

For Office Use
Application No. :

Date Registered

(Tick Box)

- New Application
 Change of
Address /
Circumstances



HomeSelect

Registration Form

Part A: Applicant details

	First Applicant	Second Applicant (If this applies)
Title		
First Name		
Other Names		
Surname		
Date of birth	/ /	/ /
Sex		
Relation to the first applicant		
National Insurance number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

	Current Address	Mailing Address (if Different)
Flat number		
House number		
Street		
Village		
Town		
County		
Postcode		
Date moved in		
Home telephone		
Other telephone		
E-mail		

Send mail to (Tick boxes):

Current address only Mailing address only

If you need any more information or help filling in this form,
please contact the general enquiries line on 01493 846140



Part B: Other household members

Please provide details of other household members, other than the main and joint applicants, who will live with you permanently in your new home.

Surname	First Name	Relationship to you	Date of birth	Sex
				M/F
				M/F
				M/F
				M/F
				M/F
				M/F

We will check that this information is correct

If anyone listed above does not presently live with you - please give details.

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Part C: Your circumstances

Please tick the boxes that are relevant to your circumstances.
This information will help us assess your housing need.

C1) If you do not live in the Borough of Great Yarmouth. Please tell us why you want to move here ?

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C2) Is anyone listed on this application an owner of one or more residential properties

Please give details:

Yes No

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Yes No

C3) Do you have problems meeting your housing costs, for example, rent, mortgage, heating and repairs ?

C4) Are you or any members of your household on the Sex Offenders Register ?

C5) At the moment are you...? (please tick one box)

Working (Full time) <input type="checkbox"/>	(Part time) <input type="checkbox"/>	Unemployed <input type="checkbox"/>
Government Training Scheme <input type="checkbox"/>		At home not seeking work <input type="checkbox"/>
Student (Full time) <input type="checkbox"/>		Long term illness <input type="checkbox"/>
Pensioner <input type="checkbox"/>		Other (please state) <input type="checkbox"/>

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Part D: Housing circumstances

Please answer all the questions by ticking the boxes that are relevant to your housing circumstances.

If you answer 'Yes' to any of the questions in this section, please provide an explanation.

Yes No

D1) Do you currently live in housing which is in a poor state of repair?

D2) Do you currently live in overcrowded housing?

D3) Do you need to move because of a relationship breakdown with partner/spouse ?

D4) Do you have access to children, who are under 18, who do not live with you permanently?

- Please provide written proof of access arrangements.

D5) Is anyone in your household expecting a child?

If **yes**, please enter the date that the baby is due:

Please provide written proof of your expected delivery date (EDD):



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Yes No

D6) Does anyone in your household have a particular need for accommodation for medical or welfare reasons ?

Please complete the enclosed self assessment form.

D7) Does anyone in your household have difficulty climbing steps or stairs, or do they have a disability which affects their mobility in their home ?

Please complete the enclosed self assessment form.

D8) Have you been accepted, by any Council as being eligible for help because you are homeless ?

D9) Are you threatened with homelessness ?

D10) Do you or a member of your household receive support from social services, health services, probation or other agencies ?

If **Yes**, please provide details below

We may need to contact the person or people listed, in confidence.

Household Member	Organisation	Contact name	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Part E: Landlord details

Only fill in this section if you are currently renting a property.

Who is your current landlord?

Local Authority

Housing Association

Private Landlord

Please give your landlord's or organisation's name and address

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Part F: About your current home

What type of property are you currently living in ? *(Please tick one box)*

House	<input type="checkbox"/>	Bed and Breakfast/Guest House	<input type="checkbox"/>
Bungalow	<input type="checkbox"/>	Lodgings (Including living with parents)	<input type="checkbox"/>
Maisonette	<input type="checkbox"/>	Caravan	<input type="checkbox"/>
Flat	<input type="checkbox"/>	Mobile Home	<input type="checkbox"/>
Bedsit	<input type="checkbox"/>	Hostel	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>		<input type="checkbox"/>

Does your property have a lift ?: Yes No

Please give details of the accommodation you currently live in.

Do you have ? <i>(please tick box)</i>	Yes	How many rooms	Do you share these rooms with people who are not part of this application
Living Room	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Bedroom	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>		<input type="checkbox"/>
Bathroom/shower room inc w.c.	<input type="checkbox"/>		<input type="checkbox"/>
Bathroom shower room only	<input type="checkbox"/>		<input type="checkbox"/>
Toilet	<input type="checkbox"/>		<input type="checkbox"/>
Bedsit (including bedroom and lounge)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Bedsit (including bedroom, lounge and kitchen)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>



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Part G: Declaration

Previous addresses

Please give details of where you (and your joint applicant) have lived during the past six years.

From	To	Address	Landlord	Reason for leaving
/ /	/ /			
/ /	/ /			
/ /	/ /			
/ /	/ /			
/ /	/ /			
/ /	/ /			

(Continue on a separate sheet if necessary)

G1) Do you owe any arrears from a current or previous tenancy ? Yes No

If 'Yes', please give details:

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G2) Have you ever been evicted ?

Yes No

If 'Yes', please give details:

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G3) During the last six years have you or your joint applicant been known by a different name, for example - your maiden name.

Yes
No

If 'Yes', please give details:

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Where there are two applicants, both must sign this form for us to consider this application.

As far as I know, the details on this form are true and I agree to tell you if my circumstances change in any way. **I understand that if I have made a false or misleading statement, you may either:**

- ◆ **exclude my application from the Register.**
- ◆ **reduce the priority of my application**
- ◆ **remove the priority of my application**

There is a ground for repossession of any social tenancy, where it has been granted because of false or misleading information.

First Applicant

Signature

Date

Second Applicant

Signature

Date

If you need any more information or help filling in this form, please contact the general enquiries line on 01493 846140



Part H: Data Protection

Your personal data is under the control of The Head of Housing Needs And Welfare Services at Great Yarmouth Borough Council. If you want to know what personal information we hold about you, please write to:

Homeselect Team Manager,

'Homeselect' Section,

Greyfriars House,

Greyfriars Way,

Great Yarmouth

NR30 2QE

We will use the information you give us to process your housing application in order to try to provide you with housing. We may also use it for housing management purposes. We may exchange your information with other housing organisations to help assess this application.

We will only share your information with other housing organisations, other agencies or government departments, if it is relevant to your housing application, or a future offer of accommodation or for the purposes of risk assessment.

By signing this form, I give you permission to make any enquiries you may consider necessary in relation to this housing application and to share information as outlined above.

Main Applicant

Signature

Date

Joint Applicant

Signature

Date



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Part I: Ethnic Origin

As part of our commitment to improving the service we provide, we would be grateful if you could help us by completing this form.

This form is used solely to ensure that:

- ◆ We are not discriminating against any caller to our service.
- ◆ We are meeting demand for our service from all areas of the community.
- ◆ Failure to provide this information may delay the processing of your application

First Applicant

a) White	b) Mixed	c) Asian	d) Black	e) Other Ethnic Group
<input type="checkbox"/> British	<input type="checkbox"/> White & Black	<input type="checkbox"/> Asian British	<input type="checkbox"/> Black British	<input type="checkbox"/> Chinese
<input type="checkbox"/> Irish	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Indian	<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Any other Ethnic Group
<input type="checkbox"/> Other White	<input type="checkbox"/> White & Black African	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Black African	
	<input type="checkbox"/> White & Black Asian	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Other Black	
	<input type="checkbox"/> Other mixed			

If English is not your first language, please tell us what language you speak ?

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Second Applicant

a) White	b) Mixed	c) Asian	d) Black	e) Other Ethnic Group
<input type="checkbox"/> British	<input type="checkbox"/> White & Black	<input type="checkbox"/> Asian British	<input type="checkbox"/> Black British	<input type="checkbox"/> Chinese
<input type="checkbox"/> Irish	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Indian	<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Any other Ethnic Group
<input type="checkbox"/> Other White	<input type="checkbox"/> White & Black African	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Black African	
	<input type="checkbox"/> White & Black Asian	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Other Black	
	<input type="checkbox"/> Other mixed			

If English is not your first language, please tell us what language you speak ?

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