



Housing Application Form

To be used by all persons wishing to join the Housing Register including Housing Association and Southampton City Council tenants

If you need help completing this form please contact Gateway Southampton, One Guildhall Square. Telephone 023 8083 2777 or email housing.allocations@southampton.gov.uk

Opening times are: Monday, Tuesday and Friday 8.30am - 5.30pm
 Wednesday 9.30am - 5.30pm
 Thursday 8.30am - 7pm

Alternatively, you may have a support worker that can help you.

INFORMATION FOR APPLICANTS

Applying for social housing in Southampton

Demand for general needs social housing in Southampton far exceeds supply. The council is not able to help everyone who applies to join the housing register. Applicants must consider alternative housing options in addition to the housing register (for example renting privately, living with family, renting a room, low cost home ownership). Currently, the needs for those requiring supported accommodation for older people (60+) is more easily met.

Housing application form

Your application will not be accepted unless all relevant questions have been answered and all relevant documents have been provided; **Your application form will be returned to you if the form is not completed fully, or if required documents are missing.** If the answers are different for your partner, give details of his/her circumstances. Use a separate sheet of paper if necessary.

When we receive your completed application form and documents, we will send an acknowledgment letter with your unique reference number. Please quote this number when you contact us.

Processing applications

We will write to you and let you know if you are eligible to join the housing register and if you have been given reasonable preference for housing. The date your application is accepted is the date from which your waiting time starts.

Housing need

We will give your application 'reasonable preference' if you fall into one of the following categories of housing need:

- People living in overcrowded or unsatisfactory housing
- People needing to move on medical or welfare grounds
- People needing to move to a particular area of the city, where failure to meet that need would cause hardship to themselves or to others.
- Homeless people

If you do not have any housing need, you will be considered adequately housed and very unlikely to be re-housed via the housing register. Therefore, you must consider other housing options.

Note: Under certain circumstances reasonable preference may be withheld.

Ineligible applicants

You will **not** be eligible for rehousing by Southampton City Council if:

- You or a member of your household has been guilty of unacceptable behaviour serious enough to make you unsuitable to be a tenant.
- You are a person from abroad who is subject to immigration control within the meaning of the Asylum and Immigration Act 1996.

The council will look at the following when deciding if behaviour has been unacceptable: rent arrears, anti-social behaviour, using your home for immoral or illegal purposes, committing an arrestable offence in or in the locality of your home, causing damage to the property, obtaining a tenancy by false statement or making a payment to a person to complete a mutual exchange.

Review Procedure

We will write to you if we either refuse your application or do not give you reasonable preference. You have the right to request a review of this decision and in our letter you will be advised how to do this.

Documents are required to confirm your eligibility and circumstances, and to prevent fraudulent applications and tenancies. These documents, as listed below, are required at time of application. Your application will not be accepted unless all required documentation is provided.

Please note that all documents must be verified - documents may be taken to Gateway at One Guildhall Square for verification.

DOCUMENT CHECKLIST

For all applications we require the following:	
1	Current Passport OR -
2	National Insurance proof WITH EITHER
3	Medical Card
4	Birth Certificate OR -
5	Benefit proof (JSA or Income Support only)
For applicants subject to Home Office Immigration Control:	
6	Home Office papers advising of status OR
7	Passport which has current immigration status stamp
For applicants who are EU Nationals we require:	
8	Proof of current employment OR
9	An EEA Residence permit
Note: further information will be requested from applicants who are Bulgarian or Romanian Nationals.	
For applicants that have been in the UK less than 2 years:	
10	Completion of a Habitual Residence Questionnaire (unless in receipt of JSA or Income Support). Please contact Allocations Advice Line tel: 023 8083 2777 or email: housing.allocations@southampton.gov.uk to request a questionnaire

For all children included on you application we require the following:

11	Birth Certificates	
12	Child Benefit Proof that advises that the applicant is in receipt of benefit for all the named children	
13	If the child is over 16 and no longer in receipt of child benefit we require a letter from the child to confirm that they wish to be rehoused with the applicants on a permanent basis	

For applicants who are owner occupiers or own property in the UK or abroad:

14	Estate Agent valuation of the property (dated within 6 months)	
15	Latest mortgage statement	
16	If the equity on the property is to be split with someone not on your application, advise how the equity will be split and provide relevant documentation	
17	Details of any loan secured on the property.	

For previous owner occupiers or owners of property in the UK or abroad:

18	Transfer of ownership/sale completion papers for any properties previously owned.	
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For previous tenants of Housing Associations or Local Authorities:

19	Full address of all previous tenancies and the dates lived there.	
20	Full name and address of the landlord(s).	

Application for housing with Southampton City Council

If you need help in filling in this form and English is not your first language please make an appointment with the Allocations Section who will arrange for interpretation and translation support from Access to Communication if necessary.

Codsiga kusaabsan Guriyaynta ee Dawladda Hoose ee Southampton

Haddii aad kacaawin ugu baahan tahay buuxinta foomkaan isla markaana luqadda Ingiriisku aanay ahayn luqaddaada koowaad fadlan ballan lasamayso Qaybta Kutalagalka taas oo kaaga diyaarin doonta turjumaad afka ama qoraal ah taakuladeed Isticmaal u helista lsgaarsiinta haddii lama huraa ay tahay.

Demande de logement auprès de Southampton City Council (Conseil Municipal)

Si vous avez besoin d'aide pour remplir ce formulaire et si l'anglais n'est pas votre langue maternelle, veuillez prendre rendez-vous auprès du service Allocations. Celui-ci s'adressera au service Access to Communication pour obtenir les prestations d'un interprète/traducteur, si besoin est.

সাউথহ্যাম্পটন সিটি কাউন্সিলের হাউসিং এ্যাক্সেসশান (আবেদনপত্র)

আপনার যদি এই ফর্মটি ভরতে কোন সাহায্যের প্রয়োজন হয় এবং ইংরেজি যদি আপনার মাতৃভাষা না হয়, অনুগ্রহ করে এ্যালোকেশান সেকশনের (শাখায়) সঙ্গে একটি সাফাংকারের ব্যবস্থা করুন। যদি প্রয়োজন হয় তাহলে, এক্সেস টু কমিউনিকেশান (Access to Communication) থেকে ভাষান্তর এবং অনুবাদ করার বন্দোবস্ত করে দেবে এ্যালোকেশান সেকশন (শাখা)।

ਸਾਊਥੈਮਪਟਨ ਸਿਟੀ ਕੌਂਸਿਲ ਨਾਲ ਘਰ ਦੀ ਅਰਜ਼ੀ

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਫਾਰਮ ਨੂੰ ਭਰਨ ਲਈ ਮੱਦਦ ਦੀ ਲੋੜ ਹੈ ਅਤੇ ਅੰਗਰੇਜ਼ੀ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਨਹੀਂ ਹੈ ਤਾਂ ਅਲੋਕੇਸ਼ਨ ਸੇਕਸ਼ਨ ਨਾਲ ਅਪਾਇਅਟਮੈਂਟ ਬਣਵਾਉ। ਜੇਕਰ ਜ਼ਰੂਰਤ ਹੋਈ ਤਾਂ ਉਹ ਜ਼ਬਾਨੀ ਅਤੇ ਲਿਖਤੀ ਤਰਜਮੇ ਦੀ ਮੱਦਦ ਦਾ ਐਕਸਸ ਟੂ ਕਮਿਊਨੀਕੇਸ਼ਨ (Access to Communication) ਕੋਲੋਂ ਪ੍ਰਬੰਧ ਕਰਨਗੇ।

साऊथैमटन सिटी कौंसिल से घर के लिये दरखासत

यदि आप को इस फार्म को भरने के लिये मदद की जरूरत है और अंगरेज़ी आप की भाषा नहीं है तो कुर्पया अलोकेशन सेक्शन से मिलने का समय निश्चत किजिये। वो अगर जरूरत होगी तो आप के लिये लिखती तथा ज़बानी अनुवाद की मदद का ऐकसस टु कमिऊनिकेशन (Access to Communication) से प्रबंध करेगे।

向南安普頓市政府申請住房

如果你在填寫此表格時需要幫助，及英語不是你的第一語言，請與 "安置科" (Allocation Section) 聯繫預約時間。如果需要，安置科將從 "對話通道" (Access to Communication) 為你安排口譯和筆譯服務。

હાઉસિંગ માટે સાઉથએમ્પટન સીટી કાઉન્સિલને અરજી

જો આપને આ ફોર્મ ભરવામાં મદદની જરૂર હોય અને અંગ્રેજી આપની માતૃભાષા ન હોય તો એલોકેશન સેક્શન સાથે એપોઇન્ટમેન્ટ બનાવો જેઓ આપના માટે એક્સેસ ટુ કમ્યુનિકેશન (Access to Communication) દ્વારા ઇન્ટરપ્રિટર અને ભાષાંતર માટે મદદ મેળવશે.

ساؤتھمپٹن سٹی کونسل کو ہاؤسنگ کے لئے درخواست

اگر انگریزی آپ کی پہلی زبان نہیں ہے اور آپ کو یہ فارم پھرنے میں کسی مدد کی ضرورت ہو تو برائے مہربانی ایلوکیشن سیکشن سے ملاقات طے کریں، تاکہ اگر ضرورت ہو تو وہ ایکسیس ٹو کمیونیکیشن (Access to Communication) سے ترجمان یا ترجمہ کی مدد کا انتظام کر دیں گے۔

ወደ የሰላምተተን (Southampton) የከተማ ማዘጋጃ ቤት የሚደረግ የመኖርያ ቤት ማመልከቻ

ይህ የማመልከቻ ፎርም ለሞሞላት እርዳታ የምትፈልጉ ከሆነ እና እንግሊዘኛ ደግሞ የመጀመርያ ቋንቋችሁ ካልሆነ፣ እባክዎን ከየመገናኛ ጽሕፈት ቤት (Access to Communication) የአስተርጓሚ ረዳት ከሚያዘጋጁት የማከፋፈያ (Allocations) ክፍል ጋር ለመገናኘት ጊዜ አመቻቹ።

Southampton از شوراي شهر درخواست مسکن

اگر در پر کردن این فرم نیاز به کمک دارید و انگلیسی زبان اولتان نیست لطفاً با بخش اختصاصات (Allocations Section) هماهنگ کنید؛ این بخش پشتیبانی لازم در زمینه ترجمه را از دسترسى تا ارتباطات در اختیارتان قرار می دهد.

طلب إسكان لدى "مجلس مدينة ساوثمبتون" Southampton City Council

إذا كنت بحاجة إلى المساعدة في تعبئة هذه الاستمارة، ولم تكن اللغة الإنجليزية هي لغتك الأولى يرجى حجز موعد لدى "قسم الترتيبات" Allocations Section لكي يقوم بعمل الترتيبات الخاصة بالترجمة أو الترجمة الفورية من Access to Communication، إذا لزم الأمر.

SECTION 1 About you and your partner (To be completed by all applicants)

1 Title Mr/Mrs/Miss/Ms

Surname First name

Address

Post code

Telephone number

Date moved to this address: Month Year

2 Contact address (if different from above)

Address

Post code

3 Date of birth Day Month Year

4 Have you ever been known by any other name(s)? Yes No

If **Yes** please state name(s)

5 Are you or your partner a current Southampton City Council tenant? Yes No

6 Do you live inside the Southampton City Council boundary? Yes No

If **No** please give details of which council you pay your council tax to

7 Do you or your partner work in Southampton? Yes No

If **Yes** State employer's name and place of work

Name

Address

Post code

State the number of contracted hours you work Hours

State if permanent or temporary work? Permanent Temporary

8 Do you own or are you buying any property either alone or with another person? Yes No

If **Yes**, please give address of property you are buying

Address

Post code

What is the approximate value?

Please provide a recent estate agent's valuation.

Is there a mortgage or any secured loan outstanding? Yes No

If **Yes**, please state how much is outstanding?
Please provide a copy of the latest mortgage statement/loan statement.

If you own or are buying the property with another person, please state his/her contact details and state how any equity will be split.

Surname First name

Address

Post code

How is equity split?

If you are not living at the property you own please explain why?

SECTION 2 About your immigration status (To be completed by all applicants who are not Southampton City Council tenants)

Under s. 160 (3) of the Homelessness Act 2002 persons from abroad who are subject to immigration control within the meaning of the Asylum and Immigration Act 1996 are ineligible for allocation of housing. To ascertain your immigration status please answer the following questions.

1 Are you either an existing secure or introductory tenant of a housing authority or an existing assured tenant of accommodation allocated to you by a housing authority?
Yes No If **Yes** - please provide proof. **Go on to Section 3**

2 Are you a citizen of a country within the European Economic Area (EEA)
Yes No If **Yes** - please state which country and provide proof i.e. passport or ID card.
 Go to Question 11

Citizens of Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia must provide proof of 12 months continuous employment in the UK before they can apply for rehousing

3 Have you been granted refugee status in the UK?
Yes No If **Yes** - please provide proof. **Go on to Section 3**

4 Do you have indefinite leave to enter or remain in the UK with no condition or limitation?
Yes No If **Yes** - please provide proof. If **No** - **Go to Question 7**

5 Were you given leave on an undertaking that a sponsor or sponsors would be responsible for your accommodation needs?
Yes No If **No** - please provide proof. **Go to Question 11**

- 6** Do **both** the following statements apply in your case:
i) You have been resident in the UK for less than 5 years since the date of your entry to the UK, or the date of the undertaking, whichever is the later

and

- ii) The person (or at least one of the persons) who gave the undertaking is still alive?

Yes No If **Yes** - You are not eligible for rehousing.
If **No** - please provide proof. **Go to Question 11**

- 7** Have you been granted exceptional leave or discretionary leave to enter or remain in the UK or humanitarian protection.

Yes No If **Yes** - please provide proof and give date leave expires.
If **No** - **Go to Question 9**

- 8** Is your leave subject to a condition that you are required to maintain and accommodate yourself (and any dependants)?

Yes No If **Yes** - you are not eligible for rehousing.
If **No** - please provide proof. **Go to Section 3**

- 9** Are you a citizen of a non-EEA country that has ratified either the European Convention on Social and Medical Assistance (ECSMA) and/or the European Social Charter.

Yes No If **Yes** - please provide proof.
If **No** - you are not eligible for rehousing.

- 10** Do you have leave to enter or remain in the UK?

Yes No If **Yes** - please provide proof. **Go to Question 12.**
If **No** - you are not eligible for rehousing.

- 11** Are you any of the following:

- (i) a "worker" (for the purposes of Council Regulation (EEC) No. 1612/68 or (EEC) No. 1251/70)
- (ii) a person with a right to reside in the UK (pursuant to Council Directive No. 68/360/EEC or No.73/148/EEC)
- (iii) a person who left Montserrat after 1 November 1995 because of the effect of volcanic eruption there?

Yes No If **Yes** - please provide proof. **Go to Section 3**

- 12** Have you been resident in the UK (or the Channel Islands, the Isle of Man or the Republic of Ireland) continuously for the last 2 years?

Yes No If **Yes** - please provide proof.
If **No** - your advisor will need to discuss your immigration status with you.

Note: It is essential that Southampton City Council staff verify all documents relating to immigration status. Please bring original documents to Gateway Southampton. If this is difficult for you please let us know, by telephoning the Allocations Advice Line 023 8083 2777

SECTION 3 You and those to be rehoused with you (To be completed by all applicants)

- 1 List everyone to be rehoused with you. Please include yourself. Housing staff will need to see proof of child benefit for every child on the application form. If the child is over 16 years and you are not in receipt of child benefit for him/her please provide a letter from the child stating that he/she wishes to be rehoused with you.

Surname	First name	Male/Female	Date of birth dd/mm/yy	Relationship to you	Do they live with you now? Yes/No
				Self	

2 What is your National Insurance number?

What is your partner's National Insurance number?

3 Is a child expected? Yes No If Yes, please give expected date Month Year
Please provide a copy of the confinement certificate.

4 If any of the people on your application do not live with you now please state where they live and why they cannot live with you now.

5 Have you or any of your household been served with an anti-social behaviour order or an acceptable behaviour contract?

Yes No If Yes, please give details.

6 Have you or any member of your household ever been taken to Court for a breach of tenancy including rent arrears?

Yes No If Yes, please give details.

SECTION 4 Where you live now (To be completed by applicants who are not current Southampton City Council tenants)

1 What type of accommodation do you have now? To be answered in relation to main applicant only.

Studio flat Bedsitting room Bungalow Flat Mobile home

House Maisonette Caravan Rooms

Other (specify) On what floor level is your home? Is there a lift?

2 What facilities do you have? (NB sharing means sharing with someone who is not part of this application)

Kitchen	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Yes , do you share?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Bathroom	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Yes , do you share?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Shower	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Yes , do you share?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Bath	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Yes , do you share?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Inside W.C.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Yes , do you share?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Outside W.C.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Yes , do you share?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Do you cook in your room? Yes No

Do you have a hot water supply? Yes No

Do you have a cold water supply? Yes No

Do you have an electricity supply? Yes No

Do you have a gas supply? Yes No

Does your accommodation have any form of heating? Yes No

How many rooms can you heat?

Please state the number of rooms for your family's sole use.

How many living or dining rooms are for your family's sole use?

How many bedrooms are for your family's sole use?

How many living rooms do you share?

How many bedrooms are shared?

3 Which of the following best describes your situation? (Please tick appropriate box)

Owner/buying with a mortgage

Tenant of a local authority/registered social landlord (housing association)

Private tenant or leaseholder with resident landlord

Private tenant or leaseholder and landlord is not resident in the same property

Living in accommodation tied to employment

Living in a hostel

Living with parents

Living with family/friends

Living in bed and breakfast

Living in nursing home/rest home

Living in supported accommodation e.g. with a warden

Living in a mobile home/caravan/boat

Squatting in a property

Of no fixed address

4 If you are renting accommodation, who is your landlord?

Name

Address

Post code

Telephone number

SECTION 5 Additional Information (To be completed by applicants who are not current Southampton City Council tenants)

1 If you think you may not be able to remain at your current address and may become homeless, please give details.

Have you been asked to leave? Yes No

If **Yes**, please state who asked you to leave.

If **Yes**, when do you have to leave by? Date

2 Please use the space below to tell us about anything else to do with your housing application that you think we ought to know about e.g. state of repair of your home or financial difficulties.

Section 6 Where you have lived before (To be completed by applicants who are not current Southampton City Council tenants)

1 Where have you lived during the last **five** years? Please include periods spent in prison, longstay hospital, or care, and hostel accommodation.

Address	Dates	Lodger, tenant, owner or with family	Name & address of Landlord or building Society, if applicable	Reason for leaving
You				
Your partner				

2 Have you or your partner ever been a tenant of a local authority or a housing association?

Yes No If **Yes**, please give details below

Address	Dates	Landlord	Landlord's address	Name tenancy held in
You				
You partner				

3 Have you or your partner previously been married or lived with a partner and owned, rented or leased a property with them other than that above.

Yes No If **Yes**, please give details over.

Your address(es)	Dates

Your partner's address(es)	Dates

4 Is your name (or your partner's name) still on the tenancy/deeds/mortgage agreement for this or any other property.

Yes No If **Yes**, please give reasons why you cannot live there.

5 If you or your partner are 60 years of age or over and have lived in Southampton before please give details.

Your address(es)	Dates

Your partner's address(es)	Dates

SECTION 7 Where you would like to live? (To be completed by all applicants)

Choice statement: Currently Southampton City Council encourages applicants to exercise choice about which areas of the city they wish to receive offers of accommodation.

Homeless applicants are advised to seek the advice of their Homelessness Advisor. In order for the council's responsibilities under the Housing Act 1996, as amended by the Homelessness Act 2002, to be discharged there are separate arrangements for homeless applicants. Area choices are widened after 6 months to 16 out of the 32 areas of the city. These area choices must include **one** of the following: Thornhill, Weston, Central South, Northam and Millbrook. After a year the areas are extended to any area of the city.

All applicants are offered a choice of:

Whether to accept accommodation in a tower block with a lift

Whether to accept accommodation on the third floor of a walk-up block

Whether to be offered nomination to a Registered Social Landlord for a housing association property

All applicants are entitled to two offers of accommodation. After two valid offers applicants will not receive any further offers for a period of at least six months and may lose any priority status.

The city council is committed to providing greater choice for applicants wherever possible and we are working to improve these choices.

- 1** Are you willing to accept:
 Accommodation in a tower block? Yes No If **Yes** to what floor will you accept?
 Third floor accommodation in a block without a lift? Yes No
 Nomination to a Registered Social Landlord? Yes No

Note: You may wait a shorter time if you are willing to accept accommodation in a tower block or on the third floor of a walk-up block or nomination to a Registered Social Landlord.

- 2** Do you have a dog to be rehoused with you? Yes No

Note: The council has limited accommodation suitable for dogs. Applicants who have dogs will therefore have a long wait for an offer.

- 3** If you or your partner are 60 years of age or over, would you like older persons' accommodation?
 Yes No

Note: There is a variety of such accommodation ranging from flats that have the benefit of the community alarm scheme to those with a resident warden and community rooms.

If you are between 55 - 59 years of age you may be considered for some older persons' first floor flats without a resident warden. Are you interested in such accommodation?

- Yes No

- 4** Are you interested in: Shared ownership (part buy/part rent)? Yes No
 Incentives to buy your current council accommodation? Yes No

- 5** Where in the city would you like to live? (Tick as many boxes as you like).

Note: Generally the more areas you select the sooner you are likely to be rehoused.

- Any East - All of Column 1
 Any West - All of Columns 2 & 3
 Anywhere - All of Columns 1, 2, & 3

Column 1	Column 2	Column 3
Bitterne <input type="checkbox"/>	Aldermoor <input type="checkbox"/>	Lordshill <input type="checkbox"/>
Bitterne Manor <input type="checkbox"/>	Bassett <input type="checkbox"/>	Lordswood <input type="checkbox"/>
Harefield <input type="checkbox"/>	Bassett Green <input type="checkbox"/>	Maybush <input type="checkbox"/>
Itchen <input type="checkbox"/>	Bevois Town <input type="checkbox"/>	Millbrook <input type="checkbox"/>
Merryoak <input type="checkbox"/>	Central North <input type="checkbox"/>	Northam <input type="checkbox"/>
Midanbury <input type="checkbox"/>	Central South <input type="checkbox"/>	Portswood <input type="checkbox"/>
Sholing <input type="checkbox"/>	Central West <input type="checkbox"/>	Redbridge <input type="checkbox"/>
Thornhill <input type="checkbox"/>	Coxford <input type="checkbox"/>	St. Denys <input type="checkbox"/>
Townhill Park <input type="checkbox"/>	Freemantle <input type="checkbox"/>	Shirley <input type="checkbox"/>
Weston <input type="checkbox"/>	Hollybrook <input type="checkbox"/>	Shirley Warren <input type="checkbox"/>
Woolston <input type="checkbox"/>		Swaythling <input type="checkbox"/>

What type of accommodation will you be offered?

In order to make the best use of the housing stock, properties are allocated according to the size of the household as shown below:

Household type	Property offered
Household with a disabled person	Property with or suitable for adaptations
Single applicant who is at least 60 years of age	Studio flat or 1 bedroom flat in a sheltered scheme
Couples, where one or both are at least 60 years of age	1 bedroom flat in a sheltered scheme
1 adult or couple + more than 4 children	4 bedroom property
1 adult or couple + 4 children	3 or 4 bedroom property
1 adult or couple + 3 children	3 bedroom property
1 adult or couple + 2 children of opposite sex	3 bedroom property
1 adult or couple + 2 children of same sex where there is a 6 year age gap or more	3 bedroom property
1 adult or couple + 2 children of same sex where this is less than a 6 year age gap	2 bedroom property
1 adult couple + 1 child	2 bedroom flat or maisonette
Couple	1 bedroom flat or maisonette
Couple with child expected	1 bedroom flat or maisonette
Single applicant	studio flat

Joint tenancies are offered to people living together as a couple where the commitment to the home is likely to continue long-term except in situations where one of the couple is not eligible for the Housing List. By law, non-qualifying people are not entitled to a joint tenancy with a qualifying person.

'Introductory' tenancies are granted to all households new to the council. The Introductory tenancy runs for a 'trial' period of twelve months. If the council is satisfied that you have kept to the terms of the tenancy agreement during this time, the tenancy will then convert to a 'Secure' tenancy which provides you with more rights and security.

Existing 'Secure' tenants who are applying for a transfer to another council property will retain their 'Secure' tenancy following transfer

Due to the shortage of houses, the property offered is likely to be a flat or maisonette, rather than a house. To be considered for a house you must have at least 2 children aged 16 or under, at least one of whom is aged 10 or under

SECTION 8 Reasonable preference (if relevant)

Please use the space below to tell us anything about your household's situation, which you would like to be taken into account when assessing your application. This might include information about problems with health, disability, mobility, social and welfare issues.

Your G.P.'s details.

Name

Address

Post code

Details of any specialists.

Name

Address

Post code

Details of any social worker, project worker, community nurse, health visitor, if you have one.

Name

Address

Post code

It may be necessary to contact professionals as part of the assessment. Please sign the declaration below to give your permission for information to be released. A visit to your home may be made or you may be asked to attend an interview at the Civic Centre.

Declaration I/we give permission for other relevant professionals such as doctors, social workers, project workers, health visitors and district nurses to release information held by them to Southampton City Council to assist in the assessment of my/our housing need.

I/we give permission for Southampton City Council to release relevant information about me/us to other professionals such as doctors, social workers, project workers, health visitors and district nurses.

Your Name

Telephone number

Signed

Date

Partner's Name

Telephone number

Signed

Date

Your application for reasonable preference because of disability, health, social, mobility or welfare difficulties will be carefully considered. Reassessments of any award of reasonable preference within a six-month period of the original will only be considered if there has been a substantial change in circumstances or a major deterioration in health.

When all aspects of your housing application have been assessed and a decision made you will be informed by letter of any recommendations that have been made for your rehousing.

Any reasonable preference will not automatically result in immediate rehousing but the recommendations in each case will be taken into account. The recommendations may have the effect of increasing the wait for rehousing. For example recommendations for scarcer facilities such as properties on the ground floor or for specific heating types.

If you wish copies of letters about this assessment to be sent to another person or agency and you wish to have another person or agency present if we need to visit you, please give details below.

Name

Address

Post code

Capacity known to applicant Telephone number

SECTION 9 Declaration (To be completed by all applicants)

If you do not complete this declaration the council will be unable to process your application. Please also ensure you have enclosed copies of all documents required before you return this form, unless you need to bring in original documents as described in section 1.

All information given, or obtained, in connection with this application form will be held by Southampton City Council in accordance with the Data Protection Act 1998. The information collected from this form will be used for purposes of processing your Housing Register application form. Southampton City Council may disclose your details to other Southampton City Council departments as listed below. Any information you provide may also be used for the prevention or detection of crime; the apprehension or prosecution of offenders, or the assessment or collection of any tax or duty.

By signing this application you and/or your partner state that you understand and agree to all of the following:

- Information may be held on computer;
- That it is an offence to give false or misleading information, or to withhold information, relevant to this application;
- Incorrect statements could result in removal from the Housing List;
- The council reserves the right to request proof of any information given to ensure it is correct;
- That you give permission for other relevant professionals such as doctors, social workers, health care workers, probation officers, project workers, key workers, health visitors, district nurses, family liaison officers and the Police, to release information held by them to this Authority. In addition, this may include records such as mortgage accounts, landlord tenancy records and other council records;
- That you give permission to this Authority to release relevant information about you to other organisations, e.g. housing associations, Social Services, Benefit Agency and the Police. This may also include giving details of you 'forwarding address' to the Council Tax or Housing Benefits office or Social Services Department;
- Tenancies granted on the basis of incorrect statements may result in subsequent eviction proceedings.

You (print name) Telephone number

Signature Date

Your partner (print name) Telephone number

Signature Date

The council will not discuss your application for housing with any person not included on your application without your consent (subject to the above need to investigate your application fully). If you want your application to be discussed with another person such as a friend,

relative, or representative from another agency, please give his/her details below.

Name

Capacity known to you Telephone number

Address Post code

Do you want any correspondence regarding your application sent to this person? Yes No

Southampton City Council is collecting information regarding disability to enable equal access for disabled customers to advice and information and to ensure that it is fulfilling its responsibilities under the Disability Discrimination Act 1995.

The Disability Discrimination Act definition of a disabled person is:
"A person is disabled if they have a physical or mental impairment which has a substantial or long-term effect on their ability to carry out normal day to day activities."

Do you consider yourself to be a disabled person? Yes No

Southampton City Council can provide sign language, interpreters, textphone (Minicom), accessible interview rooms and leaflets in large print to help you access advice and information. Please state if you require any of these facilities. (Please also state which language and dialect you speak if your first language is not English)

The Disability Discrimination and the Race Relations Amendment Act say that everyone must have a good and fair service and we are asking all of our customers to tell us a little about themselves so that we have a better idea about how best to provide our services.

Please tell us about the people in your household in the order that they appear in the section 3 of the main application form. If you want to remind yourself of this, you can use the following table.

Person 1 will be the main application or first tenant, person 2 will be the second application and joint tenant (if applicable) and the person 3 to 6 are family members. If you have more than 6 family members, please record the 6 eldest.

	Surname	First Name	Male/Female	Date of Birth
Person 1				
Person 2				
Person 3				
Person 4				
Person 5				
Person 6				

Address

The address box is provided in case this part of the form becomes separated from the main housing application and it provides a way of linking the responses you have given to your application.

1 Do you, the joint tenant (as applicable) or any member of your household named on your application have an impairment or long term health condition that has an impact on your day-to-day life?

Yes No

2 Do you, the joint tenant (as applicable) or any member of your household named on your application have an impairment or long term health condition that has an impact on your day-to-day life?

	1st Person	2nd Person	3rd Person	4th Person	5th Person	6th Person
Hearing Impairment/Deaf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Impairment/Blind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Mobility Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair user	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Listed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3 Please tell us your ethnic group and that of the joint tenant (if application) and all others currently named on your application. (Tick one box for each). If there are more than 6 household members please give details of the 6 oldest.

Question refused

	1st Person	2nd Person	3rd Person	4th Person	5th Person	6th Person
White British	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other White background (Provide details at question 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixed White and black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixed White and Black African	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixed White and Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other mixed background (provide details at question 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian or Asian British Indian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1st Person	2nd Person	3rd Person	4th Person	5th Person	6th Person
White British	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other White background (Provide details at question 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixed White and black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixed White and Black African	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixed White and Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other mixed background (provide details at question 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian or Asian British Indian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian or Asian British Pakistani	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian or Asian British Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other Asian background (provide details at question 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black or Black British Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black or Black British African	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other Black background (provide details at question 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other Chinese background (provide details at question 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gypsy/Romany Traveller	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irish Traveller	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other ethnic background (provide details at question 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 4 If you, the tenant (as appropriate) or any other currently named on your application has ticked 'any other ethnic group' at question 3, please provide details below. If there are more than 6 people in your family or living with you, please give details of the 6 oldest.

1st person

2nd person

3rd Person

4th Person

5th Person

6th Person

All information given, or obtained, in connection with this form will be held by Southampton City Council in accordance with the Data Protection Act 1998. The information collected from this form will be used for purposes of processing your Housing Register application form. Southampton City Council may disclose your details to other Southampton City Council departments as listed below. Any information you provide may also be used for the prevention or detection of crime; the apprehension or prosecution of offenders, or the assessment or collection of any tax or duty.

- Information may be held on a computer;
- That you give permission for other relevant professionals such as doctors, social workers, health care workers, probation officers, project workers, key workers, health visitors, district nurses, family liaison officers and the police, to release information held by them to this Authority. In addition, this may include records such as mortgage accounts, landlord tenancy records and other council records;
- That you give permission to this Authority to release relevant information about you to other organisations, e.g. housing associations, Social Services, Benefit Agency and the Police. This may also include giving details of your forwarding addresses to the Council Tax or Housing Benefits office or Social Services Department.

Please return your completed form, together with all the required documents, to

Housing Allocations
Southampton City Council
Civic Centre
Southampton
SO14 7LR


Or hand deliver to Gateway, One Guildhall Square

Telephone: **023 8083 2777**

Fax: **023 8083 4477**

Minicom: **023 8083 4228**

e-mail: **housing.allocations@southampton.gov.uk**

 Any information you provide on this form will be held by Southampton City Council (SCC) in accordance with the Data Protection Act 1998. SCC's nominated representative for the purposes of the Act is Mark Heath, Solicitor to the Council. If you have any questions relating to the use of your data please contact tel: 023 8083 2777. The information you have provided will be used for the purposes of allocating housing. Your information will not be shared with any third party unless we are required to do so under legal duty.

This written information is available on request in other formats or languages. Please contact 023 8083 2777 for help.