

# Application for Housing/Transfer

*If you require this document in another language or format, such as large type face, please contact BCHAL*

*Please note BCHAL complies with Bedford Borough Council’s Housing Register and Allocations Scheme. Refer to* [*www.bedford.gov.uk*](http://www.bedford.gov.uk) *or Housing Options Team on 01234 718058 for further advice on the current scheme. A copy of our policy is available on our website* [*www.bchal.org*](http://www.bchal.org) *or by telephoning 01234 321400 and asking for the Housing Team.*

## CONFIDENTIAL

### 1.0 About Yourself

Surname……………………………………………………………………................

Forenames…………………………………………………………………................

Mr / Mrs / Miss / Other……………………………………………………................

Full address………………………………………………………………..................

……………………………………………………………………………....................

………………………………………… Post Code………………………............

Telephone Number

Home…………………...................... Work………………………….................

Mobile ……………………………...... Email…………………………………..

Date of Birth………………………...

National Insurance number.................................................................................

#### **Do you** **wish to apply** **jointly with any other adult?** **Yes** **No**

#### If yes complete the following details of the other adult

**If no, go to Section 2**

##### Full Name & Title………………………………………………………….................

Address if different………………………………………………………..................

from above.

……………………………………………………………………………....................

………………………………………… Post Code…………………….................

Telephone Number

Home…………………...................... Work………………………….................

Mobile ……………………………...... Email…………………………………..

Date of Birth …………………………

National Insurance number.................................................................................

Have you or anyone who wishes to live with you come to live in the UK within the last five years? Yes No

If yes – please provide evidence of your current immigration status, e.g. passport, and state what nationality you/they are:………………………….........

**In the last two years, has action been taken against you or any applicant on this form for ARREARS OF RENT or any other DEBT or ANTI-SOCIAL BEHAVIOUR**

Yes No

If yes, please provide details: ……………………………………………..............

……………………………………………………………………………..................

……………………………………………………………………………..................

……………………………………………………………………………..................

……………………………………………………………………………..................

If false information is provided your application may be refused and any offer of accommodation withdrawn.

If you have already been offered accommodation legal proceedings may be taken to recover possession of the property.

### 2.0 Your situation

Does anyone applying for housing have a physical disability/medical

condition? Yes No

If yes please explain the nature of the condition, any special housing requirements e.g. wheelchair assessable and how re-housing would help alleviate the condition.

……………………………………………………………………………..................

……………………………………………………………………………..................

……………………………………………………………………………..................

……………………………………………………………………………..................

*With your consent we may seek further information from your doctor or other medical professional, additionally you may wish to supply us with supporting documentation from your medical professional.*

Name and address of Doctor ………………………………..………………………………………………............

Signed Consent to approach Doctor …………………………………….............

**3.0 Financial Details**

Is anyone applying for housing:-

In Employment Yes No

If yes, please give employment details:

|  |  |
| --- | --- |
| **Yourself:**  Name & address of employer:  Telephone No: | **Joint Applicant:**  Name & address of employer  Telephone No: |

Are you in receipt of benefits Yes No

and/or pension.

Have you any other regular income Yes No

If you have answered yes to any of the above questions please provide the following information as applicable

Applicant Other

Monthly take home pay after deductions

for tax and National Insurance.

Applicant Other

Type & value of benefits, pension,

other income, per month.

Applicant Other

Total value of savings.

**4.0 Current Accommodation**

Do you own your current home Yes No

If yes please state approximate value

& outstanding mortgage, if estimated Value

appropriate.

Outstanding Mortgage

Do you own any other properties Yes No

*Ownership of property does not automatically exclude you from being considered for housing.*

Are you a tenant? Yes No

If yes please give the name and address of your landlord and the current tenancy e.g. assured, short hold / fair rent etc.

……………………………………………………………………………................

……………………………………………………………………………................

……………………………………………………………………………................

Please describe your current accommodation eg flat, house, number of bedrooms

……………………………………………………………………………...............

……………………………………………………………………………...............

How long have you been at your current address? ……..years…….months

If less than 5 years give details of your previous homes of all applicants in the last 5 years.

|  |  |  |  |
| --- | --- | --- | --- |
| Address | Details of landlord, if applicable | from - to | Reason for leaving |
|  |  |  |  |

***We may seek independent verification of the above information.***

**Current Living Situation**

Are you homeless or about to become homeless Yes No

If yes to the above, please state why …………….…………………....................

………………………………………………………………………..........................

………………………………………………………………………..........................

If you are not homeless/immediately homeless, is the current accommodation:

Overcrowded Yes No

Unsanitary Yes No

Unsatisfactory Yes No

If you feel your property is unsatisfactory please supply further details

…………………………………………………………………………......................

…………………………………………………………………………......................

……………………………………………………………………………..................

Are you suffering from harassment/domestic violence? Yes No

If yes please give further detail…………………………………………...............

…………………………………………………………………………….................

…………………………………………………………………………….................

…………………………………………………………………………….................

Do you have any pets? Yes No

***(BCHA does not allow any pets other than caged birds and small fish)***

Have you applied to any other

Housing Association / Local Authority? Yes No

If yes please give details …………………………………………….................

……………………………………………………………………….....................

Are you related to anyone currently employed by BCHA or is on,

The Board of Management / Committees of BCHA.

Yes No

If Yes please give details…………………………………………………..........

……………………………………………………………………………..............

*If you have answered yes BCHA can still consider your application but special arrangements apply to ensure your application is treated fairly.*

**5.0 Sheltered Housing** *(If you are applying for sheltered housing please read our Sheltered Housing Brochure for guidance on eligibility)*

Are you applying for sheltered housing?

Yes No

Do you currently have a care and support package, e.g. Social Services or private carer, meals delivered, assistance with shopping, cleaning and personal care?

Yes No

Please provide further information:

……………………………………………………………………………..............

……………………………………………………………………………..............

……………………………………………………………………………..............

……………………………………………………………………………..............

**6.0 Our Properties**

The following is a list of our properties. These are mainly one bedroom properties. Place a tick MCWB01114_0000[1] against each property where you would like to live. You can tick as many properties as you wish. The more properties you tick, the more properties you can be considered for. Do not tick sheltered properties unless you have completed Section 5.

|  |  |  |  |
| --- | --- | --- | --- |
| **Sheltered properties** | **Tick** | **Non-Sheltered Properties** | **Tick** |
| Maydenbury House,  Kimbolton Road |  | Ray’s Close (Bungalows) – Usually let to couples |  |
| Bedesman’s House, Duckmill Lane. |  | Hurst Grove |  |
|  |  | Bromham Road |  |
|  |  | Ashburnham Road |  |
|  |  | Conduit Road |  |
|  |  | Chaucer Road |  |
|  |  | Kimbolton Road (bedsits) |  |

Do you require a ground floor property? Please note only our sheltered properties have lifts.

Yes No

BCHA does not have family sized properties. We have a few properties that may be suitable for applicants who have shared custody of up to 2 children. If this is relevant to your application please state below the number, age and sex of any children that you have shared custody of, and how frequently they are likely to stay.

……………………………………………………………………………....................

……………………………………………………………………………....................

Please use the space below to expand on any of the details provided in this application and to state the main reasons why you wish to move.

……………………………………………………………………………...................

……………………………………………………………………………...................

……………………………………………………………………………...................

……………………………………………………………………………...................

Please state your connection with Bedford……………………………….............

……………………………………………………………………………...................

Do you wish to move to be near family or friends for support, please

supply further details……………………………………………………..................

……………………………………………………………………………...................

How did you find out about BCHA?..……………………………………...............

……………………………………………………………………………...................

# Declaration

*Please read your application and the notes below then sign the Declaration*

* I declare that to the best of my knowledge the information I have given is correct and complete.
* I undertake to inform BCHAL of any changes in my circumstances as soon as they take place.
* I understand that if I give any information that is false or incomplete, I am committing an offence and my application may be refused and any offer of accommodation withdrawn and if I have already been offered accommodation legal proceedings may be taken to recover possession of the property.
* I give permission for information to be disclosed to other Housing Providers and any other relevant organisations, including the police and probation authorities for verification, assessment and nomination purposes.
* I give permission for BCHAL to contact any social worker, probation officer, community psychiatric nurse, or other similar worker to discuss my application in order to assess my housing needs.
* I give permission for BCHAL to make any enquires necessary to verify and/or assess my housing application, including my previous and current landlord.

**If this is a joint application both applicants must sign this form.**

Applicant …………………………………………..

Signed ……………………………………............

Date ………………………………………………..

Any other applicant ……………………………….

Signed ……………………………………………..

Date ………………………………………………..

*Please return this completed form to:*

*Housing and Maintenance Manager*

*BCHAL,*

*Bedford Charter House,*

*1a Kimbolton Road,*

*Bedford,*

*MK40 2PU*

\*BCHAL – Bedford Citizens Housing Association Ltd

**Data Protection Policy**

In order to assess your housing application and help us deliver efficient services, we need to collect relevant personal details. We comply with the Data Protection Act 1998 when dealing with personal data. This means that your personal data will be processed in accordance with the law. Please note we may share personal data with other organisations where appropriate. By signing this form you are consenting to Bedford Citizens Housing Association Ltd processing your personal data. Further details of our Data Protection Policy are available upon request.

***For office use only***

**Application tracking**

|  |  |
| --- | --- |
| Eligible for housing | Y N |
| Points awarded |  |
| Referred to Operations Committee (if staff) | Y N |
| State referral source, if direct application state how they know of BCHA |  |

|  |  |
| --- | --- |
|  | **Date** |
| Points awarded |  |
| Applicant notified of acceptance onto list |  |
| Details verified |  |
| Accommodation offered |  |
| Needs assessment Sheltered housing |  |
| Accommodation accepted |  |

**Interview notes**

|  |
| --- |
| Sign: Date: |

*For Office Use only*

**POINTS BREAKDOWN**

**Name of Applicant**

**Application Number**

**Summary of Points Awarded**

***New Applicants***

Points are awarded in the following categories to direct applicants.

Applicants housed via our nominations agreement with Bedford Borough Council will be pointed by their agents, BPHA.

|  |  |
| --- | --- |
| **Category under which points are awarded** | **No. of Points** |
| * Persons who are homeless or threatened with homelessness within 28 days |  |
| * people in insanitary, overcrowded or otherwise unsatisfactory housing |  |
| * People who need to move on medical or welfare grounds |  |
| * People who need to move to avoid hardship or harm |  |
| * Suffering harassment etc. |  |
| * Sufficient local connection. Applicants must have lived in the Borough for the past three years, have worked in the Borough for at least twelve months or must have had close family in the Borough for the last five years and need to either give or receive support. |  |
| * Lack of financial ability to find alternative suitable housing ie whether the applicant’s financial circumstances would allow he/she to access non-social housing alternatives |  |
| * Suitability of existing housing conditions without lifts or isolated from transport facilities or local amenities eg people with limited mobility in accommodation |  |
| * Requiring supported sheltered housing |  |
| * Under occupation in current home (tenants) |  |
| * Existing tenants of social housing where the landlord agrees a move would be appropriate for management reasons |  |
| * Tenants in disabled adapted homes who no longer require them. |  |
| * Applicants who are servicing or have serviced in the regular or reserve forces (as defined in the Armed Forces Act 2006) and have a serious injury, illness or disability through that service, or a household who is or is becoming homeless from Ministry of Defence accommodation following the death of a spouse or partner as a result of their military service. |  |
| ***Transfer requests*:**  Tenants requesting a transfer and assessed as requiring a transfer will be awarded:-  **80** points for any changes in a tenant’s physical or financial circumstances since becoming BCHA tenants or for management reasons. |  |

**Signature…………………………….. Date…………………………………..**