

**FOR OFFICE USE ONLY**

Name: .....

Date Sent: ..... Date Returned: .....

Visit Date: ..... Confirmed: YES ☐

## **HOUSING APPLICATION FORM**

*Please read the enclosed leaflet before completing this form and don't forget to sign the declaration on the last page.*



Harborne Parish Lands Charity, 109 Court Oak Road, BIRMINGHAM B17 9AA  
Tel: 0121 426 1600 Fax: 0121 428 2267 Email: Carolyn.Arnold@hplc.org.uk

PLEASE COMPLETE ALL SECTIONS OF THIS FORM AND TICK ✓ THE RELEVANT BOXES.

## 1. Personal Details

### YOU

Surname: .....

Previous Name (s) .....

Title: .....

First Name: .....

Marital Status: .....

Date of Birth: .....

Age: .....

Current Address: .....

.....

..... Postcode: .....

Date you began living at this address: .....

Previous Address: .....

.....

..... Postcode: .....

Date you began living at this address: .....

Tel: Home: .....

Mobile: .....

Email Address: .....

National Insurance Number: .....

NHS Number: .....

Do you smoke? Yes ☐ No ☐

### YOUR PARTNER

Surname: .....

Previous Name (s) .....

Title: .....

First Name: .....

Marital Status: .....

Date of Birth: .....

Age: .....

Current Address: .....

.....

..... Postcode: .....

Date you began living at this address: .....

Previous Address: .....

.....

..... Postcode: .....

Date you began living at this address: .....

Tel: Home: .....

Mobile: .....

Email Address: .....

National Insurance Number: .....

NHS Number: .....

Do you smoke? Yes ☐ No ☐

If you do not wish us to contact you at the above address, please tell us where we can contact you.

Address: .....

..... Postcode: .....

2. Details of Where You Live Now

	YOU	YOUR PARTNER
• How much do you pay each week for your home?	£	£
Are you or your partner:		
• Living in tied accommodation?		
• Living in bed & breakfast or a hostel?		
• Living with family or friends?		
• A home owner?		
If so, what is the value of your home?	£	£
Have you sold, or are you selling, your home?	YES NO	YES NO
• A Housing Association tenant or Council tenant?		
• A Private Landlord's tenant?		

YOUR LANDLORD DETAILS (if applicable):

Name: Address:

Phone: Email:

• Do you or your partner have any arrears? YES NO

If yes, please specify (mortgage, rent, service charge etc) and how much is outstanding

• Do you or your partner live in a:

YOU				YOUR PARTNER			
House		No of Bedrooms		House		No of Bedrooms	
Bungalow		No of Bedrooms		Bungalow		No of Bedrooms	
Bedsit			Floor level	Bedsit			Floor level
Flat		No of Bedrooms	Floor level	Flat		No of Bedrooms	Floor level
Other		No of Bedrooms	Floor level	Other		No of Bedrooms	Floor level

• Is your or your partner's home intended for older or disabled people? YES NO

3. Please tell us why you want to move

- Have you or your partner been given notice to leave your current home?

YES☐

NO☐

If YES, please say when you have to leave

DATE:

- Are you or your partner suffering a relationship breakdown?

YES☐

NO☐

- Are you or your partner suffering any form of harassment, violence or domestic violence?

YES☐

NO☐

If yes, please give details:

- Please describe in as much detail as possible your reasons for wanting to move:**  
(please continue on a separate sheet if necessary)

4. Health Details

Please provide details of any illness or disability affecting you or your partner.

We may require written confirmation from your Doctor, Medical Social Worker, Occupational Therapist, Community Psychiatric Nurse or another agency. You may be asked to pay a fee for this, but we are not able to reimburse you.

- Name of the person(s) affected by illness or disability

- Name and Address of Your Doctor

- Please describe the illness or disability (please continue on a separate sheet if necessary)

**It is a requirement of our Supported Exempt Accommodation status that residents have support needs, although these support needs do not necessarily need to be met by HPLC.**

Please describe support required:

5. Details of Accommodation You Need

- What floor would you like to live on?      Ground Floor ☐      1<sup>st</sup> Floor ☐
- Do you or your partner need wheelchair adapted accommodation?      **YES** ☐      **NO** ☐
- Where would you like to live? (Please tick as many as apply)

Harborne

Dore House ☐

Harborne House ☐

Smethwick

Harborne Cottages ☐

Firs Close ☐

Larksfield ☐

- Do you or your partner have any pets?      **YES** ☐      **NO** ☐  
If yes, what are they and how many do you have? .....
- Do you or your partner have or intend to acquire a mobility scooter?      **YES** ☐      **NO** ☐

## 6. Income Details

### Pensions & Benefits

If you or your partner are receiving any kind of benefit or pension please complete this section.

Name	Type of Pension or Benefit*	Amount of Benefit per Week, Fortnight or Month
		£ per
		£ per
		£ per

**\*If ESA, please state if it is income based / contribution based or both**

### Employment

If you or your partner are in employment please complete this section.

Name	Employer's Name & Address	Telephone Number	Take Home Pay per Week or per Month
			£ per
			£ per

## 7. Details of Savings and Assets

If you or your partner have savings or other assets, please complete the section below.

Name	Type of Savings or Assets (ie bank account, building society account, investments)	Value
		£
		£

## 8. How did you hear about Harborne Parish Lands Charity?

Newspaper ☐ Housing Association ☐ Internet ☐

Local Council ☐ CAB ☐ Other ☐

Please state: .....

9. Details of Next of Kin

Please provide details of someone whom we can contact in an emergency.

YOU

Name	<input type="text"/>	Address <input type="text"/>
Relationship to you	<input type="text"/>	
Tel No.	<input type="text"/>	

YOUR PARTNER

Name	<input type="text"/>	Address <input type="text"/>
Relationship to your partner	<input type="text"/>	
Tel No.	<input type="text"/>	

10. Disclosure

- Have you or your partner been convicted of a criminal offence or have any pending court appearances?  

YES ☐ NO ☐

If YES, please give details
- Do you or your partner receive any type of support from Social Services, Probation Services, family, friends or any other agencies?  

YES ☐ NO ☐

If YES, please give details
- Are you or your partner related to, or employed by, anyone who is, or has been in the last twelve months, a member of HPLC’s Staff or a Trustee?  

YES ☐ NO ☐

If YES, please give details
- Do you or your partner own a car?  

YES ☐ NO ☐

If YES, how many?

## 11. Equal Opportunities

Your answer to the following question will help us ensure that our equal opportunities policy is implemented. If you do not answer, your application will not be affected.

***Please tick (✓) appropriate boxes***

<b>Ethnic Origin</b>	<b>You</b>	<b>Your Partner</b>
White: British		
White: Irish		
White: Other		
Mixed: White & Black Caribbean		
Mixed: White & Black African		
Mixed: White & Asian		
Mixed: Other		
Asian or Black Asian: Indian		
Asian or Black Asian: Pakistani		
Asian or Black Asian: Bangladeshi		
Asian or Black Asian: Other		
Black or Black British: Caribbean		
Black or Black British: African		
Black or Black British: Other		
Chinese		
Gypsy/Romany/Irish Traveller		
Other (please describe)		
Prefer not to say		

<b>Religion</b>	<b>You</b>	<b>Your Partner</b>
Christian		
Hindu		
Jewish		
Muslim		
Sikh		
None		
Other		
Prefer not to say		

<b>Sexual Orientation</b>	<b>You</b>	<b>Your Partner</b>
Heterosexual		
Gay / Lesbian		
Bisexual		
Prefer not to say		

<b>Gender Identity</b>	<b>You</b>	<b>Your Partner</b>
Male		
Female		
Transgender		
Non-binary		
Prefer not to say		

What is your preferred language?



12. Declaration

- a) To the best of my knowledge, the answers given on this form are true. I understand that if accommodation is offered on the basis of false information, HPLC may decide to end the occupancy and will take immediate action to regain possession of my home.
- b) I understand that the completion of this form does not necessarily mean I will be offered housing.
- c) I understand that I must tell HPLC if there are any changes in my circumstances.
- d) I also note that, with the exception of working dogs, the keeping of pets will only be allowed at the discretion of HPLC Housing.

YOU

I have read and understood these details:

Your Signature: .....

Print Your Name: ..... Date: .....

YOUR PARTNER

I have read and understood these details:

Your Partner's Signature:.....

Print Name: ..... Date: .....

13. Information Sharing

We only ask for personal information that is appropriate to enable us to deliver our services to you and we are committed to treating your information securely, with respect and in line with the Data Protection Act 1998 and the General Data Protection Regulation (GDPR) 2016. Sensitive information about health, sexual life, race, religion and criminal activity for example is subject to particularly stringent security and confidentiality measures.

Normally, only HPLC’s Trustees and staff are able to see and process your personal information. However, we are sometimes required to share relevant information with third parties in order to deliver our services and comply with regulatory and legal obligations. Please read the statement overleaf carefully.

## Statement of Consent

I understand that personal information is held about me and hereby give my permission for Harborne Parish Lands Charity to share that information with the following for the purpose of assessing my application, providing services to me and statistical obligations:

Third party	Reason
My Landlord / previous Landlord	Tenancy reference
HPLC Approved Contractors	Repairs & maintenance service
NEW Lifeline	Emergency alarm / monitoring
Allpay	Direct Debit payments
Local Authorities	Benefits processing
Police and Probation Service	Prevention/detection of crime
Social Housing Regulator	Regulatory body
The Charity Commission	Regulatory body

**Your consent to share personal information is entirely voluntary and you may withdraw your consent at any time.** Should you have any questions about this process, or wish to withdraw your consent, please contact Carolyn Arnold, Housing Manager whose contact details can be found on page 11.

### YOU

**I have read and understood these details:**

Your Signature: .....

Print Your Name: ..... Date: .....

### YOUR PARTNER

**I have read and understood these details:**

Your Partner's Signature: .....

Print Name: ..... Date: .....

Please send your completed form to:

Harborne Parish Lands Charity  
109 Court Oak Road  
Harborne  
BIRMINGHAM  
B17 9AA

Once we receive your completed application, we will request a reference from your landlord (if applicable). When this has been received, we will contact you to arrange a meeting to assess your needs. If your circumstances change after you have completed this form, please contact us.

Tel: 0121 426 1600  
Email: Carolyn.Arnold@hplc.org.uk

**We advise applicants to register with their local choice based lettings scheme:**

**Sandwell** <http://www.sandwellhomes.org.uk/Services/HousingOptions/CBL/Access.asp>

**Birmingham** <http://www.birminghamhomechoice.org.uk/>

## **OUR POLICY**

**It is a requirement of our supported exempt accommodation status that applicants must have support needs, although these support needs do not necessarily need to be met by Harborne Parish Lands Charity.**

Providing you have a support need, you can apply to us if you:

- Are aged 60 or above.
- Have a low income, which we measure as below 60% of median income after housing costs.
- Are in housing need.
- Live in our area, the ancient Parish of Harborne, which covers Smethwick, Harborne and parts of Bearwood and Quinton. *If you live outside our area you can still apply but local people are prioritised.*

Successful applicants in area will always be prioritised above those who are out of the area, and then selected for an offer of accommodation as follows:

- **1A Homeless applicants**
- **1B Potentially homeless applicants**
- **2A The applicant is suffering or threatened with violence or harassment.**
- **2B Applicants who are at risk because their present home is detrimental to their health** due to the lack of appropriate facilities or its poor state of repair, medical conditions or disability of the applicant. Examples include dampness, a lack of adequate shower facilities, lack of heating or an emergency call system.

- **3 People whose current accommodation is detrimental to their quality of life** or who have difficulty in coping due to the location. This category includes those who feel insecure (perhaps because of burglaries), isolated, lonely or depressed.

***Eligible applicants are required to pay the first week's charge when accepting an offer of accommodation.***

HPLC aims to:

- Provide a service that is responsive to local people's needs and is accountable to applicants, residents and the wider community.
- Design our selection and allocations policy to be open, concise, effective, and easily understandable.
- Treat applicants fairly and according to their level of need without regard to their race, disability, marriage, or civil partnership, pregnancy and maternity, religion, sex, sexual orientation or gender re-assignment, as described in our Anti-Discrimination Statement.
- Monitor the effectiveness of this policy with respect of equality of opportunity by seeking a variety of information from applicants.