

HOUSING APPLICATION FORM

Name and address

| | APPLICANT | PARTNER | |
|---------------------------|---------------------------------------|-----------------------------------|--|
| Title | | | |
| First name(s) | | | |
| Surname | | | |
| Date of Birth | | | |
| National Insurance Number | | | |
| Present address | | | |
| Postcode | | | |
| Home Telephone number | | | |
| Mobile Telephone number | | | |
| Email address | | | |
| Marital status | Married <input type="checkbox"/> | Divorced <input type="checkbox"/> | Civil partnership <input type="checkbox"/> |
| | With Partner <input type="checkbox"/> | Single <input type="checkbox"/> | Other <input type="checkbox"/> |
| | Separated <input type="checkbox"/> | Widowed <input type="checkbox"/> | Prefer not to say <input type="checkbox"/> |
| Main contact number | | | |
| Other contact number | | | |
| Email address | | | |

Household details - of those who live with you now and who will continue to live with you if you are re-housed

| First name(s) | Surname | Gender (M/F/T) | Date of Birth | Relationship to you |
|---------------|---------|----------------|---------------|---------------------|
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |

Please provide details of people not living with you now but who will live with you if you are re-housed

| First name(s) | Surname | Gender (M/F/T) | Date of Birth | Relationship to you |
|---------------|---------|----------------|---------------|---------------------|
| | | | | |
| | | | | |
| | | | | |

Is anyone on this application pregnant? Yes No

Please enclose a copy of the Maternity Certificate.

Please give details of anyone in the household with mobility issues.

| Name | | Is this person a wheelchair user? |
|------|--|--|
| 1 | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2 | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3 | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Reason for housing - please tick the main reason why you wish to be re-housed

| | | | |
|---|--------------------------|---------------------------------|--------------------------|
| Home too large | <input type="checkbox"/> | Staying with family or friends | <input type="checkbox"/> |
| Home too small | <input type="checkbox"/> | Home lacking in basic amenities | <input type="checkbox"/> |
| Health reasons | <input type="checkbox"/> | To take up work | <input type="checkbox"/> |
| To give or receive care | <input type="checkbox"/> | Local connection | <input type="checkbox"/> |
| Suffering violence or harassment | <input type="checkbox"/> | Homeless | <input type="checkbox"/> |
| Living in hostel, refuge or bed & breakfast | <input type="checkbox"/> | Financial difficulties | <input type="checkbox"/> |
| Subject to immigration Controls | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Have you been asked to leave your present home? Yes No

Do you own a pet? Yes No

Please give details of your present accommodation

| Name | |
|-------------------------|---|
| Tenant RP/council | <input type="checkbox"/> Hostel/ B&B <input type="checkbox"/> |
| Temporary accommodation | <input type="checkbox"/> Home Owner <input type="checkbox"/> |
| Living with friends | <input type="checkbox"/> |

Do you own a property? Yes No
 If yes, please give details

Do you have another tenancy in addition to the one detailed below? Yes No
 If yes, please give details.

| | |
|--------------------------------------|-----------|
| Name and Address of Current Landlord | |
| Email | Telephone |

Previous addresses - please give details of all the addresses where you and your partner have lived over the past 5 years

| Previous Address: | Length of Stay | Reason for leaving |
|-------------------|----------------|--------------------|
| | | |
| | | |
| | | |

Reason for housing - please tick the main reason why you wish to be re-housed

| | | |
|---|------------------------------|-----------------------------|
| Have you been evicted by a previous landlord. If yes please give details | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you in rent arrears? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If you are in rent arrears - have you made an agreement to reduce them? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Has your landlord ever issued you with a Notice Seeking Possession? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Employment & Income Details

| | |
|----------------------------|--|
| Current Job | |
| Name of employer | |
| Address of Employer | |
| Take home pay (£ per week) | |

Employment & Income Details (partner's details or secondary job details)

| | |
|----------------------------|--|
| Current Job | |
| Name of employer | |
| Address of Employer | |
| Take home pay (£ per week) | |

Work

Paid

 Weekly Every four weeks Monthly

Benefits

| | Amount |
|--------------------------------|--------|
| Employment & Support Allowance | £ |
| Attendance Allowance | £ |
| Job Seekers Allowance | £ |
| Income Support/Pension Credit | £ |
| Child Benefit | £ |
| Child Tax Credits | £ |
| Working Tax Credits | £ |
| Universal Credit | £ |
| Any other income | £ |

Further Information

| | | |
|--|------------------------------|-----------------------------|
| Is this your first tenancy? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have a support worker/social worker? If yes, please give details | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have any County Court Judgements? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you a full time student? (16+ hours a week) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| What is your immigration status? | | |

Relationship to employees or Board members of Origin HA

| | | |
|---|------------------------------|-----------------------------|
| Have you or a close relative been employed by Origin HA or are a Member of our board? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|---|------------------------------|-----------------------------|

Communication Needs

| |
|--|
| What is your main spoken language? |
| Is an interpreter or translation needed? |
| Should written communication be in an alternative format, e.g. Braille, large font, audio? |

Criminal Record

| | | |
|--|------------------------------|-----------------------------|
| Have you been issued with a custodial sentence? If yes, please give details | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you been imprisoned for any offences? If yes, please give details of probation officer | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Please arrange to bring proof of ID, residence and income and this completed form to the assessment interview.

Equality and Diversity

Your application will not be treated differently because of your colour, ethnic or national origin, nationality, gender, sexual orientation, marital status, physical or learning disability, age or religion.

| | | |
|----------------------------------|--|--|
| A. White | British <input type="checkbox"/> | Irish <input type="checkbox"/> |
| | Other <input type="checkbox"/> | |
| B. Mixed | White & Black Caribbean <input type="checkbox"/> | White & Black African <input type="checkbox"/> |
| | White & Asian <input type="checkbox"/> | Other <input type="checkbox"/> |
| C. Asian or Asian British | Indian <input type="checkbox"/> | Pakistani <input type="checkbox"/> |
| | Bangladeshi <input type="checkbox"/> | Other <input type="checkbox"/> |
| D. Black or Black British | Caribbean <input type="checkbox"/> | African <input type="checkbox"/> |
| | Other <input type="checkbox"/> | |
| E. Chinese or other ethnic group | Chinese <input type="checkbox"/> | Other <input type="checkbox"/> |
| F. Gypsy/Romany/Irish Traveller | | <input type="checkbox"/> |
| G. Refused | | <input type="checkbox"/> |

Religion or belief

| | | | | | |
|----------|--|-----------|--|-------------------|--|
| None | Lead <input type="checkbox"/> Joint <input type="checkbox"/> | Christian | Lead <input type="checkbox"/> Joint <input type="checkbox"/> | Hindu | Lead <input type="checkbox"/> Joint <input type="checkbox"/> |
| Buddhist | Lead <input type="checkbox"/> Joint <input type="checkbox"/> | Jewish | Lead <input type="checkbox"/> Joint <input type="checkbox"/> | Other | Lead <input type="checkbox"/> Joint <input type="checkbox"/> |
| Muslim | Lead <input type="checkbox"/> Joint <input type="checkbox"/> | Sikh | Lead <input type="checkbox"/> Joint <input type="checkbox"/> | Prefer not to say | Lead <input type="checkbox"/> Joint <input type="checkbox"/> |

Sexual orientation

| | | | |
|-----------------------|--|-------------------|--|
| Heterosexual/Straight | Lead <input type="checkbox"/> Joint <input type="checkbox"/> | Bisexual | Lead <input type="checkbox"/> Joint <input type="checkbox"/> |
| Gay man | Lead <input type="checkbox"/> Joint <input type="checkbox"/> | Prefer not to say | Lead <input type="checkbox"/> Joint <input type="checkbox"/> |
| Gay woman/Lesbian | Lead <input type="checkbox"/> Joint <input type="checkbox"/> | Other | Lead <input type="checkbox"/> Joint <input type="checkbox"/> |

INCOME AND EXPENDITURE PERSONAL BUDGET

Your income

(We need to see proof of all your income.)

| | Weekly | Monthly |
|---|-----------|-----------|
| Your wages* | £ | £ |
| Your partner's wages | £ | £ |
| Company pension | £ | £ |
| Income Support | £ | £ |
| Jobseeker's Allowance | £ | £ |
| Child Benefit | £ | £ |
| Working Tax Credit | £ | £ |
| Child Tax Credit | £ | £ |
| Incapacity Benefit | £ | £ |
| Pension Credit | £ | £ |
| Universal Credit | £ | £ |
| Bereavement benefit | £ | £ |
| Carers' allowance | £ | £ |
| Other state benefits - please specify | £ | £ |
| | £ | £ |
| | £ | £ |
| Maintenance | £ | £ |
| Money from anyone who lives with you | £ | £ |
| Housing Benefit | £ | £ |
| Council Tax Benefit | £ | £ |
| Student loan/grant | £ | £ |
| Insurance Payments | £ | £ |
| Other - please specify | £ | £ |
| | £ | £ |
| Total income | £0 | £0 |

*Please provide your employers full name and address on page 3

Your spending (We need to see proof of all regular spending.)

| | | Weekly | Monthly |
|--|-----------------------------|--------|---------|
| Mortgage payments | | £ | £ |
| Mortgage protection policy | | £ | £ |
| Second mortgage or a loan which your home is security for | | £ | £ |
| Life assurance or endowment premiums | | £ | £ |
| Rent | | £ | £ |
| Council Tax | | £ | £ |
| Ground Rent | | £ | £ |
| Buildings and contents insurance | | £ | £ |
| Utilities: | Water Charges | £ | £ |
| | Electricity | £ | £ |
| | Gas | £ | £ |
| | Other fuel or heating costs | £ | £ |
| Groceries & Toiletries | | £ | £ |
| TV rental | | £ | £ |
| TV Licence | | £ | £ |
| Maintenance payments | | £ | £ |
| Travelling expenses | | £ | £ |
| School meals and meals at work | | £ | £ |
| Clothing and shoes | | £ | £ |
| Laundry | | £ | £ |
| Phone | | £ | £ |
| Prescriptions, dentist and glasses costs | | £ | £ |
| Child's pocket money | | £ | £ |
| Child minding costs | | £ | £ |
| Pension payments including additional voluntary contributions (AVCs) | | £ | £ |
| Pet costs | | £ | £ |
| Other - please specify | | £ | £ |
| Total expenses | | £0 | £0 |

For office use

| | Weekly | Monthly |
|----------------------|--------|---------|
| Total income | £0 | £0 |
| Minus total expenses | £0 | £0 |
| Balance | £ | £ |

DO YOU NEED ADDITIONAL SUPPORT?

This page is to help us find out if you might be vulnerable and need additional support during your tenancy. Please answer questions according to whether they apply to you and/or your partner (if relevant).

| | | |
|---|------------------------------|-----------------------------|
| Do you have any drug/alcohol and/or other addiction problems, e.g. gambling? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have any learning difficulties including problems with literacy and/or numeracy? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have severe and/or multiple debt problems? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you living in temporary and/or supported accommodation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you homeless? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you affected by domestic violence/abuse? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have a mental health condition? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you currently in rent arrears/threat of eviction and/or repossession? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you aged 16 or 17? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you considered to be a family with multiple and complex needs? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have third-party deductions in place (e.g. for fines, utility arrears, etc.)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you a refugee or asylum seeker? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have a history of rent arrears? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you previously been homeless and/or in supported accommodation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have a disability? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you recently left prison? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you recently left hospital? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you recently been bereaved? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have difficulty speaking English? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you ex-service personnel? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you considered to be a NEET e.g. Not in Education, Employment or Training? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Your debts/arrears - Please show the amounts you are paying towards any debts you have.

| | | Weekly | Monthly | Total Bill |
|---------------------------|-------------|--------|---------|------------|
| Rent arrears | | £ | £ | £ |
| Mortgage arrears | | £ | £ | £ |
| Unpaid Council Tax | | £ | £ | £ |
| Credit card debts | | £ | £ | £ |
| Catalogue debts | | £ | £ | £ |
| Overdue water rates | | £ | £ | £ |
| Fuel debts: | gas | £ | £ | £ |
| | electricity | £ | £ | £ |
| | other | £ | £ | £ |
| Magistrates' fines | | £ | £ | £ |
| Unpaid maintenance | | £ | £ | £ |
| Other (Please list below) | | £ | £ | £ |
| | | £ | £ | £ |
| | | £ | £ | £ |
| | | £ | £ | £ |
| Total debts | | £0 | £0 | £0 |

| Name of bank or building society | Amount held |
|----------------------------------|-------------|
| | £ |
| | £ |
| | £ |
| | £ |

Further information - In the space below, give us any other information you think we need.

| |
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Please read and sign the declaration overleaf and return to:

Lettings Team
 St. Richards House
 110 Eversholt Street
 London NW1 1BS

Declaration

Please read the following statements and sign below.. We cannot deal with your application if you have not signed it.

- I will tell you if the information on any letter you send me is incorrect.
- The information I have given is true and complete.
- I understand that if I give information that is incorrect or incomplete, you may take action against me. This may include court action.
- I understand that you may check the information I have given on this form.
- I understand that you may use the information I have given in connection with this and any other claim I have made or may make for state benefits. You may give some information to other organisation, such as government departments and local authorities.
- I know that I must tell you if my circumstances change after I make this claim.

| | |
|-----------------|--------------|
| Your signature: | Date: / / |
|-----------------|--------------|

| | |
|---------------------------|--------------|
| Your partner's signature: | Date: / / |
|---------------------------|--------------|

If someone else has filled in this form for you they must fill in the section below.

Please tell us why you are filling in this form for someone else.

| |
|--|
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| |

I declare that I have read the information in this form back to the claimant and they have confirmed that it is a true statement of what the person asked me to write.

| | |
|---|--|
| Name of person who filled in this form: | |
| Their signature: | |
| Relationship to you: | |