



**Cornwall Rural Housing Association Limited**

**Application for Housing**

**1 . Your Details**

Applicant Name: M/F/ NB/ND/O  
Mr/Mrs/Ms/Miss

Joint Applicant Name: M/F/NB/ND/O  
Mr/Mrs/Ms/Miss

Full Address and Postcode:

Contact Number/s:

Email Address:

Applicant Date of Birth:

Joint Applicant Date of Birth:

National Insurance Number/s

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	Male/ Female	Date of Birth	Age	Relationship to you	Is this person living with you now? Yes/No

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

Surname	First Name	Address

Are any of the above people expecting a baby?

Yes / No

If yes, please say who is expecting and when the baby is due?

## 3. Where are you living now

How many bedrooms are there? \_\_\_\_\_

What is the full rent on your property? \_\_\_\_\_

Do you get Housing Benefit to help you with your rent? Yes / No

If yes, please state how much £ \_\_\_\_\_ per week / month

<b>Is anyone living with you who will not be moving with you</b>	Yes /No
<b>If yes, please give details</b>	

Surname	First Name	Male/Female	Date of Birth	Age	Relationship to you

<b>Please tick which of the following you live in:-</b>
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House/Bungalow		Flat/Maisonette		Bedsit	
Caravan/Mobile Home		Bed and Breakfast		Hostel	
Hospital		Lodgings or Digs		Sleeping Rough	
In an Institute		Other please specify			

Do you live in a flat or maisonette?      Yes / No

If so, what floor is it on?    Ground        First        Second or Above       

Do you have the use of a lift?    Yes / No

<b>Are you:-</b>			
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?		
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		
Inside Toilet		
Hot Water Supply		
Separate Kitchen		
Living Room		

Please tick if your present housing suffers severely from any of the following:	
Leaking roof or walls	
Damp	
Faulty or old wiring	
Rainwater entering property	
Rotting wood (floorboards, windows or doors)	
Lack of Heating	
Other – please specify	

#### 4. Reasons why you need re-housing

People apply to us for re-housing for many reasons. Please tick the box or boxes which best describe why you are applying:

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

***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 this space:

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

Are you on the local authority waiting list?

**Yes / No**

Are you registered with the local authority homelessness department? **Yes/No**

Are there any other agencies involved? E.g. social workers, doctors. Please give details if you are happy for us to contact these people:

## 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:

Full Name:

Details:

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 in what way it has been adapted

We may ask for evidence to support your application, but we will not contact your doctor or consultant without your written permission.

## 6. Where you want to live

Where do you want to be re-housed?

*We generally only consider applications from people who have a connection with the village or parish.*

*Please select the parish with which you have a local connection.*

Parish	Tick to select	Parish	Tick to select
Week St Mary		Landrake with St Erney	
Maramhchurch		Menheniot	
Bude		St Keyne & Trewidland	
Kilkhampton		Forrabury & Minster	
North Hill		Jacobstow	
Morwenstow		Perranzabuloe	
Werrington		St Stephen in Brannel	
Tremeer		St Ewe	
Delabole		Roche	
St Teath		St Just in Roseland	
Blisland		Grampound with Creed	
Lanlivery		St Buryan, Lamorna & Paul	
St Minver Lowlands		Ludgvan	
Calstock		Grade-Ruan	
Manaccan		Landewednack	
Gwinear-Gwithian		Mabe	
Illogen		Mawnan	
Carludon			
St Marys - Isles of Scilly		St Agnes- Isles of Scilly	
St Martins- Isles of Scilly		Bryher-Isles of Scilly	

Please give details of your connection with the above village including the names and addresses of relatives/friends/work you have there.

## 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'

	<b>Applicant</b>	<b>Joint Applicant</b>
Normal take home pay per week	£	£
Total amount from any pensions per week	£	£
Total amount from any benefits per week (Do not include Housing or Child Benefit)	£	£
Total amount from any other sources per week	£	£

What is the total amount of saving 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'

	<b>Applicant</b>	<b>Joint Applicant</b>
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

Cornwall Rural Housing Association believes it is important to give general access to the homes we provide. It is against the law to discriminate against anyone because of their sex, colour, race or disability.

We need to keep records to make sure that we do provide equal access and do not break the law by mistake.

If you do not answer the question it will not harm your application for housing.

How would you describe your racial origins.

Please tick one of the boxes:

African	
Caribbean	
Asian	
Chinese	
Eastern European	
Black British	
White British	
Other (please specify)	

## 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, the necessary to do so. I understand that this does not affect my rights under the Data Protection Act 1998 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 return this completed form to:-

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

*Tel No: 01208 892000 Email: [info@crha.org.uk](mailto:info@crha.org.uk)*

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.