

FOR OFFICE USE ONLY

Name:

Date Sent: Date Returned:

Visit Date: Confirmed: YES

HOUSING APPLICATION FORM

Please contact us if you would like help completing this 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:
Sex:
Marital Status:
Date of Birth:
Age:
Address:
.....
..... Postcode:
Date you began living at this address:
Tel: Home:
Work:
Mobile:
Email Address:
National Insurance Number:
NHS Number:

YOUR PARTNER
Surname:
Previous Name (s)
Title:
First Name:
Sex:
Marital Status:
Date of Birth:
Age:
Address:
.....
..... Postcode:
Date you began living at this address:
Tel: Home:
Work:
Mobile:
Email Address:
National Insurance Number:
NHS Number:

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?	£ <input style="width: 150px; height: 20px;" type="text"/>	£ <input style="width: 150px; height: 20px;" type="text"/>

Are you or your partner:

- | | | |
|--|--------------------------|--------------------------|
| • Living in tied accommodation? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Living in bed & breakfast or a hostel? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Living with family or friends? | <input type="checkbox"/> | <input type="checkbox"/> |
| • A home owner? | <input type="checkbox"/> | <input type="checkbox"/> |

If so, what is the value of your home?	£ <input style="width: 150px; height: 20px;" type="text"/>	£ <input style="width: 150px; height: 20px;" type="text"/>
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Have you sold, or are you selling, your home? **YES** **NO** **YES** **NO**

- | | | |
|---|--------------------------|--------------------------|
| • A Housing Association tenant or Council tenant? | <input type="checkbox"/> | <input type="checkbox"/> |
| • A Private Landlord's tenant? | <input type="checkbox"/> | <input type="checkbox"/> |

If you or your partner are a tenant, what is your landlord's name and address?

YOUR LANDLORD'S NAME AND ADDRESS

.....

- | | |
|--|--|
| • Do you or your partner have any arrears? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
|--|--|

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

.....

- Do you or your partner live in a:

YOU		
House	<input type="checkbox"/>	No of Bedrooms <input style="width: 30px;" type="text"/>
Bungalow	<input type="checkbox"/>	No of Bedrooms <input style="width: 30px;" type="text"/>
Bedsit	<input type="checkbox"/>	Floor level <input style="width: 30px;" type="text"/>
Flat	<input type="checkbox"/>	No of Bedrooms <input style="width: 30px;" type="text"/> Floor level <input style="width: 30px;" type="text"/>
Other	<input type="checkbox"/>	No of Bedrooms <input style="width: 30px;" type="text"/> Floor level <input style="width: 30px;" type="text"/>

YOUR PARTNER		
House	<input type="checkbox"/>	No of Bedrooms <input style="width: 30px;" type="text"/>
Bungalow	<input type="checkbox"/>	No of Bedrooms <input style="width: 30px;" type="text"/>
Bedsit	<input type="checkbox"/>	Floor level <input style="width: 30px;" type="text"/>
Flat	<input type="checkbox"/>	No of Bedrooms <input style="width: 30px;" type="text"/> Floor level <input style="width: 30px;" type="text"/>
Other	<input type="checkbox"/>	No of Bedrooms <input style="width: 30px;" type="text"/> Floor level <input style="width: 30px;" type="text"/>

- | | |
|---|--|
| • Is your or your partner's home intended for older or disabled people? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| • Do you or your partner share the kitchen or bathroom with others? | YES <input type="checkbox"/> NO <input type="checkbox"/> |

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 **DATE:**
you have to leave

- 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:

- Do you or partner need to move nearer to family for support? **YES** **NO**
- **Please describe in as much detail as possible your reasons for wanting to move:**
(please continue on a separate sheet if necessary)

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

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 a box to describe your ethnic origin.

WHITE	MIXED	ASIAN OR BLACK ASIAN	BLACK OR BLACK BRITISH
a. <input type="checkbox"/> British	d. <input type="checkbox"/> White & Black Caribbean	h. <input type="checkbox"/> Indian	l. <input type="checkbox"/> Caribbean
b. <input type="checkbox"/> Irish	e. <input type="checkbox"/> White & Black African	i. <input type="checkbox"/> Pakistani	m. <input type="checkbox"/> African
c. <input type="checkbox"/> Other	f. <input type="checkbox"/> White & Asian	j. <input type="checkbox"/> Bangladeshi	n. <input type="checkbox"/> Other
	g. <input type="checkbox"/> Any other mixed background	k. <input type="checkbox"/> Other	
CHINESE OR OTHER ETHNIC GROUPS			
o. <input type="checkbox"/> Chinese	p. <input type="checkbox"/> Gypsy/Romany/Irish traveller	q. <input type="checkbox"/> Other (please describe)
r. <input type="checkbox"/> Decline to answer			

- Please ask your partner to tick a box to describe their ethnic origin.

WHITE	MIXED	ASIAN OR BLACK ASIAN	BLACK OR BLACK BRITISH
a. <input type="checkbox"/> British	d. <input type="checkbox"/> White & Black Caribbean	h. <input type="checkbox"/> Indian	l. <input type="checkbox"/> Caribbean
b. <input type="checkbox"/> Irish	e. <input type="checkbox"/> White & Black African	i. <input type="checkbox"/> Pakistani	m. <input type="checkbox"/> African
c. <input type="checkbox"/> Other	f. <input type="checkbox"/> White & Asian	j. <input type="checkbox"/> Bangladeshi	n. <input type="checkbox"/> Other
	g. <input type="checkbox"/> Any other mixed background	k. <input type="checkbox"/> Other	
CHINESE OR OTHER ETHNIC GROUPS			
o. <input type="checkbox"/> Chinese	p. <input type="checkbox"/> Gypsy/Romany/Irish traveller	q. <input type="checkbox"/> Other (please describe)
r. <input type="checkbox"/> Decline to answer			

- What is your preferred language?

	You	Your Partner		You	Your Partner	You	Your Partner
ARABIC	<input type="checkbox"/>	<input type="checkbox"/>	HINDI	<input type="checkbox"/>	<input type="checkbox"/>	OTHER	<input type="checkbox"/> <input type="checkbox"/>
BENGALI	<input type="checkbox"/>	<input type="checkbox"/>	PUNJABI	<input type="checkbox"/>	<input type="checkbox"/>	Please specify	
ENGLISH	<input type="checkbox"/>	<input type="checkbox"/>	URDU	<input type="checkbox"/>	<input type="checkbox"/>	You	
GUJARATI	<input type="checkbox"/>	<input type="checkbox"/>	BRITISH SIGN LANGUAGE	<input type="checkbox"/>	<input type="checkbox"/>	Your Partner	

- Please state your religion

You:

Your Partner:

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

We will visit you as soon as possible in your current home to assess your needs. If your circumstances change after you have completed this form, please contact us.

Tel: 0121 426 1600
Fax: 0121 428 2267
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

To join the waiting list, applicants must:

- Be aged 60 or over.
- Live within the Ancient Parish of Harborne except that when a vacancy occurs, if there is no-one from within the parish on the waiting list, applicants from outside the parish who otherwise qualify will be considered.
- Be in housing need
- Have a low income and savings or assets (including any property owned) worth less than £125,000.
- Be capable of living independently, albeit with support from carers or support workers.

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 ethnic origin, nationality, colour, gender or sexual orientation 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.

A full copy of our policy on the selection of applicants and the allocation of dwellings is available on request.