

APPLICATION FOR HOUSING



Cornwall Rural Housing
Association Limited

Welcome

Please fill in this form in BLOCK CAPITALS USING BLACK INK and send it back to the address on the back of this form.

Please state which village/parish you are applying for.

Are you registered with:

Cornwall Homechoice

Council of the Isles of Scilly

1. Your details

	Applicant	Joint applicant
Gender		
Title (Mr/Mrs/Ms/Miss/Other)		
First / middle name(s)		
Last name		
Previous last name (if applicable)		
Date of birth (dd/mm/yyyy)		
Address		
Postcode		
Contact phone numbers		
Email address		
National Insurance Number		
Passport number & expiry date		

Have you applied to us before?

Yes

No

If yes, when did you apply?

2. Your family or household

Please give details of all the people you want to be re-housed with you

Do not include your details

Surname	First Name	Gender	Date of Birth	Age	Relation-ship to you	Is this per-son living with you now?

If any of the above are not living with you now, please give their present details

Surname	First Name	Address

Are any of the above people expecting a baby? Yes No

If yes, please say who is expecting

When is the baby due?

Is there anyone living with you who will not be moving with you? Yes No

If yes, please give details

Surname	First Name	Gender	Date of Birth	Age	Relation-ship to you

3. Where are you living now?

How many bedrooms are there?

What is the full rent of the property? £ per week / month

Do you receive help with you rent from:

Universal Credit

Yes

No

Housing Benefit

Yes

No

If yes please state how much: £ per week / month

Please tick which of the following you live in:

House/Bungalow

Flat/Maisonette *

Bedsit

Caravan/Mobile Home

Bed & Breakfast

Hostel

Hospital

Lodgings or Digs

Sleeping Rough

In an Institute

Other (Please specify)

* If you live in a flat or maisonette which floor is it on?

Ground

First

Second or above

Do you have the use of a lift? Yes

No

Are you? (Please tick)

A council tenant

A housing association tenant

In a property that comes with a job

A tenant of a private landlord

A home owner or buyer

Sharing with friends or relatives

If you are a tenant now, please give the landlords name and address:

How long have you lived at your present address? Years

Months

If less than three years please give details of your last two addresses

Address	From/to	Reason for leaving

Please tick if you either lack or share any of the following amenities with anyone who will not be moving with you:

	Lacking	Sharing
Bathroom	<input type="checkbox"/>	<input type="checkbox"/>
Inside toilet	<input type="checkbox"/>	<input type="checkbox"/>
Hot water supply	<input type="checkbox"/>	<input type="checkbox"/>
Separate Kitchen	<input type="checkbox"/>	<input type="checkbox"/>
Living room	<input type="checkbox"/>	<input type="checkbox"/>

Please tick if your present housing suffers from any of the following:

Leaking roof or walls	<input type="checkbox"/>	Rainwater entering property	<input type="checkbox"/>
Damp	<input type="checkbox"/>	Rotting wood (floorboards, windows or doors)	<input type="checkbox"/>
Faulty or old wiring	<input type="checkbox"/>	Lack of heating	<input type="checkbox"/>
Other—please specify	<input type="text"/>		

4. Reasons why you need re-housing

People apply to us for re-housing for many reasons.

Please tick the boxes which best describe why you are applying:

Relationship breakdown	<input type="checkbox"/>	Need a larger property	<input type="checkbox"/>
Living apart from family	<input type="checkbox"/>	Need a smaller property	<input type="checkbox"/>
Building Society/Bank repossession *	<input type="checkbox"/>	To leave home	<input type="checkbox"/>
Losing home with job *	<input type="checkbox"/>	To take up work in this area *	<input type="checkbox"/>
Have an eviction order *	<input type="checkbox"/>	To live together/get married	<input type="checkbox"/>
Have received formal notice to quit *	<input type="checkbox"/>	Pregnancy *	<input type="checkbox"/>
Landlord is selling *	<input type="checkbox"/>	To be nearer friends or relatives	<input type="checkbox"/>
Leaving hospital or other institution	<input type="checkbox"/>	Sexual harassment/abuse	<input type="checkbox"/>
Asked to leave by friends/relatives	<input type="checkbox"/>	Racial harassment	<input type="checkbox"/>
Leaving armed forces *	<input type="checkbox"/>	Domestic violence	<input type="checkbox"/>
Emergency flood/fire *	<input type="checkbox"/>	Physical abuse	<input type="checkbox"/>
Can't afford present housing	<input type="checkbox"/>	Other harassment	<input type="checkbox"/>
Health reasons (see section 5)	<input type="checkbox"/>	Other reasons	<input type="checkbox"/>
		<input type="text"/>	

If you have ticked any box where there is an * please attach evidence to support your application

Please give any further details that you feel are important in the space below:

If you must leave your present home, when must you leave by?

If you are homeless are you registered with the local authority housing options team? Yes No

Are there any other agencies involved (E. g. social workers, doctors)? Yes No

Please give details below if you are happy for us to contact them:

5. Health and Disability reason for re-housing

Only complete this section if you or anyone wishing to live with you suffers from a long standing illness or permanent disability which is affected by your present housing.

Please give details of the condition and how it is affected by your present housing.

Name of person with the health problem:

Details of the health problem:

Does anyone to be re-housed use a wheelchair in the property? Yes No

Does anyone to be re-housed have difficulty climbing stairs? Yes No

Is anyone to be re-housed disabled? Yes No

Has your present home been adapted in any way for disabled use? Yes No

If yes, please state below in which way it has been adapted:

6. Where do you want to live?

We generally can only consider applications from people who have a connection with a village or parish where we have properties.

Where do you want to be re-housed?

Do you currently live in the above parish? Yes No

If yes, how long have you lived in the above parish?

If you don't currently live in the parish, have you lived there in the past? Yes No

If yes, please give the dates:

Are you employed in the parish? Yes No

If yes, please give details:

If you do not live or work in the parish, please give details of your connection:

7. Income and Savings

Please give the total **weekly** amount of take home pay and/or pensions and benefits for yourself and any joint applicant. If none, please write 'none'.

Per week	Applicant	Joint applicant
Normal take home pay	£	£
Total amount from any pensions per week	£	£
Total amount from any benefits (Do not include Housing or Child Benefit)	£	£

What is the total amount of savings to the nearest £1,000 that you and any joint applicant have in either a bank account, building society, post office or investment? If less than £1,000 write 'none'.

	Applicant	Joint applicant
Total savings	£	£
If you own your own house what do you think it is worth?	£	£
How much mortgage is there left to pay? If none, please write 'none'.	£	£

8. Equal opportunities

CRHA will aim to help reduce the disadvantages that people experience by making our services more responsive to all communities and individual needs.

CRHA values the diversity of all communities and we want our services, facilities and resources to be accessible.

CRHA will from time to time collect information for equality monitoring. Details on how this information is used are available in CRHA's Privacy Notice, available at www.crha.org.uk/about-crha/privacy-notice/.

9. Statement

I declare that the information given on this form is true and accurate to the best of my belief. I understand that if a false statement is discovered after an offer of tenancy has been made the Association will commence legal proceedings for possession of the property.

I agree to provide any further relevant information as requested if it is reasonable and necessary to determine the application.

I authorise the Association to approach third party organisations such as employers, if necessary to do so. I understand that this does not affect my rights under the Data Protection Act 2018 or any subsequent legislation.

I will advise the Association of any changes to my circumstances which could affect this application.

I do not object to the information on this form being used for statistical purposes provided that confidentiality is maintained.

Signed:

Date:

Please check that you have given the fullest possible information to assess your application.

If you have any queries, please do not hesitate to contact us.

Thank you for answering all the questions.

Cornwall Rural Housing Association Limited
19 Callywith Gate
Launceston Road
BODMIN
Cornwall
PL31 2RQ

For more information

Visit our website: www.crha.org.uk

Email: info@crha.org.uk

Telephone: 01208 892000

Follow us on

Twitter: [@CornwallRuralHA](https://twitter.com/CornwallRuralHA)

Facebook: <https://www.facebook.com/CornwallRuralHA>

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