



Existing applicants on housing register

Please complete this form if you have moved, or there is a change to your circumstances that you want to tell us about

Once completed this form should be returned either by post to:
 Housing Allocations, Housing Solutions, Southampton City Council, Southampton SO14 7LR or by hand to Gateway in the
 Civic Centre, Southampton

Your Homebid Number

Your full name

Date of birth

Your current address

Post code

Contact phone number: Home Mobile Work

E-mail address

Date moved to this address Day Month Year

Name and address of Landlord

Post code

Correspondence address (if applicable)

Post code

Your previous address

Post code

You and those to be rehoused with you

If any of the people on your original application are no longer to be included on this application please state where they now live and give the reason why they are no longer to be included.

If you or your partner are aged 50 or over, would you like to be considered for accommodation specifically for this age group?

Yes No

Full details of all those to be housed with you

Surname	First name	Date of birth	National Insurance Number	Relationship to you	Do they live with you

If any of the above do not live with you now please state where they live, and why they do not live with you now.

If you are expecting a baby please give the expected date of birth

If any of the above were not previously included on your application you will need to provide verified eligibility proofs for them.

If you are adding a partner they must answer section A

Section A

To be completed by the partner of the main applicant.

Have you ever been known by any other name?

Yes No

If yes, please state name

Are you a Southampton City Council tenant?

Yes No

If yes, please give full address

Postcode

Have you ever been served with an anti-social behaviour order or acceptable behaviour contract?

Yes No

If yes, please state the reason and date it was served, and give the expiry date,

Date served

Expiry date

Have you ever been taken to court for a breach of tenancy including rent arrears?

Yes No

If yes, please give the dates and reasons

Please give your addresses for the past 5 years

Address	Dates		Lodger, tenant, owner	Name and address of Landlord (or building society, if applicable)
	From	To		

Do you own or are you buying any property either alone or with another

Yes No

If yes, please give the address of the property you are buying

Address

Postcode

Please provide a recent estate agent's valuation

Is there a mortgage or 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 the equity split?

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

Yes No

If yes, please provide the full address of the properties you lived at, the landlords name and address and the dates you lived in the property.

Is your name still on the tenancy or deeds or mortgage agreement for any property?

Yes No

If yes, please give the address and reasons why you cannot live there.

End of section A

To be completed by main applicant
Section B

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

- | | | | |
|---|--|--------------------------------|-------------------------------------|
| <input type="checkbox"/> Studio Flat | <input type="checkbox"/> Bungalow | <input type="checkbox"/> Flat | <input type="checkbox"/> House |
| <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Caravan | <input type="checkbox"/> Rooms | <input type="checkbox"/> Maisonette |
| <input type="checkbox"/> Bed sitting Room | <input type="checkbox"/> Sheltered Accommodation | | |

Other (please specify)

On what floor level is your home? Is there a lift? Yes No

What facilities do you have? (Please note that sharing means sharing with someone who is not named on 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"/> |
| Inside toilet | 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 <input type="checkbox"/> No <input type="checkbox"/> | | |
| Do you have a hot water supply? | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Do you have a cold water supply? | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Do you have an electricity supply? | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Do you have a gas supply? | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

Does your accommodation have any form of heating? Yes No

How many rooms can you heat?

How many rooms do only the people on this application use?

How many living/dining rooms do only the people on this application use?

How many bedrooms do only the people on this application use?

How many living/dining rooms do only the people on this application share?

How many bedrooms do only the people on this application share?

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

- Owner/buying with a mortgage
- Tenant of a local authority/housing association
- Private tenant or leaseholder with a resident landlord
- Private tenant or leaseholder and landlord is NOT resident in the same property
- Living in Homeless temporary accommodation
- Living in accommodation tied to employment

Is your accommodation designated for a particular age group? If so, please inform us which age group.

Living in a hostel

Living with parents

Living with family/friends

Living in bed & breakfast

Living in a nursing home/rest home

Living in accommodation with tenancy support eg - mother & baby unit

Accommodation with a warden

Living in a mobile home/caravan/boat

Of no fixed address

Do you have a dog?

Yes No

Please note that only a small number of flats are suitable for a dog. If you bid for a flat that is unsuitable for a dog you will not be able to take your dog with you. The only exception to this are registered assistance dogs.

Does any person on this application have a disability or health problem which he/she wishes to have taken into consideration?

Yes No

If you answer yes, we will send you an additional assessment form in which you can provide full details. However, if you already have a priority this will need to be reassessed at your new address.

Are you or your partner in receipt of any benefits? (i.e. JSA or Income Support),

Yes No

If yes, please state which benefits you receive and provide verified proofs.

Please state which benefits your partner receives and provide verified proofs.

If you work please state your employer's name and give the full address of your place of work.

Name

Address

Postcode

Please state the number of hours you work per week.

If your partner works please state their employer's name and give the full address of their place of work.

Name

Address

Postcode

Please state the number of hours your partner works per week.

Is there anything else to do with your housing application that you think we ought to know about, for example the state of repair of your home? If so, please provide further written details.

End of Section B

Declaration

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.

By signing this application I/we understand and agree

- That the information I/We have given on this form is true to the best of my/our knowledge;
- That it is an offence to give false or misleading information, or to withhold information, relevant to this application;
- Any incorrect statements I/we make 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;
- Tenancies granted on the basis of incorrect statements may result in subsequent eviction proceedings;
- That I/we will inform Southampton City Council of any change in my circumstances

Your name	<input type="text"/>	Partners name	<input type="text"/>
Your signature	<input type="text"/>	Signature	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>

Declaration

Please read this declaration carefully. Once you complete this form it becomes a legally binding document. Read the conditions of the declaration carefully before you accept it. If there is any part of the declaration you do not understand, it is your responsibility to find someone to explain it to you. To the best of my knowledge and belief the information that has been provided on this form is true, complete and correct.

I understand that the information I have provided will be used to help determine any eligibility, qualifying status, and priority for housing.

I will immediately declare any changes in the information I have provided while I am waiting to be offered accommodation. I understand that failure to do so may be regarded as an offence, and could affect my application and result in court action against me.

I understand that if I give false or misleading information or I omit information for the purpose of obtaining housing, it may be regarded as an offence and action could be taken against me, including court action and recovery of property.

I understand that you will contact individuals or agencies referred to by me on this form, when necessary, also other individuals and agencies such as health, social care, education, probation, landlord, the police, courts and other local authority directorates in order to process my application.

I understand that any information concerning third parties will be assessed and reviewed in order to process this application.

The Council may share your personal information for the purposes of the prevention, investigation, detection or prosecution of criminal offences, but will not share your personal information, or use it for this, or any other purpose, unless provided for by law.

More detailed information about the Council's handling of your personal data can be found in its privacy policy, available online (www.southampton.gov.uk/privacy), or on request.

I accept

Contact with third parties

If you want your application to be discussed with another person such as a friend, relative, or representative from another agency, please give their details below.

Full name and address

Postcode

Capacity known to you

Telephone number

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



Informed consent form

I/We in making this application form understand that Southampton City Council may need to carry out enquiries and contact professionals as part of the assessment.

I/We give my permission for Southampton City Council to obtain any relevant information about me from all relevant agencies.

I/We understand that this information may include bank statements, tax and revenue records and child benefit records.

I/We understand that relevant agencies and professionals may include, but is not limited to, any Police force, previous landlords, Probation Service, Social Services and Education Departments, other Local Authorities and professionals such as doctor, social workers, project workers, health visitors and district nurses, banks and her Majesty's Revenue and Customs.

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.

I/We understand that this information will be used for the sole purpose of assisting my housing application and will be held in the strictest confidence.

Your name Partners name

Signature Signature

Date Date

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