

## Leicestershire Rural Housing Association Ltd

## HOUSING APPLICATION

All information will be treated confidentially

If you require any assistance in completing this form  
please do not hesitate to contact the office on 01530 278080

In which village/s are you applying for housing

**Please note:** we require a local connection for most villages where we have properties (**See Section 3**)

Do you wish to:

Buy

Rent

Number of Bedrooms Required:

1

2

3

Type of Property Required

House

Flat

Bungalow

**MAIN APPLICANT****JOINT APPLICANT****Section 1. Personal Details**

Title Mr, Mrs etc

Surname

Forenames

Address

Post Code

Title Mr, Mrs etc

Surname

Forenames

Address

Post Code

**If you are unable to receive post at your current address, please provide alternative address.**

Postcode

NI Number

Date of Birth

Relationship Status

(where joint application)

**Contact Details & Telephone Numbers**

Home

Work

Mobile

E-mail

Yes No

Have you applied to us before?

Yes No

Are you related to any staff  
or committee member?

If yes please give details

Name

Relationship

NI Number

Date of Birth

Relationship Status

(where joint application)

**Contact Details & Telephone Numbers**

Home

Work

Mobile

E-mail

Yes No

Have you applied to us before?

Yes No

Are you related to any staff  
or committee member?

If yes please give details

Name

Relationship

**MAIN APPLICANT****JOINT APPLICANT****Section 2. Local Connection***It is a requirement that you have a local connection to the Village/Parish you are applying for*

Do you currently live in the Village/Parish?      Yes    No  
   

If "Yes" how many years have you lived there

If you used to live in the Village/Parish please list the address/es dates you last lived there

Do you currently live in the Village/Parish?      Yes    No  
   

If "Yes" how many years have you lived there

If you used to live in the Village/Parish please list the address/es dates you last lived there

Do you currently work in the Village/Parish?      Yes    No  
   

If "Yes" how many years have you worked there

Do you have close relatives living in the Village/Parish?      Yes    No  
   

If "Yes" please detail below

Do you currently work in the Village/Parish?      Yes    No  
   

If "Yes" how many years have you worked there

Do you have close relatives living in the Village/Parish?      Yes    No  
   

If "Yes" please detail below

Name of Relative	Address	Relationship

**Section 3. Other Applications**

**Leicestershire Rural Housing Association is a small organisation and does not have a large turnover of properties. We request nominations from Local Authorities and therefore recommend all applicants apply to the Local Authorities to be added to their waiting list.**

Are you on the local council's waiting list?      Yes    No  
   

If yes, please detail below, which Local Authority and how long you have been on their waiting list for

Are you on the local council's waiting list?      Yes    No  
   

If yes, please detail below, which Local Authority and how long you have been on their waiting list for

Have you been offered housing by either the Local Authority or another Housing Association?      Yes    No  
   

If yes, please give details of why you turned the property down

Have you been offered housing by either the Local Authority or another Housing Association?      Yes    No  
   

If yes, please give details of why you turned the property down

## Section 4. Your present home and your household

**Tick the box that applies to your present home (please tick only one box in this section).**

Housing Association Tenant <input type="checkbox"/>	Council Tenant <input type="checkbox"/>	Hostel/Refuge <input type="checkbox"/>
Tenant of Private Landlord <input type="checkbox"/>	Bed & Breakfast <input type="checkbox"/>	Owner / Buying <input type="checkbox"/>
Shorthold Tenant/Licensee <input type="checkbox"/>	Renting with Job <input type="checkbox"/>	With Family <input type="checkbox"/>
In an Institution or Prison <input type="checkbox"/>	Sleeping Rough <input type="checkbox"/>	With Friends <input type="checkbox"/>
Caravan <input type="checkbox"/>	Other (give details) <input style="width: 100%;" type="text"/>	

**What type of property do you live in at present?**

House     Bungalow     Ground floor flat     Upper floor flat

Other (give details)

Yes    No

**Do you have any pets?**            If yes what kind of pet/s?

For your information Cats & Dogs can not normally be allowed in flats.

**We need to consider whether you are overcrowded. As the main applicant please tell us the number of people sleeping in each room of your present accommodation (including yourself) and state their relationship to you i.e. partner, sister, boyfriend, etc. and whether they are to move with you.**

**How many bedrooms does your current home have?**

Bedroom No	Name	Date of Birth	Male Female	Relationship to you	To move with you	
					Yes	No
1		/ /				
		/ /				
		/ /				
2		/ /				
		/ /				
		/ /				
3		/ /				
		/ /				
		/ /				
Other room used as a bedroom		/ /				
		/ /				
		/ /				

**Please give details of anyone who needs re-housing with you but is not mentioned in the list above. Include the expected date of unborn children and indicate if you have access rights to children who do not live with you permanently.**

Name	Date of Birth	Male Female	Relationship to you	Present Address
	/ /			
	/ /			
	/ /			



**MAIN APPLICANT****JOINT APPLICANT****Section 7. Financial Details**

	Yes	No
Do you have any savings?	<input type="checkbox"/>	<input type="checkbox"/>
If yes state how much.	£ <input type="text"/>	
<b>Employment Details (If applicable)</b>		
Employer	<input type="text"/>	
Address	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
Occupation	<input type="text"/>	
Weekly income before tax	£ <input type="text"/>	

<b>Benefits/Other Income</b>	
Give details of state benefits or any other income	
Benefit/Other Income	Amount per week
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

How much is your board, rent or mortgage?	£ <input type="text"/>
Is this weekly or monthly?	<input type="text"/>
	Yes No
Do you have any arrears?	<input type="checkbox"/> <input type="checkbox"/>
If yes, state how much.	£ <input type="text"/>

	Yes	No
Do you get Housing Benefit	<input type="checkbox"/>	<input type="checkbox"/>
If yes has your Housing	<input type="checkbox"/>	<input type="checkbox"/>
Benefit been 'capped'(they have said your rent is too high and will not pay it in full)?	<input type="checkbox"/>	<input type="checkbox"/>

If you have approached a bank/building society for a mortgage, please give details of the maximum they indicated they would be prepared to advance: (please note charitable income limits)		
Amount	<input type="text"/>	
	Yes	No
Do you have any loans/credit agreements?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, state how much.	£ <input type="text"/>	

	Yes	No
Do you have any savings?	<input type="checkbox"/>	<input type="checkbox"/>
If yes state how much.	£ <input type="text"/>	
<b>Employment Details (If applicable)</b>		
Employer	<input type="text"/>	
Address	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
Occupation	<input type="text"/>	
Weekly income before tax	£ <input type="text"/>	

<b>Benefits/Other Income</b>	
Give details of state benefits or any other income	
Benefit/Other Income	Amount per week
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

How much is your board, rent or mortgage?	£ <input type="text"/>
Is this weekly or monthly?	<input type="text"/>
	Yes No
Do you have any arrears?	<input type="checkbox"/> <input type="checkbox"/>
If yes, state how much.	£ <input type="text"/>

	Yes	No
Do you get Housing Benefit	<input type="checkbox"/>	<input type="checkbox"/>
If yes has your Housing	<input type="checkbox"/>	<input type="checkbox"/>
Benefit been 'capped'(they have said your rent is too high and will not pay it in full)?	<input type="checkbox"/>	<input type="checkbox"/>

**Section 8. Economic Status (please tick)**

Full time student	<input type="checkbox"/>
F/T working 30hrs +	<input type="checkbox"/>
P/T working under 30 hrs	<input type="checkbox"/>
Government Training	<input type="checkbox"/>
Job Seeker	<input type="checkbox"/>
Not Seeking Work	<input type="checkbox"/>
Retired	<input type="checkbox"/>
Unable to work due to illness	<input type="checkbox"/>

Full time student	<input type="checkbox"/>
F/T working 30hrs +	<input type="checkbox"/>
P/T working under 30 hrs	<input type="checkbox"/>
Government Training	<input type="checkbox"/>
Job Seeker	<input type="checkbox"/>
Not Seeking Work	<input type="checkbox"/>
Retired	<input type="checkbox"/>
Unable to work due to illness	<input type="checkbox"/>

**MAIN APPLICANT**

**JOINT APPLICANT**

**Section 9. Previous Addresses**

Please give details for the last 6 years.

Please give details for the last 6 years.

Address 1

Address 1





From  /  /  To  /  /

From  /  /  To  /  /

Landlord

Landlord

Reason for leaving

Reason for leaving

Address 2

Address 2





From  /  /  To  /  /

From  /  /  To  /  /

Landlord

Landlord

Reason for leaving

Reason for leaving

Please write details of any additional addresses on the back of the application form.

Do you own or jointly own any accommodation? Yes  No

Do you own or jointly own any accommodation? Yes  No

If yes please give details.

If yes please give details.

Estimated Equity £

Estimated Equity £

(how much cash would you receive from the sale of the property)

(how much cash would you receive from the sale of the property)

**Section 10. Health & Disability**

Do you or a member of your house consider themselves to have a longstanding illness, disability or infirmity? Yes  No

If yes, what is the nature of the illness, disability or infirmity and detail at the side of the box which household member it applies to.

	Please Tick	Household member
Dyslexia	<input type="checkbox"/>	<input type="text"/>
Visual/Sight impairment	<input type="checkbox"/>	<input type="text"/>
Hearing impairment	<input type="checkbox"/>	<input type="text"/>
Speech impairment	<input type="checkbox"/>	<input type="text"/>
Mental Health difficulties	<input type="checkbox"/>	<input type="text"/>
Learning Disability	<input type="checkbox"/>	<input type="text"/>
Mobility (physical disability)	<input type="checkbox"/>	<input type="text"/>
Difficulties with reading	<input type="checkbox"/>	<input type="text"/>
Difficulties with writing	<input type="checkbox"/>	<input type="text"/>
Other (please tell us)	<input type="checkbox"/>	<input type="text"/>

Please detail below more information about how your present housing affects your illness, disability or infirmity

## Section 11. Equal Opportunities

This section is optional – To ensure that we are meeting our continued commitment to equal opportunities.

**How would you describe your ethnic origin?**

Language:	Main Language		Preferred Language	
	MAIN	JOINT	MAIN	JOINT
Arabic				
Bengali				
Bosnian				
Chinese				
Dutch				
English				
French				
Gujarati				
Hindi				
Polish				
Portuguese				
Punjabi				
Somali				
Slovakian				
Tigrinia				
Urdu				
Unknown				
Other				

Ethnic Group:	MAIN	JOINT
White British		
White Irish		
White Other		
Mixed W & B Caribbean		
Mixed W & B African		
Mixed Other		
Asian/Brit Indian		
Asian/Brit Pakistani		
Asian/Brit Bangladeshi		
Asian/Brit Other		
Black/Brit Caribbean		
Black/Brit African		
Black/Brit Other		
Chinese/Other Chinese		
Chinese/Other Other		
Refused		
Unknown		

### Sexual Orientation

We understand the personal nature and sensitivity of this question and if you would prefer not to answer then feel free to tick the box below. We need the information to ensure we do not directly or indirectly discriminate against applicants because of their sexuality. The information will be held in a secure database and used for analytical purposes only.

Heterosexual	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>
Gay or Lesbian	<input type="checkbox"/>
Do not wish to answer	<input type="checkbox"/>

Heterosexual	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>
Gay or Lesbian	<input type="checkbox"/>
Do not wish to answer	<input type="checkbox"/>

**Is there anything** that we could do differently or that we need to be aware of when contacting or sending information to your home? e.g. large print documents required, let phone ring longer. If yes please tick all the boxes that apply:

Large Print  Sign Language DVD/video  Braille/Moon   
Audiotape/CD  Plain English with symbols  Different Coloured paper

Do you need the printed information we give you in a different language? YES/NO  
If yes please tell us which language: \_\_\_\_\_

If English is not your first language, would you prefer us to use an interpreter or translation service when we contact you? YES/NO

If yes please tell us which language: \_\_\_\_\_

Is there anything else that we should take into account when contacting or visiting you?  
Please tell us below:

## Section 12. Additional Information

**Please use this section to give us any additional information you think we may need to know in order to process your application accurately (continue on a separate sheet if necessary)**

## Section 13. Declaration

**Where there are joint applicants both must SIGN and DATE this form.**

The details on this form are true and I will tell Leicestershire Rural Housing Association of any changes in my / our circumstances. I understand that false information may result in my application being refused, any offer of tenancy withdrawn or I may lose any tenancy I am granted.

I / We understand that LRHA will make such enquiries as it considers necessary relating to this application. This may include a credit reference check with a reputable credit reference agency to verify my addresses and to check for previous housing debts. I / We agree to these checks being made.

I / We give permission for LRHA to contact any Landlords for all previous addresses I have given and any addresses which come to light via credit referencing.

**Leicestershire Rural Housing Association will only process and use (as defined within Data Protection Act) the information you have provided in accordance with our registration.**

**Main Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_ / \_\_\_ / \_\_\_

**Joint Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_ / \_\_\_ / \_\_\_

**Please return your completed form to:**

**Leicestershire Rural Housing Association, Unit 19, Whitwick Business Centre,  
Stenson Road, Coalville, Leicestershire, LE67 4JP Tel: - 01530 278080**

Registered with the Industrial and Provident Society with charitable status 29402R