

HOUSING APPLICATION FORM

Fill in this form if you want to apply to the Council to be considered for nomination to a Housing Association or Registered Housing Provider for one of their empty homes. The Council has nomination rights on a proportion of the empty homes of certain housing associations in the City.

If you would like help filling in this form, you can make an appointment with the Housing Options Team at the Civic Centre. See contact details on back page. If you are homeless or worried that you might become homeless please contact the Team, as above, as soon as possible.

Please write in **BLOCK CAPITALS** and tick the boxes that apply.

Your details

Mr Mrs Miss Ms other (please state)

Your Surname:

Previous surname you were known by (e.g. Maiden Name):

Forename(s)

Address

Postcode Email

Date you moved to current address:

Date of Birth:

National Insurance Number:

Your telephone number(s): Work

Home Mobile

Address where you want letters sent (if this is different from the address above)

Postcode

Contact telephone number (if different from above)

How long have you lived, or worked, continuously in the City? Please enter the year from which you have done so

Partner or second applicant

Please give your partner's name, address (if different from above), date of birth and National Insurance number in the spaces below.

Mr Mrs Miss Ms other (please state)

Partner's Surname:

Previous surname known by (e.g. Maiden Name):

Forename(s)

Address

Postcode

National Insurance Number: D.O.B.

How long has your partner lived, or worked, continuously in the City? Please enter the year from which they have done so

Do you and your partner wish to be jointly and severally responsible for the tenancy? Yes/No

Have you or your partner ever been known by another surname (including marriage)? Yes No

If 'Yes', please give details below:

If any person on this form is expecting a baby, please provide a copy of the certificate and give the following information:

Surname	First Name(s)	Date baby is due

Ethnic monitoring

The City of Sunderland Council records and monitors the ethnic origin of all housing applicants to ensure that housing is provided on a fair and equal basis. The following information is provided in confidence and will not affect your housing application.

Please tick the **box** that you feel best describe the ethnic origin of your household:

White

British Irish Other

Mixed

White & Black Caribbean White & Black African

White & Asian Other

Asian or Asian British

Indian Pakistani Bangladeshi Other

Black or Black British

Caribbean African Other

Chinese or other ethnic group

Chinese Other

(We are required to ask the following question as a result of section 161 (2) of the Housing Act 1996. We must emphasise that this is a legal requirement and is not intended either to cause offence or to deter anyone from applying for housing).

Are you or your partner subject to immigration control (i.e. do you require leave to enter or remain in the U.K. under the immigration Act 1971?)

Yourself: Yes No Your Partner Yes No

Note: you are not subject to immigration control if you are a:

- British citizen
- Commonwealth citizen with right of abode in the U.K.
- Citizen of a member country within the European Economic area

Has anyone you have listed applied for housing before in the Sunderland area?

Yes No If 'yes' please give details:

Name of Applicant (*at the time of application*)

Date of application

Reference Number (*if known*)

Have you or any other member of your family who wants to be housed with you ever been a tenant of a Housing Association or Local Authority?

Yes No

If 'yes' please give details, starting with the most recent tenancy:

Surname of tenancy	Name of Council or Housing Association	Address of Tenancy	Post Code	Date from	Date to	Reason for leaving

Have you or any other member of your family who wants to be rehoused with you been evicted from a property because of rent arrears or anti social behaviour?

Rent arrears Yes No

Anti social behaviour Yes No

Please note: If you currently have any rent arrears these must be cleared in full before we can nominate you for properties.

Please tell us where you have been living for the past 5 years. (*Start with the most recent and work back. Attach an extra sheet if needed*)

Address	Post Code	Landlord or Owner of the property, their address, postcode & Tel No	Date from	Date to	Reason for Leaving

Please tell us where your partner has been living for the past 5 years – if different.
(Start with the most recent and work back. Attach an extra sheet if needed)

Address	Post Code	Landlord or Owner of the property, their address, postcode & Tel No	Date from	Date to	Reason for Leaving

Employment details

If you or your partner are working please give the following details:

Yourself:

Employer's Name

Address

Date Started

Your Partner:

Employer's Name

Address

Date Started

Other Information about your household's income

Are you in receipt of a benefit or allowance e.g. Income Support, Housing Benefit, Working Families Tax Credit, Job Seekers Allowance, or any other benefit?

Yourself:

Your Partner:

Yes No

Yes No

Please provide details of pensions and benefits you or your partner receive.

Yourself:

Your Partner:

Yes No

Yes No

Earnings

What is your household's total gross annual income?

Under £10,000

£10,001 - £15,000

£15,001 - £20,000

£20,001 - £25,000

£25,001 - £30,000

£30,001 - £40,000

Over £40,000

Do you, or does your partner, have savings?

Yourself Yes No

Your Partner Yes No

If 'Yes', what is their value?

Yourself £

Your Partner £

Do you or your partner own any property?

Yourself Yes No

Your Partner Yes No

If 'Yes', address of the property

What is its approximate value?

How much, approximately, is outstanding on your mortgage? £

**For Applicants outside the City of Sunderland Area
Only complete this section if:**

You are not living or working in the City of Sunderland or

You have been living or working in the City of Sunderland for less than twelve months.

Does anyone on your application need to move to the area to give or receive medical support? Yes No

Name of first person requiring support

Address (if not a member of your household)

Relationship to you

Support required

Name of any second person requiring support

Address (if not a member of your household)

Relationship to you

Support required

Have you or your Partner lived in City of Sunderland before?
(excluding HM Forces accommodation)

Yes No If 'Yes', please give details:

Name	Address	Date From	Date To

Please state any reason why you need to live in the City of Sunderland.

Your current home

This is about your present housing. Your answers will help to assess the priority you should have for housing.

Details of present accommodation. Please tick relevant box;

Accommodation	Yourself	Your partner/joint applicant
Renting from a private landlord (assured tenant)		
Renting from a private landlord (assured shorthold/ fixed term tenant) e.g 6 or 12 month tenancy (please provide copy of your tenancy agreement)		
Housing Association/ Council tenant (secure/ assured/ long term tenant)		
Owner Occupier		
Living at home with parents/ other relatives		
In hospital/ Residential Home/ Nursing home Care Home		
In accommodation tied to your job		
Living in a hostel		
Lodger/ staying with friends (but not with relatives)		
Rough Sleeping i.e. staying outdoors		
Serving in the HM Forces		
In prison		
Caravan/ Mobile Home		
Children's home/ Foster placement		
No fixed abode		
Other please state		

If you are a private tenant please provide the name, address, postcode and telephone number of your landlord:

Name

Address

Tel

Please say what is your rent payment? Per week per month £

If your partner is a private tenant please provide the name, address, postcode and telephone number of their landlord (if different):

Name

Address

Tel

Are you or your Partner threatened with homelessness?

Yourself Yes No

Your Partner Yes No

If 'yes', please give details, explaining why you are threatened with homelessness:

Important – if you believe you are in danger of losing your accommodation, you should contact the Council without delay – see last page

What type of housing do you live in now? (please tick the appropriate box)

House Caravan Bungalow Flat

Maisonette Bedsit Mobile Home

Other please describe

If you live in a Flat, on which floor level is your accommodation?

Ground Above third (please state)

First Below ground (please state)

Second

Third

Is there a lift Yes No

How many rooms are there in your current accommodation?

Living rooms Bedrooms Kitchen

Bathroom

Do you have any of the following problems? Please tick if so.

No Inside WC

No Hot Water

No Separate Kitchen

No Separate Bathroom

Lack of adequate heating (eg only one fire)

ARE YOU OVERCROWDED?

You may be considered overcrowded if any of the following apply to your household. Please tick any that apply:

A Child of 7 or more has to sleep in the same bedroom as a member of the opposite sex.

A child of any age has to share a bedroom with its parents (including first expected baby after 6 months of pregnancy)

Children are sharing a bedroom which is too small – i.e. two children in a single bedroom

A child under 7 has to sleep in the same bedroom as a member of the opposite sex.

Any adult who does not have their own bed space.

MEDICAL, WELFARE OR HARDSHIP ISSUES

Medical

You may be considered for extra priority if you need to move because you cannot manage in your current home for medical reasons – eg you can no longer manage stairs. Note that you may be assessed for adaptations to your home as an alternative, if appropriate.

Welfare and Hardship

You can be considered for extra priority if either of the following apply

- You need to move on welfare ground such as a need to give or receive care
- You need to move to prevent hardship to yourself or others

Priority or welfare or hardship issues will be considered on an individual basis and will only be awarded in exceptional circumstances. Assessment for this will only be carried out where there is initial clear evidence that the need cannot be reasonably met by travelling within the City.

If you believe you need to move for medical, welfare or hardship reasons please state the reason(s) here.

TEMPORARY OR INSECURE ACCOMMODATION

Tick if your home is affected by any of the following and give detail in the box below

Compulsory purchase order

Individual closing order

Tied Tenancies: you have a tied tenancy if you occupied your home as part of the conditions of your employment. If the contract of employment has been ended through no deliberate act or omission of yours, and this has led to the loss of tenancy you may be eligible for additional priority. Please tick the appropriate box below if any of the following apply to you, and give details in the box underneath:

Agricultural tenancy.

Wardens/caretakers of public buildings, sheltered and multi-storey blocks

Publican

Leaving H.M. Forces

Details

Living apart

If you are a family with children, or expecting, and you are forced by domestic circumstances to live apart, please give details here

Relinquishing Partner

If you are leaving your family home as a result of a relationship breakdown and have agreed to leave the family home to your partner, give details here

Please use this space to tell us anything else you would like us to know about your current situation:

Do you intend to keep pets or animals at home?

Yes No

If 'Yes', what type of pets do you intend to keep?

WHAT KIND OF HOUSING DO YOU NEED?

Please tick the types of property you would consider (one or more)

House Flat Bedsit
Bungalow Maisonette Multi Storey

Would you be interested in renting from a Private Landlord?

Yes No

How many bedrooms do you need?

If you are a couple, please provide medical information if you need more than one bedroom

If you were offered a flat or maisonette what is the highest floor level you would accept?

First Second Third Fourth or above

Do you require any of the following for medical reasons:

Shower Wheelchair access Stairlift

Housing with Support – Older People

For older people there are a number of schemes where you can have your own flat or bungalow but where a warden or scheme manager is on hand to offer advice and help. If you would be interested in this type of accommodation please tick below.

Warden-assisted accommodation

Contact with Support Agencies

Do you currently receive regular support from Social Services, Community Mental Health, the Probation service, Occupational Therapist or any other agency?

Yes No

If 'Yes', please give details here

Other Information about your application

We need to ask whether you, your partner are now, or have you been within the past 12 months, a committee member, councillor or employee of the Council or any of the Housing Associations or Registered Housing Providers operating within the City of Sunderland.

Yourself Yes No

Name of organisation

Position held

Has your Partner? Yes

No

Name of organisation

Position held

Also are you, or your partner, related to any committee member, councillor or employee of any of the partnership organisation – or to anyone who has been during the last twelve months.

Yourself

Yes

No

Your Partner

Yes

No

Name of committee member/councillor/employee

Relationship to you/your partner

Which of the partnership organisations are they a committee member, councillor or employee of?

What's their position in the organisation (*If known*)

Have you or anyone who wishes to be housed with you, been convicted of a criminal offence?

Yes No

Note: Spent convictions should not be included as detailed in the rehabilitation of Offenders Act 1974

Please give details

Where do you want to live?

Please tick no more than 3 boxes in total. We will count only the first 3 ticked boxes

Anywhere in the area of Coalfield

Broom Hill	<input type="checkbox"/>	Chilton Moor	<input type="checkbox"/>	Colliery Row	<input type="checkbox"/>
Easington Lane	<input type="checkbox"/>	East Rainton	<input type="checkbox"/>	Elemore Vale	<input type="checkbox"/>
Fence Houses	<input type="checkbox"/>	Hetton Downs	<input type="checkbox"/>	Hetton le Hole	<input type="checkbox"/>
Houghton	<input type="checkbox"/>	Low Moorsley	<input type="checkbox"/>	Lyons	<input type="checkbox"/>
New Herrington	<input type="checkbox"/>	Newbottle	<input type="checkbox"/>	Penshaw	<input type="checkbox"/>
Philadelphia	<input type="checkbox"/>	Rainton Bridge	<input type="checkbox"/>	Shiney Row	<input type="checkbox"/>
West Herrington	<input type="checkbox"/>				

Anywhere in the area of Washington

Albany	<input type="checkbox"/>	Ayton	<input type="checkbox"/>	Barmston	<input type="checkbox"/>
Biddick	<input type="checkbox"/>	Blackfell	<input type="checkbox"/>	Columbia	<input type="checkbox"/>
Concord	<input type="checkbox"/>	Donwell	<input type="checkbox"/>	Fatfield	<input type="checkbox"/>
Glebe	<input type="checkbox"/>	Harraton	<input type="checkbox"/>	Lambton	<input type="checkbox"/>
Oxclose	<input type="checkbox"/>	Rickleton	<input type="checkbox"/>	Springwell	<input type="checkbox"/>
Sulgrave	<input type="checkbox"/>	Usworth	<input type="checkbox"/>	Usworth Hall	<input type="checkbox"/>
Washington Village	<input type="checkbox"/>				

Anywhere in the area of Sunderland North

Carley Hill	<input type="checkbox"/>	Castletown	<input type="checkbox"/>	Downhill	<input type="checkbox"/>
Fulwell	<input type="checkbox"/>	High Southwick	<input type="checkbox"/>	Hylton Castle	<input type="checkbox"/>
Hylton Redhouse/Redhouse	<input type="checkbox"/>	Marley Pots	<input type="checkbox"/>	Monkwearmouth	<input type="checkbox"/>
North Hylton	<input type="checkbox"/>	Roker	<input type="checkbox"/>	Seaburn	<input type="checkbox"/>
Southwick	<input type="checkbox"/>	Town End Farm	<input type="checkbox"/>	Witherwack	<input type="checkbox"/>

Anywhere in the area of Sunderland East

Ashbrooke	<input type="checkbox"/>	Bishopwearmouth	<input type="checkbox"/>	Deptford	<input type="checkbox"/>
Grangetown	<input type="checkbox"/>	Hendon	<input type="checkbox"/>	Hillview	<input type="checkbox"/>
Millfield	<input type="checkbox"/>	Ryhope	<input type="checkbox"/>	Ryhope Colliery	<input type="checkbox"/>

Anywhere in the area of Sunderland South

Burdon	<input type="checkbox"/>	Doxford Park	<input type="checkbox"/>	East Herrington	<input type="checkbox"/>
Farrington	<input type="checkbox"/>	Middle Herrington	<input type="checkbox"/>	New Silksworth	<input type="checkbox"/>
Plains Farm	<input type="checkbox"/>	Tunstall / Tunstall bank	<input type="checkbox"/>		

Anywhere in the area of Sunderland West

Ford	<input type="checkbox"/>	Grindon	<input type="checkbox"/>	High Barnes	<input type="checkbox"/>
Humbledon	<input type="checkbox"/>	Pallion	<input type="checkbox"/>	Pennywell	<input type="checkbox"/>
South Hylton	<input type="checkbox"/>	Springwell	<input type="checkbox"/>	Thorney Close	<input type="checkbox"/>

Under the Disability Discrimination Act 1995 a person is considered to have a disability if he/she has a physical or mental impairment which has a substantial and long term effect on his/her ability to carry out normal day to day activities.

Do you consider that you meet this definition of disability? Yes No

If YES please state the type of disability:

Visual impairment Hearing impairment

Mobility disability Mental Health disability

Learning disability Communication difficulties

Other please specify below

Please sign the following Declaration:

I/we confirm that the details given here are correct and complete and I/we have not withheld or misrepresented any relevant information.

I/we hereby give permission for Sunderland City Council to seek any information about me/us from relevant agencies in order to effectively respond to my/our housing situation. I/we understand that relevant agencies may include (but are not limited to), any Police Force, previous landlord, Probation Service, Children's Services, Adult Services, Doctors & Education Departments.

I/we acknowledge that Sunderland City Council has a duty to ensure proper use of public funds. I/we therefore understand that information relevant to my/our case may be used to improve service delivery, to prevent and/or detect error or fraud, and accept that this may require my/our information to be shared with other departments and agencies for those purposes.

I/we will notify Sunderland City Council as soon as possible of any changes in my/our personal circumstances.

I/we am/are aware that failure to comply with the above declarations is a summary offence and that conviction renders me/us liable for a fine.

I/we also understand that I/we need to renew this application every year; and that otherwise you will remove the application from the Housing Needs Register.

	Signature	Print name	Date signed
Applicant			
Partner			

For owner occupiers

If you are currently an owner occupier you must sign the following declaration to be considered for housing.

I agree to:

- Actively sell my property at a realistic price
- Not let my property without prior written agreement from the Council
- Use any tenancy I get through this application as my only residence

Your signature

Your partner's signature

Date

Right to request information

You have the right:

- To request such general information as will enable you to assess:
 - How your application is likely to be treated under the Allocation Scheme (including, in particular, whether you are likely to be regarded as a person to whom reasonable preference is to be given in accordance with section 167(2) of the Housing Act 1996),
 - What points you have been allocated (you will be sent a letter to state the points they have been given)
 - Whether you are likely to get an offer of housing appropriate to your needs and how long it is likely to be before that happens.
- To receive written notice of any decision by the Council that you would not be given preference because of unacceptable behaviour.
- To be informed, on request, of any decision about the facts of your case, which has been or is likely to be, taken into account in considering whether to make an allocation to you.
- To request a review of the points you have been given and any other decision as to whether or not you are a person to whom reasonable preference is to be given or whether or not you are not to be given preference because of unacceptable behaviour.
- To request a review if their application is refused or removed from the Housing Register.
- To be informed of the decision on any review and the grounds for it.

Applications for review must be made in writing to the Homelessness Co-ordinator, City of Sunderland Council and must be received no later than 21 days after the date upon which you received notice of the matter requiring review.

WHAT TO DO NEXT

Please check that you have answered all the questions which apply to you and have attached copies of all the papers we need to see. Please do not send originals. Please send us photocopies, if relevant, of:

- The cover and first page of your Child Benefit Book or letter from Child Benefit Agency;
- Proof of pregnancy, such as your maternity record card or certificate of pregnancy;
- Proof of access arrangements if your children visit during the evenings and weekends;

- Proof that you no longer own a home, such as the statement from your mortgage lender when you sell your home or a solicitor's letter; and
- Proof of the notice that asks you to leave your home.
- Send this form, and copies of any papers we need to see, to the Housing Options Team City Homelessness and Advice Team at the address below.

You can see a copy of the full Housing Allocation Scheme by asking the Housing Options Team.

If you would like any help to fill in this form, or if you require this form in Braille, large print or another language, please contact the Housing Options Team.

Phone: 0191 520 5551

Email: allocations@sunderland.gov.uk

**Address: Business Support Team, Sunderland City Council,
City Hall
Plater Way
Sunderland
SR1 3AA**