

# Common Housing Application Form

Torfaen Homeseeker is administering a common housing register working in partnership with local providers of affordable rented accommodation. Following completion and acceptance of this application you will be considered for accommodation across Torfaen.

The housing providers taking part are Torfaen County Borough Council, Bron Afon Community Housing, Linc Cymru, Hafod Housing Association, Melin Homes and Charter Housing Association.

Data Protection Act 1998: The information you provide to us will be stored electronically and used to assess your housing status, and will form a part of your housing records with us. We will also share this information with other housing providers and bodies in particular to prevent and detect fraud. Please note we may also use external organisations for current and previous address history searches only. All housing applications will be registered; however, applicants will only be able to apply for housing following essential checks and verifications. Please see eligibility section on page 2.

**Please note acceptance onto the housing register does not guarantee you a tenancy or access to any other housing opportunities.**

**Please complete all sections as fully as possible, as incomplete applications will be returned. You may also refer to the “Application Guidance Notes” or internet/web link.**

Please note the partnership panel will consider housing applications in relation to the housing act specifically around the applicant being an acceptable tenant to the partnership. This may result in a temporary suspension of the application.



### 1. Communication

If you have difficulty reading and writing, please indicate below:

	Applicant	
	1	2
I have difficulty with reading		
I have difficulty with writing		

If you use British Sign Language (BSL) please indicate below:

	Applicant	
	1	2
I use British Sign Language		

Apart from by letter how would you like us to contact you about housing matters? Please tick

	Applicant	
	1	2
Telephone		
Mobile Phone		
Email		
Home Visit		

If you would prefer information from us to be in any of the formats below, please tell us. Tick all the boxes that apply.

	Applicant	
	1	2
Large print		
Other		

**If you have any difficulty filling in this form please contact Torfaen Homeseeker on 01495 766421**

**If you have any difficulty understanding English, please contact the Homeseeker Team. Language Line Services can be provided to help applicants experiencing difficulty.**

If you have been referred to us by any agency, e.g. Social Care, Citizens Advice, etc, please give details below:





### 3. Eligibility

The following section asks for information required by Law and we use this information to ensure that only those applicants who are eligible may apply for housing.

#### All applicants to this scheme must provide proof of their identity

Were you or any member of your household born outside of the UK? Yes  No

Do you or any member of your household have a British Passport? Yes  No

Have you or any member of your household been a resident of any other country in the last 2 years? Yes  No

If you have resided outside the UK in the last 2 years please inform us of the Country and dates of residency:

Please tell us your Nationality:

Do you hold refugee status? Yes  No

Have you been granted indefinite leave to remain in the UK? Yes  No

Have you been granted leave to enter the UK? Yes  No

Are you an EU/A8/A2 National? Yes  No

**Please ensure you provide supporting documentation when returning this form, copies will be sufficient. Your application will not be considered until all evidence is provided.**

### 4. Prime Applicant Details

Surname:  First Names:

Title (e.g. Mr):  Date of Birth:

Sex: Male  Female



National Insurance (NI) Number:

Current Address:

Post Code:

Home phone no:

Work phone no:

Mobile no:

Email address:

Please tell us about your current home/accommodation by completing the following:

- |                   |                          |                                     |                          |
|-------------------|--------------------------|-------------------------------------|--------------------------|
| Owner             | <input type="checkbox"/> | Existing Housing Partnership Tenant | <input type="checkbox"/> |
| Privately renting | <input type="checkbox"/> | Other form of rented housing        | <input type="checkbox"/> |
| Armed forces      | <input type="checkbox"/> | Prison/hospital/temporary housing   | <input type="checkbox"/> |
| No fixed abode    | <input type="checkbox"/> | Other, please detail:               | <input type="text"/>     |

Who is your current landlord?

Is your current home subject to possession proceedings? Yes  No

If yes please tick to indicate why:

- |                             |                          |                                |                          |
|-----------------------------|--------------------------|--------------------------------|--------------------------|
| Mortgage Arrear Proceedings | <input type="checkbox"/> | Current Tenant Housing Arrears | <input type="checkbox"/> |
| Anti Social Behaviour       | <input type="checkbox"/> | Former Tenant Housing Arrears  | <input type="checkbox"/> |
|                             |                          | Private Landlord Arrears       | <input type="checkbox"/> |

Other possession proceedings, please detail:

Do you have current arrears or other debts outstanding on your existing or previous tenancies? Yes  No



If yes, please state landlord and outstanding amount:

If you live in a flat, please state the floor level:

If you live on the first floor or above, is there a lift?    **Yes**     **No**

How many bedrooms are there in your current home?

Please list all the addresses you and your household have lived at in the past 5 years:

Address	From Date	To Date	Landlord

Were any of these addresses previous tenancies?    **Yes**     **No**

If yes, please provide details:

Please provide details of current household members

Title	Surname	First Names	Relationship to you	Date of birth	Male/ Female	Date moved in	National Insurance No.

**Marital Status:** Single  Married  Living Together

Widowed  Separated/Divorced  Civil Partnership

**Employment:** Employed  Self-employed

Retired  Unemployed

**Financial Details:** Please tick to indicate if you receive any of the following:

Employment salary  Part-time employment salary

Income Support  Job Seekers Allowance

Incapacity Benefits  State Retirement Pension

Employment & Support Allowance  Disability Living Allowance

Pension Credit  Working Tax Credit

Housing Benefit  Child Tax Credit

Any other (please state)

Do you own property? Yes  No

Do you own other property including overseas? Yes  No

Please advise us of the current market value of your property/properties:

Address:	Value:
Address:	Value:
Address:	Value:

Please advise us of any outstanding payments for each property:

Type	Amount borrowed	Years Left	Amount left to repay
Mortgage			
Other secured Loan			
Maturity Loan			
Home equity plan			



Please advise us of your mortgage/secured loan provider:

Company name	Address	Amount outstanding

Please advise us if you have any savings:

Type (building society, bank, post office, shares etc.)	Amount

Please give details of your next of kin to contact in the event of an emergency:

Name:

Relationship to you:

Address:

Post Code:

Telephone no:

Please advise us if the people on this form already have separate tenancies with another landlord?

Yes  No

If yes, please give details:

Please tell us why your current home is unsuitable:



## 5. Joint Applicant Details (if applicable)

Surname:  First Names:

Title (e.g. Mr):  Date of Birth:

Sex: Male  Female

National Insurance (NI) Number:

Current Address:

Post Code:

Home phone no:  Work phone no:

Mobile no:  Email address:

Please tell us about your current home/accommodation by completing the following:

- |                   |                          |  |                          |
|-------------------|--------------------------|--|--------------------------|
| Owner             | <input type="checkbox"/> | Existing Housing Partnership Tenant        | <input type="checkbox"/> |
| Privately renting | <input type="checkbox"/> | Other form of rented housing               | <input type="checkbox"/> |
| Armed forces      | <input type="checkbox"/> | Prison/hospital/temporary housing          | <input type="checkbox"/> |
| No fixed abode    | <input type="checkbox"/> | Other, please detail: <input type="text"/> |                          |

Who is your current landlord?

Is your current home subject to possession proceedings? Yes  No

If yes please tick to indicate why:

- |                             |                          |                                |                          |
|-----------------------------|--------------------------|--------------------------------|--------------------------|
| Mortgage Arrear Proceedings | <input type="checkbox"/> | Current Tenant Housing Arrears | <input type="checkbox"/> |
| Anti Social Behaviour       | <input type="checkbox"/> | Former Tenant Housing Arrears  | <input type="checkbox"/> |
|                             |                          | Private Landlord Arrears       | <input type="checkbox"/> |



Other possession proceedings, please detail:

Do you have current arrears or other debts outstanding on your existing or previous tenancies?

Yes  No

If yes, please state landlord and outstanding amount:

If you live in a flat, please state the floor level:

If you live on the first floor or above, is there a lift?

Yes  No

How many bedrooms are there in your current home?

Please list all the addresses you and your household have lived at in the past 5 years:

Address	From Date	To Date	Landlord

Were any of these addresses previous tenancies?

Yes  No

If yes, please provide details:

Please provide details of current household members

Title	Surname	First Names	Relationship to you	Date of birth	Male/ Female	Date moved in	National Insurance No.

**Marital Status:** Single  Married  Living Together   
 Widowed  Separated/Divorced  Civil Partnership   
**Employment:** Employed  Self-employed   
 Retired  Unemployed

**Financial Details:** Please tick to indicate if you receive any of the following:

Employment salary <input type="checkbox"/>	Part-time employment salary <input type="checkbox"/>
Income Support <input type="checkbox"/>	Job Seekers Allowance <input type="checkbox"/>
Incapacity Benefits <input type="checkbox"/>	State Retirement Pension <input type="checkbox"/>
Employment & Support Allowance <input type="checkbox"/>	Disability Living Allowance <input type="checkbox"/>
Pension Credit <input type="checkbox"/>	Working Tax Credit <input type="checkbox"/>
Housing Benefit <input type="checkbox"/>	Child Tax Credit <input type="checkbox"/>

Any other (please state)

Do you own property? Yes  No

Do you own other property including overseas? Yes  No



Please advise us of the current market value of your property/properties:

Address:	Value:
Address:	Value:
Address:	Value:

Please advise us of any outstanding payments for each property:

Type	Amount borrowed	Years Left	Amount left to repay
Mortgage			
Other secured Loan			
Maturity Loan			
Home equity plan			

Please advise us of your mortgage/secured loan provider:

Company name	Address	Amount outstanding

Please advise us if you have any savings:

Type (building society, bank, post office, shares etc.)	Amount

Please give details of your next of kin to contact in the event of an emergency:

Name:

Relationship to you:

Address:

Post Code:

Telephone no:



Please advise us if the people on this form already have separate tenancies with another landlord?

Yes  No

If yes, please give details:

Please tell us why your current home is unsuitable:

## 6. Please provide details of all people to be housed with you

Please provide details of current household members

Title	Surname	First Names	Relationship to you	Date of birth	Male/ Female	Joint Applicant	National Insurance No.

## 7. Contact Details

Contact Address:  
(if different to above)

Post Code:

Preferred Contact Number(s):

Email Address:



## 8. Your Housing Needs

This section will help us to understand your current housing needs and will enable us to place you within a priority band. Please tick any of the following that are applicable to you or other members included in your application. Please refer to guidance notes.

**Please note we will require you to provide evidence to support all housing priorities within this scheme (except Bronze Band priorities) prior to you being placed within one of the bands.**

### EMERGENCY BAND

<b>Very High Priority</b>	You have an evidenced urgent housing need with at least 3 or more Gold Band 1 or 2 priorities. Applicants in this band will be directly matched to suitable properties.	
---------------------------	---	--

### GOLD BAND 1

<b>Prohibition Order</b>	You currently live in private rented accommodation which is subject to a Prohibition Order and recovery of the premises is required in order to comply with the Order.	
<b>Medical Need</b>	Your present accommodation <b>severely</b> affects your state of health and your quality of life will be greatly improved by moving to more suitable accommodation.	
<b>Demolition of current property</b>	Your present property is facing demolition, a compulsory purchase order or a closing order.	
<b>Under Occupancy</b>	You significantly under-occupy your current home and wish to move to a smaller property by agreement with the partnership landlord.	
<b>Re-designation/ regeneration</b>	You are an existing tenant and must transfer under an approved re-designation or regeneration programme.	
<b>Substantial Hardship</b>	You are currently experiencing financial, welfare or social hardship.	
<b>Licensee - Supported Housing</b>	You are a licensee of Bron Afon, the Council, a partner housing provider or a voluntary agency providing supported housing, and in need of 'move on' accommodation.	



<b>Overcrowded</b>	Your current home is statutorily overcrowded as defined by Housing Act 1985.	
<b>Category 1/ Health and Safety Hazard</b>	A Category 1 Hazard has been identified under Housing Act 2004, a Health and Safety Hazard (e.g. electrical/structural hazard) and/or the property is in substantial disrepair or is unfit for human habitation and cannot be removed/made fit in a reasonable time.	
<b>Adaptations (Bron Afon tenant)</b>	You are a tenant of Bron Afon in need of substantial adaptations to your existing home, and are willing to move to a property which is suitable to your needs.	
<b>Adaptations (not Bron Afon tenant)</b>	You require a suitably adapted property, and are not currently a Bron Afon tenant.	
<b>Domestic Violence</b>	You are a victim of domestic violence who has been recommended for re-housing through approved partnership arrangements.	
<b>Specific Adapted/disabled property</b>	You have a requirement for a specific adapted property based on individual need and circumstances.	
<b>Additional other priorities</b>	Two or more Silver Band priorities apply.	
<b>Surrendering 2+ current existing tenancies</b>	Two or more applicants are giving up two or more separate existing Bron Afon or other partnership housing provider tenancies in order to move to a single tenancy as joint tenants.	
<b>Living in flat on or above first floor with no lift</b>	You are living on or above the first floor and have 3 or more children under the age of 10 years.	
<b>Tenancy reward</b>	You are currently living in affordable rented accommodation and have been in Silver Band for 3 or more years and have been fully compliant with your tenancy conditions throughout this period.	
<b>Armed forces</b>	You are currently living in accommodation supplied by the armed forces and are being lawfully discharged from the armed forces.	
<b>Landlord Management Discretion</b>	Priority approved by the landlord for exceptional circumstances worthy of Gold Band status.	



## GOLD BAND 2

<b>Homelessness</b>	You have been assessed by the Council's homelessness service and have received notification that you are owed a full housing duty within Section 193 1996 Housing Act.	
---------------------	--	--

## SILVER BAND

<b>Sharing facilities</b>	You are lodging with friends or family and sharing facilities.	
<b>Key Worker</b>	You are a key worker who has been offered a full-time job in Torfaen and needs accommodation. (This will only apply if there is a recognised Key Worker scheme).	
<b>Give/receive care</b>	You need to move closer to give or receive essential support/care services to assist you or your family with day-to-day living.	
<b>Relationship breakdown</b>	Your relationship with your spouse or partner has broken down and you want to live separately.	
<b>Lacking bedroom 1</b>	You lack 2 or more bedrooms in your home for permanent members to reside.	
<b>Lacking bedroom 2</b>	You currently live in affordable rented accommodation and lack 1 bedroom and have been in Bronze Band for 2 years or more.	
<b>Medical</b>	You have an assessed medical need for rehousing and your quality of life will be improved by moving to more suitable accommodation.	
<b>Tenancy reward</b>	You currently living in affordable rented accommodation and have been in Bronze Band for 3 or more years and have been fully compliant with your tenancy conditions throughout this period.	
<b>Homelessness</b>	You are currently homeless or likely to become homeless within the next 28 days but not in priority need and/or intentionally homeless.	
<b>Above the ground floor</b>	You have 1 or 2 children under 10 and live in a flat above the ground floor without a lift.	

## BRONZE BAND

<b>Owners</b>	You already own your home. If under threat of homelessness you have suitable assets to purchase/rent another property.	
---------------	--	--



<b>Existing tenant</b>	You are an existing tenant in no housing need – you will move to Silver Band following 3 years of being fully compliant with your tenancy conditions.	
<b>Private Sector tenant</b>	You are a private sector tenant not under any threat of homelessness and in accommodation meeting your needs - you will move to Silver Band following 3 years of being fully compliant with your tenancy conditions.	
<b>Institutions</b>	You are presently/temporarily in institutional care and unable to apply for properties e.g. prisoners, armed forces, residential or nursing care.	
<b>All other</b>	All other categories not qualifying for higher priority within the bands.	

If you are affected by any of the above, please give descriptions below:

Do you require a property where you can keep cats or dogs?      Yes       No

Is any member of your household considered to have a disability?      Yes       No

	Applicant		Other household members						
	1	2	1	2	3	4	5	6	7
Yes									

Please state registration numbers



Do you consider any member of your household to have a disability that has an adverse effect on your/their day to day activities? Tick all the boxes that apply for each person.

	Applicant		Other household members							
	1	2	1	2	3	4	5	6	7	
Wheelchair user										
Mobility impairment										
Sight / visual impairment										
Hearing impairment										
Learning impairment										
Mental/Emotional Distress (mental health issues)										
Health related long term illness										
Other (please write in)										

Do you or any other person that lives with you have any disability related needs that you would like us to be aware of if we need to visit you at home or when you call into our offices? If yes, please give details.

### Disabled adapted/specialised property

Does your current property have the following:

Is fully adapted and suitable for a wheelchair **Yes**  **No**

Is partially adapted with handrails **Yes**  **No**

Has a ground floor toilet **Yes**  **No**

Has a walk in shower (level access) **Yes**  **No**

Has a stairlift **Yes**  **No**

Has level access - no steps

Yes  No

Please list any other adaptations to your current property

Please advise us if you require a property that:

Is fully adapted and suitable for a wheelchair

Yes  No

Is partially adapted with handrails

Yes  No

Has a ground floor toilet

Yes  No

Has a walk in shower (level access)

Yes  No

Has a stairlift

Yes  No

Has level access - no steps

Yes  No

Please list any other adaptations to your current property

Please list any additional needs you or other household members have:

An assessment will be carried out by a member of staff, and relevant agencies (e.g. GP) may be approached for verification of the above needs.

## 9. Application Details

Please tick to indicate which of the following you are interested in:

New lettings  Mutual exchange  Assisted home ownership products

You will need to fill in an additional application form if you are interested in the Assisted home ownership products scheme - this will be sent to you in the post.

Please tick to indicate if you are interested in receiving information relating to any of the following housing products:

Private renting  Renewals grant  Assisted home ownership products

The Council runs a scheme that enables first time buyers to purchase a property (dependent on meeting the scheme criteria). You will need to fill in an additional application form to register for this scheme and be in a position to access a mortgage.

## 10. Ethnicity Monitoring

### It is not compulsory to complete the following 2 sections

Torfaen Homeseeker wishes to treat all applicants equally regardless of race, sexuality orientation or ethnic origin. The information given below is needed for monitoring purposes only and will not be used for any other reason, it will be used to help us ensure our housing policy remains fair and equitable to all.

### Section 1

What is your ethnic origin? Please tick one box for each person.

	Applicant		Other household members							
	1	2	1	2	3	4	5	6	7	
<b>White or White British</b>										
White British										
White Irish										
Other White Background										
<b>Dual Heritage or Mixed Race</b>										
White and Black Caribbean										
White and Black African										

	Applicant		Other household members							
	1	2	1	2	3	4	5	6	7	
White and Asian										
Other mixed Background										
<b>Asian or Asian British</b>										
Indian										
Pakistani										
Bangladeshi										
Other Asian										
<b>Black or Black British</b>										
Caribbean										
African										
Other Black										
<b>Chinese or Chinese British</b>										
Chinese or Chinese British										
<b>Gypsy/Traveller</b>										
<b>Other Ethnic Group (please state):</b>										

**Section 2**

Sex (please circle)

Have you ever identified as transgender (please tick)?

What is your sexual orientation (please tick)?

	You		Your Partner	
	Male / Female		Male / Female	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Heterosexual <input type="checkbox"/>		Heterosexual <input type="checkbox"/>		
Gay <input type="checkbox"/>		Gay <input type="checkbox"/>		
Lesbian <input type="checkbox"/>		Lesbian <input type="checkbox"/>		
Bisexual <input type="checkbox"/>		Bisexual <input type="checkbox"/>		
Prefer not to say <input type="checkbox"/>		Prefer not to say <input type="checkbox"/>		
Other <input type="checkbox"/>		Other <input type="checkbox"/>		



## 11. Additional Information

## 12. Associations and Interested Parties

Are you or any members of your household listed on this application employed by any of the partner organisations (listed below for reference).

Yes  No

If yes, please give details below:

Name	Organisation	Position	Contact Details

Are you related to anyone who works for any of the partner organisations or is a Board member and/or Torfaen Councillor?

Yes  No

If yes, please give details below:

Name	Organisation	Position	Contact Details

### Partner Organisations

Torfaen County Borough Council  
 Bron Afon Community Housing  
 Linc Cymru  
 Hafod Housing Association  
 Melin Homes  
 Charter Housing Association

### 13. Declaration

I confirm that the information given in this form is accurate and I undertake to notify Torfaen Homeseeker of any changes in my circumstances as they affect this application.

I realise that if any of the details I have provided prove to be false, wilfully misstated or if I have deliberately made my circumstances worse, I may lose the accommodation offered to me or my registration may be cancelled.

I understand that Torfaen Homeseeker will make such enquiries as it considers necessary relating to this registration. This may include a credit reference check to verify my address history and to check for previous housing debts. I agree to these checks being made.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Has an advocate completed this form on your behalf? Yes  No

If yes, give details below

Name	Signed	Contact	Relationship	Date

**Please return your completed form to:**  
**Homeseeker Team**  
**Civic Centre**  
**Pontypool**  
**Torfaen**  
**NP4 6YB**

To be completed by Torfaen Homeseeker staff only	
<b>Surname</b>	
<b>Address</b>	
<b>Date Received</b>	
<b>Application Number</b>	