



Mid-Wales Housing
Tai Canolbarth Cymru

APPLICATION FOR ACCOMMODATION

Please complete this form if you wish to go onto our waiting list.

Before completing the form, please read the attached Lettings Policy to see if you are eligible to apply for housing.

If you need any help to complete the form please contact us.

Please help us to provide you with a quick and efficient service by ensuring that you answer the questions in full and attach any documentary evidence to your application form before returning it to us. Please **sign** the form on **page 10**

The **GREEN** sections will help us to find appropriate support for your tenancy, if required.

However, you do not have to complete these sections if you do not wish. Any information provided in this section will be treated confidentially.

FOR OFFICE USE ONLY

NAME:

1ST LINE ADDRESS:

POINTS:



A REGISTERED SOCIAL LANDLORD L013 • MEMBER OF COMMUNITY HOUSING CYMRU
REGISTERED AS A FRIENDLY SOCIETY UNDER THE INDUSTRIAL AND PROVIDENT SOCIETIES ACT 1965 MS21416R



YOUR PERSONAL DETAILS

APPLICANT 1

Are you currently a Mid Wales Housing Tenant?

Yes No

Mr Mrs Miss Ms

Surname _____

First Name _____

Address _____

Correspondence Address (if different)

Telephone No _____

Mobile No _____

E-Mail address _____

Date of Birth _____

Relationship to Applicant 2 _____

Are you related to any member of Mid Wales Housing's staff or Board of Management?

Yes No

If yes, please state name and relationship to you

Is your right to live in the UK restricted in any way?

Yes No

If, yes, please explain how

APPLICANT 2

Are you currently a Mid Wales Housing Tenant?

Yes No

Mr Mrs Miss Ms

Surname _____

First Name _____

Address _____

Correspondence Address (if different)

Telephone No _____

Mobile No _____

E-Mail address _____

Date of Birth _____

Relationship to Applicant 1 _____

Are you related to any member of Mid Wales Housing's staff or Board of Management?

Yes No

If yes, please state name and relationship to you

Is your right to live in the UK restricted in any way?

Yes No

If, yes, please explain how

YOUR HOUSEHOLD

Other than applicants 1 and 2 please list everyone wishing to be re-housed with you

First Name	Surname	Date of Birth	Age	Relationship to You	Currently living with you?
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>

If you rent your current home, please give us the name and address of your landlord.

Name: _____

Address: _____

MUTUAL EXCHANGE

If you are a tenant of a Housing Association or a Local Authority would you be interested in swapping your current home with another tenant in the area of your choice? This is known as a mutual exchange.

Yes No

YOUR REASONS FOR HOUSING

Please explain in detail your reasons for applying for alternative accommodation and provide us with appropriate documentary evidence. e.g. Doctor's letter, Social worker, Notice to Quit

Please continue on page 11 "Additional Information" if necessary.



YOUR CURRENT HOUSING

In the following table, please put a tick in the relevant box to show the type of accommodation where you currently live.

Have you received a homeless decision from the Local Authority? Yes No

Are you homeless? Yes No Please enclose a copy of Council's Homeless Decision

	Please Tick <input type="checkbox"/>		Please Tick <input type="checkbox"/>
Rented from the council			
Rented from a housing association		Temporary accommodation (for example, homeless hostel or bed and breakfast)	
Privately rented		Local authority care	
A home you own		Children's home or foster care	
Living with parents		Living with other relatives	
Staying with friends		Hospital (medical reasons)	
Mobile home		Refuge	
Fixed caravan on site		Sleeping rough	
Armed forces		Prison	
Supported lodgings (for example, sheltered housing or an adult placement scheme)		Other (please state)	

How long have you lived in your current property?

Years _____ Months _____

What type of property do you live in?

House Bungalow

Flat Bedsit

Other _____

How many bedrooms do you have use of? _____

If you live in a flat or bedsit, what floor is it on? _____



Does the property lack any of the following facilities?

- | | |
|--|--|
| <input type="checkbox"/> Inadequate / lack of water supply | <input type="checkbox"/> Bath or shower |
| <input type="checkbox"/> Hot water supply | <input type="checkbox"/> Electricity supply |
| <input type="checkbox"/> Inside toilet | <input type="checkbox"/> Cooking facilities |
| <input type="checkbox"/> Sink or wash hand basin | <input type="checkbox"/> Lack of access to garden for children |
| <input type="checkbox"/> Heating in all rooms* | |

*If not please give further details

Are you sharing facilities with anyone else? Yes No

Are you presently living apart from your partner and/or children (under 18) and would live together if you were able to be rehoused? Yes No

Has an Environmental Health Report been completed on your home? Yes No
If yes, please enclose a copy of the report

Do you or a member of your household have a medical condition that would significantly benefit from early rehousing in suitable accommodation? Yes No

If yes, please state and enclose supporting documentation _____

YOUR HOUSING NEED

Are there any facilities / adaptations in your current home that are no longer required? Yes No

If yes, please state e.g. stairlift etc _____

Do you need to move in order to give or receive essential support? Yes No

If YES, Please provide further details: _____

Do you need to move due to travel difficulties?
Where essential journeys are impossible due to lack of suitable transport or can only be undertaken at considerable expense or poses a health risk to someone applying to be rehoused? Yes No

(Points will only be awarded where applicants are faced with unavoidable and difficult journeys in respect of employment, the schooling of children, medical or social reasons. Points will not be awarded where the difficulty is as a result of personal choice)

Do you have any pets?

Yes

No

If yes, please give details _____

YOUR CHOICE OF AREA(S)

Please give details of the area(s) where you require re-housing, and tick whether or not you have a connection to that area.

Local Connection means that at least one person applying to be housed has lived in or been principally employed in the area requested for a period of at least 12 months at the date of the application OR has previously lived in the area requested for a period of at least 3 years.

Area(s)	Local Connection	
	Yes	No

Does the household have a specialist need?:

	Please tick
Ground floor accommodation required	
Accommodation for older persons with support services provided required	
Level access shower required	
Wheelchair accessible property required	
Wheelchair adapted property required	
Other requirements (Please Specify)	



SUPPORT IN YOUR HOUSING

If an agency worker is helping you to fill in this form, please say who they work for in the space below

The table below is a list of the type of things you might need support for. We need to know which of these issues affect you.

We also need to know how important these issues are to you, and how much support you need.

For each issue that affects you, please put a tick in one of the columns to show how much support you think you will need.

Type of need	A little support	Some support	A lot of support
Domestic abuse			
Learning disabilities			
Mental Health issue			
Alcohol misuse			
Drug misuse			
Refugee			
Physical disability or mobility issues			
Young and in need of support			
Offending issues			
Homeless or at risk of being homeless			
Chronic (long term) illness			
Need support because of being a vulnerable parent			
Elderly person and in need of support			
Other (please say)			

From the table above, please say which **one** of these you feel is the most important to you.

Do you have any other issues relevant to your housing and support needs? Please tick all that apply

Issues to do with sexuality		Any particular health issues	
Safety and confidential address		Mobility problems	
Autistic spectrum disorder		Sight difficulties	
Hearing difficulties		Young people leaving care	
Financial problems		Other (please specify)	
HIV positive			



Please tell us if you need support with any of the following? Please tick all that apply.

Help with feeling safe and secure within your home and within the community	
Help developing skills and interests and getting a job	
Help with managing your home, arranging gas, electricity and water supplies, arranging for someone to maintain or repair your home	
Help with managing your money (for example paying bills, budgeting, claiming benefits, filling in forms and dealing with letters)	
Help with going to the doctor, dentist, meeting your social worker and so on.	

Would you need support with other things that are not housing related, such as medical or personal care, which could include washing and bathing and ensuring you are taking your tablets at the right time?

Yes No

What sort of other things would you need help with?

Are you currently receiving support from an organisation or service?

Yes No

If yes, please tick the relevant ones from the list below and include any other organisations that help you.

Organisation or service	Please tick
Community psychiatric nurse (CPN)	
Community mental-health team	
Social services or children's services	
Housing-options advisor or housing officer	
Voluntary agency (please say which)	
Probation office or youth offending team	
Health professionals such as a nurse	
Occupational therapist	
Other (please say)	



EQUALITIES MONITORING FORM

Mid Wales Housing Association is committed to the active promotion of Equal Opportunities. Monitoring enables us to identify possible inequalities within our service provision, so that we can make necessary changes for improvement. The information you provide on this form will be treated in the strictest confidence, and will be used simply to provide a statistical profile of the people who access our services.

If joint application, please complete for both applicants.

1. ETHNIC GROUP

What is your ethnic group? Please choose **ONE** section from **A** to **E**, then tick the appropriate box to indicate your ethnic background

A. White

- British Welsh
 English
 Scottish
 Other
- Irish
 Any other White background

Please specify _____

B. Mixed

- White and Black Caribbean
 White and Black African
 White and Asian
 Any other mixed background

Please specify _____

C. Asian

- Indian
 Pakistani
 Bangladeshi
 Any other Asian background

Please specify _____

D. Black or Black British

- Caribbean
 African
 Any other Black background

Please specify _____

E. Chinese

- Chinese
 Any other ethnic background

Please specify _____

2. LANGUAGE

Do you speak Welsh?

Yes No

3. DISABILITY

The Disability Discrimination Act 1995 defines disability as follows: 'A person has a disability if he/she has a physical or mental impairment which has a substantial and long term adverse effect on his/her ability to carry out normal day to day activities'

Taking this definition into consideration, do you or any household member consider yourself to have a disability?

Yes No

If, **YES** please tick which of the following best describes the nature of your disability

- Visually Impaired Hearing Impaired
 Physical Disability Learning Disability
 Mental Health Disability
 Other

If OTHER, please state briefly the nature of your disability

4. RELIGION

Do you have a religious belief?

Yes No

If **YES** please specify from the list below

- Christian Buddhist Hindu
 Jewish Muslim Sikh

Any other Religion/belief

Please specify _____



DATA PROTECTION

The information given on this form will be treated with the strictest confidence and in line with the Data Protection Act.

Declaration

I / We declare that the information provided in this application is correct and understand that if any of it is incorrect or misleading, then this may be grounds for the Association to evict me / us, refuse my / our application.

I / We agree to let you know as soon as possible if the circumstances of my / our household detailed on this form change in any way.

I / We give permission for Mid-Wales Housing to contact any third party, (i.e. landlords/doctor/consultant/carer/Social Services/other agencies) for information in relation to this application and housing needs.

Signatures

Applicant 1	Applicant 2
Date	Date

If someone else has completed this form on your behalf please provide their details

Signature	Name
Date	

Their relationship to You / position

Agency (if applicable)



ADDITIONAL INFORMATION

