current address

<b>Applicant 1</b>	
<b>Tel. no:</b>	<b>Mobile No.</b>
<b>Work Tel. no:</b>	<b>E-Mail:</b>

9. Current address (if different from above)

<b>Applicant 2</b>	
<b>Tel. no:</b>	<b>Mobile No.</b>
<b>Work Tel. no:</b>	<b>E-Mail:</b>

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**

	<b>Aged 18 or over?</b> Yes/No	<b>Place of birth</b>
<b>Applicant 1</b>		
<b>Applicant 2</b>		

**15.**

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

**16. Data Protection Information:** WCLT will retain the application forms of successful applicants and will hold this and other data as necessary in relation to agreements entered into with applicants, i.e. tenancy agreement/lease

**17. 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?** See our Privacy Statement on page 18.

Yes  No

We will only retain the first 4 pages of this application form so please tick what size accommodation you would like us to notify you about:

One bed  Two bed  Three bed

Signed..... Date.....

Signed ..... Date.....

***Please continue on page 5 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


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
<b>Applicant 1</b>		
<b>Applicant 2</b>		

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

<b>Applicant 1</b>	
<b>Applicant 2</b>	

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

<b>Applicant 1</b>	£
<b>Applicant 2</b>	£

**5. Do you receive an annual bonus?**  
Yes No *Please give figures*

<b>Applicant 1</b>	£(approx)
<b>Applicant 2</b>	£(approx)

**6. What is your job title?**

<b>Applicant 1</b>	
<b>Applicant 2</b>	

**7. What is the name of your employer?**

<b>Applicant 1</b>	
<b>Applicant 2</b>	

**8. What was the employment start date?**

<b>Applicant 1</b>	
<b>Applicant 2</b>	

**9. What is the address of your employer?**

<b>Applicant 1</b>	
<b>Applicant 2</b>	

Tel. No

Tel. No

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

	Yes	No
<b>Applicant 1</b>		
<b>Applicant 2</b>		

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

	£
<b>Applicant 1</b>	
<b>Applicant 2</b>	

**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.**

<b>Applicant 1</b>	
<b>Applicant 2</b>	
<b>Other 1</b>	
<b>Other 2</b>	
<b>Other 3</b>	
<b>Other 4</b>	

**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       Universal Credit       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*

<b>Applicant 1</b>	<b>Applicant 2</b>



**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>	<b>Resident in Wickham</b>		<b>Resident in Shedfield, Soberton, Newtown, Boarhunt, Swanmore, Bishop's Waltham, Curdridge</b>		<b>Local Government Area of Winchester</b>	
	3 years or more	Less than 3 years	3 years or more	Less than 3 years	3 years or more	Less than 3 years
<b>Applicant 1</b>						
<b>Applicant 2</b>						

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

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

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

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

**23. Family Connection**

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

**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 Curdridge 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 Curdridge?**

**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**


**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


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**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*

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**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*

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46. Have you or has 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*

- |  |  |
|--|--|
| <input type="checkbox"/> Ground floor toilet<br><input type="checkbox"/> Level access<br><input type="checkbox"/> Stair-lift<br><input type="checkbox"/> Other, please specify | <input type="checkbox"/> Ground floor accommodation<br><input type="checkbox"/> Level access shower<br><input type="checkbox"/> 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.

<b>Applicant 1</b>	
<b>Applicant 2</b>	
<b>Other 1</b>	
<b>Other 2</b>	
<b>Other 3</b>	
<b>Other 4</b>	

## 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.

	<b>Ethnic Origin</b>	<b>Religion</b>	<b>Sexual Orientation</b>
<b>Applicant 1</b>			
<b>Applicant 2</b>			
<b>Other 1</b>			
<b>Other 2</b>			
<b>Other 3</b>			

<b>Other 4</b>			
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## 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.

### **54. WCLT's PRIVACY STATEMENT**

This privacy statement explains what you should expect when Wickham Community Land Trust (WCLT) collects and holds information about you.

There is more detail in our Data Protection Policy available by writing to us at the address below.

#### **54.1 Information collected for Housing purposes**

As a Community Land Trust we collect and retain personal information on people who apply for or enquire about housing or are housed by us. When WCLT receives an application for housing or engages in correspondence in respect of any enquiry we make up a file. This may be held electronically, on paper or both.

Any personal information we hold on successful applicants for housing will be held while they are housed by WCLT and for a period of 12 months afterwards. We may hold personal information for a longer period by agreement with the individual or where there is any outstanding debt or legal/regulatory obligation.

Any personal information collected from enquirers or unsuccessful applicants for housing will be held for 12 months after the completion of the next housing allocation exercise and then destroyed unless you specifically consent to WCLT holding your details against a future housing opportunity

Where we hold your details on the basis of consent (rather than in relation to a legal agreement like a tenancy agreement or lease or as a 'legitimate interest') your consent will usually be in writing and you can withdraw your consent at any time.

We may share personal information with third parties where this is necessary to provide our services, to combat fraud or meet our regulatory or legal responsibilities. We can also share personal information with other organisations if you agree or ask us to do so.

#### **54.2 Other personal information held by WCLT**

We are also required to hold some personal information about Board Members, other volunteers, employees, contractors, donors and others. Only personal information that is relevant to our relationship with you will be held.

This data will be destroyed within one year of the relevant relationship ending unless you agree it is retained for longer or there is a legal or regulatory reason why we need to retain it.

### **54.3 How we keep your personal information safe**

We keep any personal information we need to hold in paper form in locked storage. Electronic data is held on computer protected with current anti-virus software, passwords and in recommended, secure UK based storage.

Data is only shared within WCLT itself on an identified “need to know” basis and is anonymised unless identification is specifically required. Data is shared with third parties where we are assured they are compliant with current law on data protection and only in performance of our contract with our tenants or in fulfilment of our regulatory requirements.

Publically available information will never identify individuals unless consent has been given.

### **54.5 Finding out what data we hold on you.**

Individuals can find out if we hold any personal information by making a written request. If we do hold information about you, we will give you a description of it, tell you why we are holding it and let you have a copy of the information in an intelligible form.

Write to:  
The Data Protection Officer,  
Wickham Community Land Trust,  
PO Box 739,  
Fareham,  
PO14 9RH

## **55. 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.

**56. Declaration – Please read and sign the declaration below:**

I hereby authorise you to use my information as set out in para 54 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

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

57.1 **Identity** *please tick as appropriate.*

UK Passport     Driving Licence

Other *(please specify)*

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

Salary slips information     Benefits statements     Savings/investment

Other *(please specify)*

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

Tenancy agreement     Letter from landlord, friend or family

Utility bills

**57.4 Any other evidence**

e.g.pregnancy or mortgage documents

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

**Wickham CommunityLand Trust,  
P.O. Box 739,  
FAREHAM,  
PO14 9RH.**

**Supplementary page for additional information**