



REGISTRATION NO:

DATE:

OFFERS:

FOR OFFICE USE ONLY

**APPLICATION FOR RENTED HOUSING
General Accommodation**

Please return this form to:

AXIOM HOUSING ASSOCIATION
AXIOM HOUSE
MASKEW AVENUE
PETERBOROUGH
PE1 2SX

Telephone number: 01733 347135
Office hours: 8.30am - 4.30pm Monday to Friday

The Association considers anyone who applies on the basis of their housing need regardless of their race, colour, sexual orientation, religion, disability or marital status.

Please answer **ALL** questions carefully and clearly.

Give as much information as possible to avoid delay in registration.

If you have any difficulties filling in this form please contact the Customer Service Team for assistance.

Data Protection Act 1998

The information on this form will be put on our computer system and used as part of our Lettings Policy and will be treated in confidence.

1. YOUR DETAILS

Please give details of yourself followed by those to be housed with you.

BLOCK CAPITALS

TITLE	SURNAME	FORENAME(S)	SEX MF	DATE OF BIRTH	NATIONAL INSURANCE NO.	RELATIONSHIP TO APPLICANT
						Applicant

PRESENT ADDRESS

POST CODE

TELEPHONE NUMBER

HOME

WORK

If any of the above are not living with you now, please give reasons:

Name	Relationship	Reasons	Age

NB IF YOU HAVE ANY OVERNIGHT ACCESS TO YOUR CHILD/CHILDREN THE ASSOCIATION HAS A PARENTAL RESPONSIBILITY FORM YOU WILL NEED TO COMPLETE

Is anyone to be rehoused pregnant? YES/NO

Expected due date:

NB PLEASE SEND A COPY OF THE PROOF OF PREGNANCY CARD WITH THIS FORM

2. HEALTH AND DISABILITY

Does anyone to be rehoused require special accommodation or separate bedrooms because of ill health or permanent disability? YES/NO

If YES please explain:

NAME _____ DETAILS _____

Does anyone to be rehoused use a wheelchair in the house? YES/NO

Does anyone to be rehoused have difficulty climbing stairs? YES/NO

Is anyone registered disabled, if YES quote registration number: YES/NO

Number: _____

Are you known to social services, if yes give name and telephone number of contact

Does your doctor state that the health of anyone to be rehoused is suffering because of your present home? YES/NO

NB THE ASSOCIATION HAS A MEDICAL ASSESSMENT FORM WHICH YOU CAN SEND TO YOUR DOCTOR FOR COMPLETION IF YOU REQUIRE HOUSING ON MEDICAL GROUNDS

3. PRESENT ACCOMMODATION

Points

Please give details of your present accommodation by ticking the boxes as appropriate:

TENURE

- Local Authority Tenant
- Private Tenant
- Tied Tenant
- Living with Family/Friend
- Owner Occupier
- HM Forces (Specify date of discharge)
- Parental Home
- Housing Association Tenant
- Other (Please Specify)

TYPE

- Flat (Floor Level)
- House
- Bungalow
- Bedsit
- Hostel
- Maisonette
- Bed & Breakfast
- Mobile Home
- Sheltered Accommodation
- Caravan
- Other (Please Specify)

Current rent paid (if applicable): _____

Please give name, address and tel number of landlord(if applicable): _____

How many bedrooms are there in the property? _____

How many people live in the property? _____

How long have you lived at your present address? _____

4. PREVIOUS ACCOMMODATION

Please list your accommodation for the last six years:-

DATES		YOURSELF		
FROM:	TO:	If applicable, please list previous addresses for yourself & your partner	Reason for Leaving	Type of Tenancy
FROM:	TO:	YOUR PARTNER		

5. YOUR SITUATION

Points

Please tick the following if you have to share them with people who will not be moving with you or if you do not have them at all.

	SHARED	NOT AT ALL
Living Rooms	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom	<input type="checkbox"/>	<input type="checkbox"/>
Internal WC	<input type="checkbox"/>	<input type="checkbox"/>
Bedroom	<input type="checkbox"/>	<input type="checkbox"/>
Hot Water	<input type="checkbox"/>	<input type="checkbox"/>
Heating	<input type="checkbox"/>	<input type="checkbox"/>

(Please provide further information relevant to your application. Continue on separate sheet if required.)

If you live in a flat do you have access to a lift?

YES/NO

If you MUST leave your home, when must you leave by? _____

Are you registered with the local authority Homeless Section? _____

Please indicate below circumstances which apply to you by ticking the appropriate boxes.

Relationship breakdown	<input type="checkbox"/>	To get married	<input type="checkbox"/>
Landlord selling property	<input type="checkbox"/>	Dislike area	<input type="checkbox"/>
Financial difficulty	<input type="checkbox"/>	Family living apart	<input type="checkbox"/>
Have an eviction order	<input type="checkbox"/>	Being asked to leave by friends/relatives	<input type="checkbox"/>
To get small accommodation	<input type="checkbox"/>	Leaving hospital/prison/institution	<input type="checkbox"/>
To get larger accommodation	<input type="checkbox"/>	To take up work	<input type="checkbox"/>
To be near friends/relatives	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
To leave home	<input type="checkbox"/>	Harassment	<input type="checkbox"/>

Other (please specify) _____

6. EMPLOYMENT

Fill in the details of yourself and everyone who will be living with you who is working.

NAME	NAME AND ADDRESS OF EMPLOYER	NATURE OF WORK	WEEKLY INCOME

7. SAVINGS

Please tick appropriate boxes

	Below £1,000	£1,000 - £5,000	OVER £5,000
APPLICANT			
PARTNER			

If the figure is over £5,000 - please state amount £ _____

Do you own any property anywhere? YES/NO JOINTLY/SOLELY

If YES please give approximate value £ _____ outstanding mortgage £ _____

Address (if different from where you are living now): _____

8. BENEFITS

Fill in the details of yourself and everyone who will be living with you who receives a benefit.

NAME	TYPE OF BENEFIT	AMOUNT PER WEEK

9. HOUSING REQUIREMENTS

After reading the attached list please state areas where you will accept accommodation

Please state size and type of accommodation required: _____

Please give details of any pets you have: _____

NB NO ANIMALS ARE ALLOWED IN FLATS/MAISONNETTES/SHELTERED ACCOMMODATION WITH COMMUNAL FACILITIES

Special arrangements can be made for Registered Guide Dogs or those used for other sensory impairments

10. OTHER APPLICATIONS FOR HOUSING

Are you on a council's waiting list? (Please tick) YES NO

If YES, which one(s) _____ Reg. No. _____

Are you on another housing association's waiting list? (Please tick) YES NO

If YES which one(s) _____

11. OTHER INFORMATION

Do you have a parking requirement? YES/NO Car Motor Cycles
Caravan Other

Please note: Any information withheld at this stage could result in the loss of any future tenancy granted to you by the Association

Have you or any other joint applicant ever had your name on a tenancy with the Council, Housing Association or Private Landlord? YES/NO YOU YOUR PARTNER

If **yes** please give the property address, landlords name, address and telephone number and dates when you lived there:

Next of Kin/Contact Person - Relationship: _____

Name: _____

Address: _____

_____ Tel No. _____

Do you have a training placement in the local area in which you are applying for accommodation? YES/NO

Are you known to the probation service YES/NO

If yes, please give your probation officers name and telephone number:

Are you related to any member of the Association's Committee or Staff? YES/NO

Please state whom and the relationship:

NB WE CANNOT NORMALLY HOUSE ANY DIRECT RELATIVE OF A COMMITTEE MEMBER OR STAFF MEMBER

You must let us know if your circumstances change.

WARNING

Any false statement by an applicant could lead to the termination of any tenancy which may be granted to him/her by the Association.

**Any information, names or addresses may be checked for accuracy or for reference.
Please state clearly if there are any agencies or persons you do not wish the Association
to contact for any reason.**

Your signature indicates that you have given your permission.
I therefore declare that the above information is correct.

APPLICANT(S) SIGNATURES _____ DATE _____

**ANY DOCUMENTATION SUPPORTING THE APPLICATION SHOULD BE ATTACHED TO
THE APPLICATION FORM.**

**Your application will be assessed in accordance with the Association's Allocation Policy
and your application may be rejected if it does not meet the acceptance criteria**

Interviewed by:

Date of interview:

Record of interview:

Total Points awarded:

Assessed by:

Date:

Checked by:

Date:

English

If you need help communicating with us or understanding any of our documents, we can arrange for a Language Line interpreter or translator to help you.

Please contact us on - 01733 347 135 - stating your language and telephone number.

Italian

Se avete bisogno di aiuto per comunicare con noi o per comprendere i nostri documenti, possiamo provvedere i servizi di un interprete o di un traduttore di Language Line, che sarà in grado di aiutarvi.

Contattecì allo - 01733 347 135 - indicando la vostra lingua ed il vostro numero di telefono.

Gujarati

જો તમને સમારી સાથે વાતચીત કરવામાં મદદ જોઈતી હોય અથવા અમારા કોઈપણ દસ્તાવેજો સમજવામાં સહાયતા જોઈતી હોય તો, અમે લેંગ્વેજ લાઇનના દુભાષિયા અથવા અનુવાદક માટેની વ્યવસ્થા કરી શકીએ તેમ છીએ મહેરબાની કરીને અમારો સંપર્ક - 01733 347 135 - પર કરો અને તમારી ભાષા જણાવી, તમારો ટેલિફોન નંબર આપો.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਸਾਡੇ ਨਾਲ ਗੱਲਬਾਤ ਕਰਨ ਜਾਂ ਸਾਡੇ ਕਿਸੇ ਦਸਤਾਵੇਜ਼ ਨੂੰ ਸਮਝਣ ਵਿੱਚ ਮਦਦ ਚਾਹੀਦੀ ਹੈ, ਤਾਂ ਤੁਹਾਡੀ ਮਦਦ ਕਰਨ ਦੇ ਲਈ ਅਸੀਂ ਇੱਕ ਲੈਂਗਵੇਜ਼ ਲਾਈਨ ਇੰਟਰਪ੍ਰੈਟਰ (ਦੁਭਾਸ਼ੀਏ) ਜਾਂ ਟ੍ਰਾਂਸਲੇਟਰ (ਅਨੁਵਾਦਕ) ਦਾ ਪ੍ਰਬੰਧ ਕਰ ਸਕਦੇ ਹਾਂ।

ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ - 01733 347 135 - ਉੱਪਰ ਸੰਪਰਕ ਕਰੋ ਅਤੇ ਆਪਣੀ ਭਾਸ਼ਾ ਅਤੇ ਟੈਲੀਫੋਨ ਨੰਬਰ ਦੱਸੋ।

Urdu

اگر آپ کو ہمارے ساتھ بات کرنے میں یا ہماری فراہم کردہ کسی دستاویز کو سمجھنے میں مدد کی ضرورت ہو تو ہم آپ کی مدد کے لئے لینگویج لائن کے ایک انٹرپرائیٹر (مترجم) یا ترجمہ کرنے والے کا اہتمام کر سکتے ہیں۔

برائے مہربانی ہم سے 01733 347 135 پر رابطہ کر کے اپنی زبان اور اپنا ٹیلیفون نمبر بتائیں۔