

# **Housing Application Form**

Please note the following before completing your application:

- The information you provide must be accurate and correct, as we will use this to process your application.
- If any information is found to be inaccurate, it could jeopardise your chances of being rehoused or being offered a tenancy with IDS.
- If your circumstances change after completing this form, please be sure to let us know.
- If you would like help or advice in completing the form, the Allocations Office at IDS head office (1st Floor, Anna House, 214 218 High Road, London N15 4NP tel 020 8800 9606) will be happy to offer assistance.
- Please note that we keep a photographic database of all tenants to improve security and help us reduce tenancy fraud.

For IDS Office use only:		
Community Letting:	Community Workers:	
Referral Agency:	Sheltered Housing:	
Other:		
Form issued by:		
CX Ref No:	IDS Date Stamp	
Surname:		

# Section 1 – About the people and the people who may live with you

# 1.1. Your details

Title:	Surname:	Previous surname:
First name(s):		Date of Birth:

Status:	tatus: Married / Single / Widow(er) / Divorced / Separated / Civil Partner / Co-habitee			
Home T	el:	Work Tel:	Mobile:	
Address:				
Email:				
Postcode:				
Nationa	Insurance Number:			

# **1.2. Your partner's details**

Title:	Surname:	Previous surname:
First name(s):		Date of Birth:

Status: Married / Single / Widow(er) / Divorced / Separated / Civil Partner / Co-habitee			
Home Tel:	Work Tel:	Mobile:	
Address:			
Email:			
Postcode:			
National Insurance Number:			

# 1.3. Any other people who will live with you

Surname	First Name	Gender	Date of Birth	Relationship to you	Education/Employment Status
			/ /		

#### **1.4.** Are you or is anybody in this application pregnant?

#### YES / NO If YES, please give the following details:

Name of pregnant person	
Date baby expected	

#### 1.5. Do you have any pets?

# YES / NO If YES, please give the following details:

Animal Type	(Dog/Cat etc)
1	
2	
3	

Are you prepared to re-home your pets? YES / NO

# 1.6. Criminal convictions

Do you or any person who will be living with you have any criminal conviction(s) which are not spent as explained in the Rehabilitation of Offenders Act 1974?

YES / NO

If YES please give details and dates of the conviction(s):

#### Section 2. Your income

2.1 Employment

Are you employed?	YES / NO
Is your partner employed?	YES / NO
Do you receive welfare benefits?	YES / NO
Does your partner receive welfare benefits?	YES / NO

# If YES, please detail:

1	
1	
1	
1	
1	
1	
1	
1	

# 2.2. Savings

	Applicant	Partner
How much money do you have in any bank/building society/savings accounts and investments?		

# Section 3: Present and previous addresses (in the last 5 years)

# 3.1. Your previous addresses (in the last 5 years)

Address	Town	Postcode

# 3.2. Your current home

# Please indicate your present housing situation:

Service Accommodation	Local Authority
Housing Association	Private Rental
Owner Occupier	Tied to Employment
Supported Housing	Living with Family
Living with Friends	Women's Refuge
Mobile Home/Caravan	Statutorily Homeless
Hostel	

# Other (please detail below):

# Please tell us about your current home:

Type of home	House	Flat	Maisonette	Other	
Number of bedrooms	Bedsit / One	e / Two / Three	/ Four		
Floor level (if applicable)	Ground	First	Second	Other	
Is there a lift? (if applicable)	YES / NO				

# Why do you need to leave your current home?

Leaving service accommodation	Other neighbourhood problems
Loss of accommodation tied to	Overcrowding
employment	
End of assured short-hold tenancy	Ill health/disability
Eviction or repossession	Poor condition of property
Domestic violence	To move nearer friends / family
Unable to afford to buy mortgage	Asked to leave by family/friends
(Non-violent) breakdown of relationship with	Under Baliff order
partner	
Harassment	Other (please state)

#### 4.3. Your landlord / tenancy

#### What is your current landlord's name and address?

Landlords name	
Address	
Date you moved in	
Type of Tenancy, eg An Assured	
Shorthold	

Have you or your partner EVER been a tenant of a Local Authority or Housing Association?

#### YES / NO

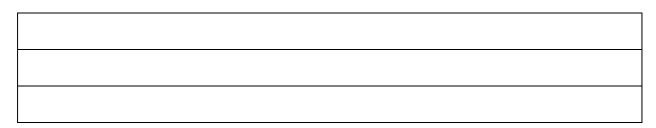
If YES, please give details:

Name of LA or HA	
Address:	
Tenancy Start Date	
Tenancy End Date	
Reason for Leaving	

Have you or your partner ever had any action taken against you by a landlord for a breach of your tenancy agreement?

#### YES / NO

#### If YES, please give details including dates and outcome:



Are you happy for us to contact your previous landlord/s? YES / NO

#### If NO, please give detail why:

#### 4.4 Home ownership

Do you, or your partner, currently have a legal or financial interest in any property whether in the UK or overseas?

#### YES / NO

Have you, or your partner, had a legal or financial interest in any property in the last 2 years? (note 10)

#### YES / NO

If YES, please confirm your interest (eg. 20% joint or sole ownership) and provide the address:

#### Section 5: Where would you like to live

First choice location		
Second choice location		
Third choice location		
Would you be prepared to consider ANY location were IDS has properties? YES/NO		

#### Section 6: Things which affect your housing requirements

Medical and/or special needs information:

If you, or any person named on the application, have any medical conditions or special needs which would affect the type of housing you need and which you would like us to consider when assessing your application, please complete the details below.

If you do not have any medical conditions or special needs, please go on to Section 7.

Name and date of birth of family member with medical condition:			
Disability:			
	VEC	NO	
Are you registered disabled:	YES	NO	
Do you use a wheelchair:	YES	NO	
Do you use a mobility scooter:	YES	NO	
	. 20		
If you do not wish to give this information, please stat	e here:		

#### Section 7: Reason for your application

Please tell us about your present circumstances; for example, why your current living arrangements are not suitable and why you are applying to IDS Housing for housing assistance:

Section 8: Additional information

Are you a British or EU / EEA citizen?	YES / NO
Are you subject to immigration control?	YES / NO

Are there any conditions or limits to your leave to enter or remain in the UK? YES / NO

If YES, please give details below:



Nationality of applicant	Applicant 1	Applicant 2	Nationality of applicant	Applicant 1	Applicant 2
Resident UK National			UK National Returning to UK		
Hungary			Estonia		
Lithuania			Latvia		
Slovakia			Poland		
Other EU Country			Slovenia		
Refused			<b>Any other</b> <b>Country</b> (please provide details)		

Do you, or anyone listed on this application, have any connection to any member of staff or Board Member of IDS Housing?

YES / NO

If YES, please give details below:

Please tell us where you heard about us:

Website Family / friends Existing tenants Local Authority / Housing Association Home swapper Other (please detail below): Please leave blank any questions below that you do not want to answer. The service you receive from us will not be affected if you prefer not to answer some of these questions:

What religious belief (if any) do you hold? (this question is voluntary)				
Tick one box <b>only</b> for each tenant	Applicant 1	Applicant 2		
Buddhist				
Christian (all denominations)				
Hindu				
Jewish				
Muslim				
Sikh				
No Religion				
Other (please tick and write in)				
Prefer not to say				

How would you describe your ethnic group	92	
Tick one box <b>only</b> for each applicant	Applicant 1	Applicant 2
Asian or Asian British -		
Includes Indian, Pakistani, Chinese or any		
Asian background		
Black, Black British, Caribbean or African –		
Includes Black British, Caribbean, African		
or any other Black background		
Mixed or Multiple ethnic groups –		
Includes White and Black Caribbean, White		
and Black African, White and Asian or any		
other Mixed or Multiple background		
Other Ethnic Group –		
Includes Arab or any other ethnic group		
White –		
Includes British, Northern Irish, Irish,		
Gypsy, Irish Traveller, Roma or any other		
White background		

How would you describe your sexual orientation?				
Tick one box only for each tenantApplicant 1Applicant 2				
Bisexual				
Gay				
Lesbian				
Heterosexual				
Prefer not to say				

#### Section 9: General data protection regulation 2018 / Data Protection Act 2018

All personal data that IDS Housing Association may use will be collected, processed, and held in accordance with the provisions of EU Regulation 2016/679 General Data Protection Regulation ("GDPR") and your rights under the GDPR. 2. For complete details of IDS selection, processing, storage, and retention of personal data including, but not limited to, the purposes for which personal data is used, the legal basis or bases for using it, details of your rights and how to exercise them, and personal data sharing (where applicable), please refer to IDS Housing Associations Privacy Notice which can be found on our website www.ids.org.uk or can be obtained by emailing: housing@ids.org.uk or by telephoning 020 8800 9606.

#### Section 10: Declaration

Applications are held on IDS waiting list. Appropriate checks will be made to validate this application. Failure to provide the required / requested information may result in the application being rejected. A false declaration or failure to report any change in circumstances that affects the application may result in prosecution. Subsequent discovery that information on this application form is false may result in legal action to repossess any home we have let to you. I confirm that, as far as I know, the information I have given in connection with this application for housing is correct.

I authorise IDS housing to undertake checks with any organisation to validate my application.

Signed (Applicant 1)	Signed (Applicant 2)
Date	Date