



Maynard Co-operative Housing Association



Ross Walk Housing Co-operative

HOUSING APPLICATION FORM

Please complete this form thoroughly. Answer all questions.

Incomplete forms will be returned.

If proof is asked for and is not provided, the form will not be processed.

કૃપા કરીને આ ફોર્મ સંપૂર્ણ રીતે ભરો. બધા પરોના જવાબ આપો. અધૂરા ફોર્મ પાછા આવશે. જો પુરાવા રાટે પૂછવારાં આવે છે અને તે પૂરા પાડવારાં આવેલ નથી, તો કોઈ પોઇન્ટ આપવારાં આવશે નહીં.

Date:	
Ref No:	

1. PERSONAL DETAILS

Applicant	Joint applicant
Surname:	Surname:
Forename(s):	Forename(s):
Title: Mr / Mrs / Miss / Ms / Other	Title: Mr / Mrs / Miss / Ms / Other
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Date of birth:	Date of birth:
NI Number: <input type="text"/>	NI Number: <input type="text"/>
Ethnic origin (choose from code list below):	Ethnic origin (choose from code list below):
Do you have the Right To Rent? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have the right to rent? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address:	Address (if different from head of household):
Contact address if different:	Contact address if different:
Telephone Number Home:	Telephone Number Home:
Work:	Work:
Contact:	Contact:
Email:	Email:

Proof required

Ethnic Codes			
A. White		6 White & Asian	D. Black, African, Caribbean or Black British
1 English, Scottish, Welsh, Northern Irish, British	7 Other	12 Caribbean	
2 Irish	C. Asian or Asian British		13 African
18 Gypsy, Irish Traveller	8 Indian	14 Other	
3 Other	9 Pakistani	E. Other ethnic group	
B. Mixed		10 Bangladeshi	19 Arab
4 White & Black Caribbean	15 Chinese	16 Other	
5 White & Black African	11 Other	Refused	
		17 Refused	

3. Please tell us your current housing situation. Tick one only for head of household and joint applicant.

	APP 1	APP 2	Please provide details
Other housing association or council tenant:			
Living with friends/relative/parents:			
No fixed abode:			
Hostel resident:			
Lodger:			
Renting privately:			
Owner/occupier:			
Property with job:			
Other tenure type: i.e. caravan/hotel, etc. hospital/institution:			
Prison:			
Leaving community care: Will you have a support or care package when you leave? Yes <input type="checkbox"/> No <input type="checkbox"/> For example: social worker, occupational therapist (ot), community psychiatric nurse (cpn). <i>Please provide details of any support.</i>			

Proof required

What is the reason you are applying for housing?

4. Please tell us the name, address and phone number of your current landlord

Applicant:	Joint applicant:
Landlord/agent:	Landlord/agent:
Address:	Address:
Telephone number:	Telephone number:
Email:	Email:
Date moved in:	Date moved in:
Current rent: £	Current rent: £

5. HOUSEHOLD DETAILS

Please list below all those who currently live at the property, including yourself or joint applicant and anyone else that is moving with you.

Surname	Forenames	Title	Sex (M/F)	Age	Relationship to applicant

6. Previous housing over last 5 years (do not include current)

Applicant				
Address	Dates:		Landlord name, address & telephone number	Reason for leaving
	From: M - Y	To: M - Y		
	-	-		
	-	-		
	-	-		
	-	-		
Joint applicant				
Address	Dates:		Landlord name, address & telephone number	Reason for leaving
	From: M - Y	To: M - Y		
	-	-		
	-	-		
	-	-		
	-	-		

7. Are you a family with children currently living apart?

Yes

No

8. Are you a childless couple living apart?

Yes

No

9. Are you applying for housing because your relationship has broken down? Yes No

If yes, are you still living in the same property with your partner? Yes No

If you have answered yes to any of the above, please give details below:

Proof
required

10. How many bedrooms do you and the people moving in with you, have sole use of?

11. What is the type and size of your current property?

Type: House Flat Maisonette Bedsit Bungalow Other

Number of bedrooms:

12. Do you live in a flat or maisonette on first floor or above? Yes No

If yes, is there a lift? Yes No

13. Do you lack any facilities? Yes No

If yes, please tick which: Inside WC Hot water Wash hand basin Sink

Bath/shower facilities Running water Please provide further information

14. Do you share any facilities with non-family? Yes No

If yes, please tick whichever applies: Kitchen Bathroom/shower Wash hand basin

Sink WC

15. Is your current home in poor condition? Yes No

If yes, please give details below:

Proof
required

16. Do you need an extra bedroom for health, medical or access reasons? Yes No

If yes, please give details below:

Proof
required

17. Health/mobility/disability

Is your, or a member of your household's (who will live with you when you move) health/mobility/disability affected by your current housing?

Yes No

If yes, please give details below. We are unable to award points unless you provide evidence.

Proof
required

18. Do you have a disability/medical condition that affects the type of property you need? Yes No

If yes, please give details below:

Proof
required

19. Please use this space to provide any further information relevant to your application:

20. Do you have any pets?

Yes

No

If yes, what /type:

Please note that the Co-operative will allow dogs or cats to be kept in their homes where there is direct access to a private garden.

21. Do you have any rent arrears with your current or any previous landlord?

Yes

No

Please provide written evidence regarding your rent account, from your current landlord

Proof
required

22. Are you or joint applicant working?

Yes

No

If yes, please give name and address of employer and weekly earnings:

Proof
required

23. Please give details of any benefits you receive including weekly amounts:

Proof
required

24. Please state how much you have in savings/investments:

£

Please specify which Co-ops you would like to apply to:

Maynard Co-operative Housing Association (Highfields Area)

Ross Walk Housing Co-operative (Belgrave Area)

25. Are you related to a tenant member of the co-operative,
or a staff member of the managing agent?

Yes No

Please tick

If yes, please give details below:

Your application will be referred to the Co-operative's services manager if the above answer is yes.

26. REHABILITATION OF OFFENDERS ACT 1974

Have you (or anyone on your application), had any criminal convictions?
(Do not include 'spent' convictions).

Yes No

Do you (or anyone in your application) have a probation officer?

Yes No

Please tick

If you have answered YES to either of the above questions, please give details:

Proof
required

**READ THE FOLLOWING VERY CAREFULLY (the following points relate or single/
joint applicants)**

I understand that this application is for the use of the Co-operative only and does not bind the Co-operative to make any offer of accommodation or the applicant to accept any offer made.

I understand that if this application is successful and an offer is made, then I would be required to become a tenant member of the Co-operative.

I authorise the Co-operative to make any enquiries necessary to support my/our application.

I understand that my application may be cancelled if I give false or misleading information or if I withhold information. If I am granted a tenancy based on false or misleading information, or because of information I have not given, I understand I may be evicted and prosecuted for criminal offences and I may have to pay a fine.

All personal information will be handled in the strictest of confidence, be entered onto our computer system and will comply with the General Data Protection Regulation.

Applicant's signature Date

Joint applicant's signature Date

Please return this form to:

**RWHC and MCHA,
3 Bede Island Road,
Leicester LE2 7EA**

Coops@pahousing.co.uk

Please check the form
and click the button to
submit the form via email.
Please attach any
evidence you need to
provide to the email.

OFFICE USE ONLY

Pointed/entered by Date