

HomeSearch Housing application form



Write the main applicant's surname here

If you already have a housing application reference number, please give it here

Complete this form to apply to be added to Hull City Council's housing list.

Please read the important information on page 2 before you complete the form.

We will use the information you give to decide whether you are eligible to be added to the housing list and the level of priority you can be awarded.

Complete all answers in blue or black ink.

Make sure you read the declaration and sign the form on page 25.

Your completed form and proofs should be taken to any customer service centre or information point.

You can also post your form to:

FREEPOST RSJC-KKBE-ABXZ

HomeSearch
Hull City Council
Hull
HU1 2AA

Please do not send original documents through the post.

If you would like some help completing this form please call into any customer service centre or information point.

A same day registering service is available Monday to Friday at The Wilson Centre, Alfred Gelder Street, Hull. This service is available if you bring all of the proofs we need to register your application (see page 2).

For official use only

Register no:

Input by:

Date:

Date Stamp:

PLEASE READ THESE NOTES BEFORE YOU COMPLETE THIS FORM

PROOFS



When you see this symbol in the form it means we need to see proof.

The 'PROOFS NEEDED' boxes will tell you the proofs we can accept.

Do not send original documents through the post. If you do, this is at your own risk.

IMPORTANT

- **Unsigned application forms** will be returned to you for signature. This will delay your application.
- **If you do not provide all of the proofs we need** your application may be cancelled or your priority might not be correct for your circumstances.
- **Original documents** - you will have to provide original documents before we can offer you a property. You will be asked to bring these with you if you are invited to an interview about a property.

DATA PROTECTION

All of the information you provide will be treated confidentially in accordance with the Data Protection Act. Hull City Council may share some of the information with other partners for certain reasons. Please see Section 24 (page 24) for further information.

MISSING PERSONAL INFORMATION

If you have not completed the equal opportunities questions in this form but we already hold that information about you from an earlier application, we will assume that the details we hold have not changed.

JOINT APPLICANTS

If you apply as joint applicants and you are offered a property you will enter into a joint tenancy. This means you will have equal rights and responsibilities under the tenancy agreement. This includes you being responsible for paying the full rent and any debts at the end of that tenancy, **not** just half. If you want the tenancy in one person's name only, include other adults in section 6 (page 10) and do not include a joint applicant.

Please carefully read the declaration on page 25 before you sign this form.

1. YOUR NAME, ADDRESS AND CONTACT DETAILS



PROOF NEEDED – provide one of the following documents for each person

- IDENTITY - all documents must be valid/current**
- driving licence
 - passport
 - residence permit
 - EU member state identity card
 - letter from the Department for Work and Pensions
 - marriage certificate
 - medical card
 - national insurance card
 - birth certificate

If you are applying as joint applicants, please state your relationship to each other

Please read the note about joint applicants on page 2 before completing this section

1.1

Main applicant: Title (Mr/Mrs/Miss/Ms)

Last name:

First name(s):

Any other names previously known by:

Date of birth:

National Insurance no:

Joint applicant: Title (Mr/Mrs/Miss/Ms)

Last name:

First name(s):

Any other names previously known by:

Date of birth:

National Insurance no:



PROOF NEEDED – we need proof of address for you and your joint applicant

- ADDRESS - provide one of the following for each person (must show your name and address)**
- recent bank or credit card statement
 - tenancy agreement
 - recent utility bill
 - wage slip
 - recent council tax bill
 - official letters

Current address:
Give the address you are currently living or staying at (even if it is only on a temporary basis)

Postcode:

Date moved in: / /

Current address:
Give the address you are currently living or staying at (even if it is only on a temporary basis)

Postcode:

Date moved in: / /

If you want your post to go to a different address you can tell us this on the next page.

Contact or safe address for post (including postcode)

Contact telephone number(s):

Email address:

Contact or safe address for post (including postcode)

Contact telephone number(s):

Email address:

You MUST give us at least one method of contacting you (address, email address or telephone number). We cannot register your application without this.

1.2 NO FIXED ADDRESS

If you **do not** stay at the same address every night please complete this section.

Main applicant:

I have no fixed address (please tick)

Please list the addresses you stay at
(use a separate page if you need more space)

Address:

How often you stay:

Address:

How often you stay:

Joint applicant:

I have no fixed address (please tick)

Please list the addresses you stay at
(use a separate page if you need more space)

Address:

How often you stay:

Address:

How often you stay:

2. LANGUAGE

2.1 What is your main language?

English British Sign Language

Other (please state)

2.2 Do you experience difficulties reading and writing?

Yes No

2.3 Are you able to read and understand English?

Yes No

2.4 Do you need an interpreter to communicate in English?

Yes No

2.1 What is your main language?

English British Sign Language

Other (please state)

2.2 Do you experience difficulties reading and writing?

Yes No

2.3 Are you able to read and understand English?

Yes No

2.4 Do you need an interpreter to communicate in English?

Yes No

3. QUALIFYING PERSONS

Some people from abroad are not eligible for an allocation of council housing. The Housing Act 1996 and the Allocation of Housing and Homelessness (Eligibility) (England) Regulations 2006 set out those persons from abroad who are ineligible for the allocation of housing.

We need the following information to check whether or not we can add you to our housing list.



PROOF NEEDED – we may need to see proof of your immigration status.

See 'acceptable proofs' on page 26 of this form for details. We may also ask you for further proofs after we receive your form.

3.1 Please tick the box which best describes your nationality

Main applicant:

British Citizen

Commonwealth Citizen

Citizen of EEA/EU country
(state which Country)

Other (please give details
of your citizenship)

3.2 Have you made an application for asylum since entering the UK?

Yes No

3.3 Are you subject to immigration control?

Yes No

3.4 If you are a British Citizen, are you returning to the UK after a period living abroad?

Yes No

If 'yes', please state length of time abroad

Country

Date returned

Please give your reason(s) for returning

Joint applicant:

British Citizen

Commonwealth Citizen

Citizen of EEA/EU country
(state which Country)

Other (please give details
of your citizenship)

3.2 Have you made an application for asylum since entering the UK?

Yes No

3.3 Are you subject to immigration control?

Yes No

3.4 If you are a British Citizen, are you returning to the UK after a period living abroad?

Yes No

If 'yes', please state length of time abroad

Country

Date returned

Please give your reason(s) for returning

4. EQUAL OPPORTUNITIES MONITORING

This information helps us to ensure that everyone has fair and equal access to our service. We also need this information to make sure that we do not discriminate because of your gender, sexual orientation, trans status, age, ethnic origin, religion, faith or belief or whether or not you are disabled. We can also use this information to improve our services for our customers.

Main applicant:

4.1 What is your gender?

Male Female

Is there anything else about your gender you wish to tell us?

4.2 What is your sexual orientation?

Heterosexual Bisexual

Gay/Lesbian Other

Prefer not to say

4.3 Are your day to day activities limited because of a health problem or an impairment that has lasted, or is expected to last, at least 12 months?

Limited a little Limited a lot

No

4.4 What is your religion?

Buddhist Christian

Hindu Jewish

Muslim Sikh

None Prefer not to say

Other (please state)

4.5 What is your Nationality?

UK National

Other (please state)

Joint applicant:

4.1 What is your gender?

Male Female

Is there anything else about your gender you wish to tell us?

4.2 What is your sexual orientation?

Heterosexual Bisexual

Gay/Lesbian Other

Prefer not to say

4.3 Are your day to day activities limited because of a health problem or an impairment that has lasted, or is expected to last, at least 12 months?

Limited a little Limited a lot

No

4.4 What is your religion?

Buddhist Christian

Hindu Jewish

Muslim Sikh

None Prefer not to say

Other (please state)

4.5 What is your Nationality?

UK National

Other (please state)

Main applicant:

4.6 How would you best describe your ethnic background?

White

English / Welsh / Scottish / N. Irish / British

Irish Gypsy or Irish Traveller

Any other white background (please specify)

Black or Black British

African Caribbean

Any other black background (please specify)

Mixed / Multiple Ethnic Groups

White and Asian

White and Black African

White and Black Caribbean

Asian or Asian British

Bangladeshi Indian

Kurdish Pakistani

Chinese

Any other Asian background (please specify)

Arabic or other Ethnic Group

Arab

Any other ethnic background (please specify)

Any other ethnic mixed background (please specify)

Joint applicant:

4.6 How would you best describe your ethnic background?

White

English / Welsh / Scottish / N. Irish / British

Irish Gypsy or Irish Traveller

Any other white background (please specify)

Black or Black British

African Caribbean

Any other black background (please specify)

Mixed / Multiple Ethnic Groups

White and Asian

White and Black African

White and Black Caribbean

Asian or Asian British

Bangladeshi Indian

Kurdish Pakistani

Chinese

Any other Asian background (please specify)

Arabic or other Ethnic Group

Arab

Any other ethnic background (please specify)

Any other ethnic mixed background (please specify)

5. CHILDREN

5.1 Please give below the details of any dependent children **aged 17 and under** you have.
Please continue on a separate sheet if necessary.



PROOF NEEDED – we need one document from list A and one from list B for each child. Documents must give the child's name and be valid/current.

LIST A: IDENTITY ● birth certificate ● passport ● residence permit ● national insurance card
● EU member state identity card

LIST B: CHILD'S SOLE OR MAIN HOME IS WITH YOU ● Child Benefit or Child Tax Credit letter
● court order, letter from a social worker or other official confirmation that the child lives/will live with you

CHILD WHO YOU HAVE OVERNIGHT PARENTAL CONTACT WITH ● confirmation of the contact arrangements from the other parent, custodian of the child or a solicitor

First Child

Last name:

First name(s):

Child's main address:

Date of birth: / / Gender: F/M

Relationship to you:

Nationality:

Ethnic origin:

Religion:

5.2 Is the child's main home with you? Yes

No *(in most cases we will class the child's main home as being with the person who receives Child Benefit for the child).*

If no, do you have overnight parental contact with the child? Yes No
(this does not include grandchildren that come to stay)

Frequency of contact:

Name of child's main carer:

5.3 Name and address of child's doctor

5.4 Name and address of child's school or nursery

Second Child

Last name:

First name(s):

Child's main address:

Date of birth: / / Gender: F/M

Relationship to you:

Nationality:

Ethnic origin:

Religion:

5.2 Is the child's main home with you? Yes No *(in most cases we will class the child's main home as being with the person who receives Child Benefit for the child).*

If no, do you have overnight parental contact with the child? Yes No
(this does not include grandchildren that come to stay)

Frequency of contact: Name of child's main carer:

5.3 Name and address of child's doctor

5.4 Name and address of child's school or nursery

Third Child

Last name:

First name(s):

Child's main address:

Date of birth: / / Gender: F/M

Relationship to you:

Nationality:

Ethnic origin:

Religion:

5.2 Is the child's main home with you? Yes No *(in most cases we will class the child's main home as being with the person who receives Child Benefit for the child).*

If no, do you have overnight parental contact with the child? Yes No
(this does not include grandchildren that come to stay)

Frequency of contact: Name of child's main carer:

5.3 Name and address of child's doctor

5.4 Name and address of child's school or nursery

Continue on a separate sheet if necessary

6. OTHER ADULTS

6.1 Please give details of any other adults (those aged 18 or over) that are moving home with you.
DO NOT include you or the joint applicant. Continue on a separate sheet if necessary.



PROOF NEEDED – provide one of the following documents for each person

IDENTITY - all documents must be valid/current

- driving licence
- passport
- residence permit
- EU member state identity card
- letter from the Department for Work and Pensions
- marriage certificate
- medical card
- national insurance card
- birth certificate

First Adult

Last name:

First name(s):

Current address:

Date of birth: / / Gender: F/M

Relationship to you:

Nationality:

Ethnic origin:

Religion:

National Insurance No:

Second Adult

Last name:

First name(s):

Current address:

Date of birth: / / Gender: F/M

Relationship to you:

Nationality:

Ethnic origin:

Religion:

National Insurance No:

Third Adult

Last name:

First name(s):

Current address:

Date of birth: / / Gender: F/M

Relationship to you:

Nationality:

Ethnic origin:

Religion:

National Insurance No:

7. PREGNANCY

If anyone in this housing application is pregnant, please give the details below.

Name of person who is pregnant:

Date the baby is due:



PROOF NEEDED – we need the following proof

PREGNANCY ● maternity paperwork giving your name and the date the baby is due or a letter from a doctor or hospital confirming this.

WHEN THE BABY IS BORN ● proof of the baby's identity together with proof you are the baby's main carer (see page 8 for details of acceptable proofs).

8. PEOPLE NOT MOVING WITH YOU

Please give details below of anyone living with you at your current address who is not moving with you. Please continue on a separate sheet if necessary.

First Person

Name:

Age:

Relationship to you:

Second Person

Name:

Age:

Relationship to you:

Third Person

Name:

Age:

Relationship to you:

Fourth Person

Name:

Age:

Relationship to you:

Fifth Person

Name:

Age:

Relationship to you:

9. LOCAL CONNECTION

Applicants with a local connection to Hull will have a higher priority on our housing list than those without. The local connection criteria are listed below. Please tick those that apply to you.

I have lived within the Hull boundary for six out of the last 12 months

I have lived within the Hull boundary for three out of the last five years

I have close family who have lived within the Hull boundary for the last five years (e.g. parents, children, brothers, sisters, grandparents)

I have permanent employment within the Hull boundary

I am receiving significant specialist medical treatment within the Hull boundary that is ongoing and requires me to live in Hull for at least six months

I was provided with accommodation in Hull under Section 95 of the Immigration and Asylum Act 1999 (does not apply if you have had accommodation under Section 95 with another Local Authority since Hull, or if the accommodation was an accommodation centre)

I do not have a local connection to Hull

Note 1: In exceptional circumstances other situations will be considered. Please provide details in the space provided below

Note 2: Time spent in Hull Prison does not establish a local connection with Hull



PROOF NEEDED – we need proof of your local connection

If you do not provide one of the proofs below you will be treated as having no local connection and will have a low priority on the housing list.

LIVED IN HULL FOR 6 OF THE LAST 12 MONTHS OR 3 OF THE LAST 5 YEARS ● previous housing history (as stated in section 13 of this form) ● tenancy agreement ● utility or council tax bills

CLOSE FAMILY WHO HAVE LIVED IN HULL FOR THE LAST 5 YEARS ● letter from the family member giving their address and contact details

PERMANENT EMPLOYMENT IN HULL ● contract or letter from your employer confirming this

ONGOING SPECIALIST MEDICAL TREATMENT IN HULL ● letter from consultant/doctor/hospital or other documentation which confirms this

PROVIDED WITH ACCOMMODATION IN HULL UNDER SECTION 95 OF THE ASYLUM AND IMMIGRATION ACT ● licence agreement with accommodation provider, other documentation confirming accommodation was provided under this act

10. YOUR PRESENT ACCOMMODATION

Please answer the questions below about your current accommodation (even if that accommodation is only temporary).

10.1 My current accommodation is:

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> House | <input type="checkbox"/> Maisonette | <input type="checkbox"/> Room in shared house |
| <input type="checkbox"/> Flat | <input type="checkbox"/> Bedsit | <input type="checkbox"/> Mobile home |
| <input type="checkbox"/> Bungalow | <input type="checkbox"/> Hostel/Hotel | <input type="checkbox"/> Rough sleeping |
| <input type="checkbox"/> No fixed address (see page 4) | | |
| <input type="checkbox"/> Other (please specify) | <input type="text"/> | |

10.2 Date moved into current address: / /

10.3 Please tick the box which best describes your occupancy situation:

- | | | |
|--|--|---|
| <input type="checkbox"/> Owner occupier | <input type="checkbox"/> Living with parents | <input type="checkbox"/> Hull City Council tenant |
| <input type="checkbox"/> Lodger | <input type="checkbox"/> Private sector tenant | <input type="checkbox"/> Shared ownership |
| <input type="checkbox"/> Housing association tenant | <input type="checkbox"/> In hospital | <input type="checkbox"/> Other council tenant |
| <input type="checkbox"/> Local authority/private care | <input type="checkbox"/> HM Forces accommodation | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Housing provided with job | <input type="checkbox"/> Hotel | <input type="checkbox"/> In prison |
| <input type="checkbox"/> No fixed address (see page 4) | | |
| <input type="checkbox"/> Other (please specify) | <input type="text"/> | |

10.4 Please give your landlord's details (if appropriate):

Name:

Contact telephone number(s):

Email address:

Address:

Do you consent to us contacting your landlord directly if we need to? Yes No

10.5 Bedrooms

How many bedrooms are there in your current property?

How many of the bedrooms are occupied by people who are **not** moving home with you?
(if you do not share your current address with another household this answer will be '0')

10.6 Flats and bedsits

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

Ground floor (street level) Other (please give floor number)

Is there a lift to your floor? Yes No

10.7 Facilities

Please confirm the facilities in your current accommodation:

Own use

Inside toilet Bath or shower Kitchen

Shared with people who are not moving home with you

Inside toilet Bath or shower Kitchen

10.8 If you are homeless or threatened with homelessness:

Do any of the statements below apply to you?

- I have received notice from my landlord
- I have been asked to leave my current accommodation
- I am struggling to pay my rent or mortgage
- I cannot stay in my home because of violence or harassment (includes threats of violence)
- I am homeless

If yes, you should contact:

HULL CITY COUNCIL TENANTS: contact your local housing office

PEOPLE LIVING OUTSIDE THE HULL BOUNDARY: contact your own local authority*

ANYONE ELSE: contact the Housing Options Team at the Wilson Centre, Alfred Gelder Street, Hull

Your circumstances will be investigated and a decision will be made as to whether any additional priority on the housing list can be awarded to you.

*If you are living outside of the Hull boundary but wish to move to Hull, you must still contact your own local authority in the first instance. If their investigations find that a homeless duty is owed to you they can request to transfer this duty to Hull City Council for you to be housed here. However, it should be noted that we do not have to accept this request. **If it is unsafe for you to approach your own local authority please contact us.**

11. OTHER CIRCUMSTANCES

11.1 Do you need to live near to your child(ren)'s primary or senior school(s)?

Yes

No

If yes, please give the name and address of each school:



PROOF NEEDED – provide one of the following documents for each child (must show the child's name). Applies to primary schools (including attached pre-schools) and senior schools. Does not apply to sixth form or other colleges.

EDUCATION

- letter from school
- child's report card
- other documentation from the school

11.2 Do you need to live near to family or friends to give or receive support?

Yes

No

If yes, please give the name and address of the friend/family member and detail the support provided:



PROOF NEEDED – we need proof of family/friends support

SUPPORT RECEIVED OR PROVIDED BY YOU ● a letter from the person you support **OR** who supports you confirming their address and detailing the nature of the support provided ● a letter from a support agency which details the support they provide to you

DISABILITY BENEFITS (if applicable) ● Carers Allowance award letter (for carer) ● Personal Independence Payment award letter ● Attendance Allowance award letter ● any other disability benefit award letter

11.3 Do you need to move to Hull to keep or take up permanent employment within the city boundary?

Yes

No

If yes, please give details:



PROOF NEEDED – we need proof of your employment in Hull. Document must confirm that employment is permanent and within the Hull boundary

EMPLOYMENT ● letter from employer ● contract ● offer of employment document

11.4 Do you need to be near to your regular place of worship?

Yes No

If yes, please give details of your place of worship and how often you attend:



PROOF NEEDED – we need proof of worship

WORSHIP ● letter from the place of worship confirming your regular attendance

11.5 Has your current home been assessed as having category 1 hazards or had a prohibition order served on it by Hull City Council?

Category 1 hazards Yes No Prohibition order Yes No

11.6 Are you or your joint applicant currently in employment?

Main applicant Yes No Joint applicant Yes No

12. ARMED FORCES

Please tick if any of the following apply to you:

- Formerly served in the regular forces
- Currently serving in the regular forces and suffering from serious injury, illness or disability which is attributable to that service
- Recently ceased or will cease to be entitled to reside in accommodation provided by the Ministry of Defence following the death of my spouse/civil partner and their death was attributable to that service
- Currently serving or formerly served in the reserve forces and suffering from a serious injury, illness or disability which is attributable to that service



PROOF NEEDED – provide one of the following documents (document must give your name)

ARMED FORCES ● discharge papers ● letter from your commanding officer ● notice of cessation to entitlement to occupy a service family’s quarter ● other documentation which proves one of the above criteria

13. WHERE YOU HAVE LIVED BEFORE

Please give details of where you and your joint applicant have lived over the last five years. You must give five years' information so we can check your local connection. Please continue on a separate sheet if necessary.

Main applicant:

Address:

Dates of occupancy:

From To

Occupancy (tenant, lodger, owner etc.)

Name and address of landlord or building society (if applicable)

Reason for leaving:

Main applicant:

Address:

Dates of occupancy:

From To

Occupancy (tenant, lodger, owner etc.)

Name and address of landlord or building society (if applicable)

Reason for leaving:

Joint applicant:

Address:

Dates of occupancy:

From To

Occupancy (tenant, lodger, owner etc.)

Name and address of landlord or building society (if applicable)

Reason for leaving:

Joint applicant:

Address:

Dates of occupancy:

From To

Occupancy (tenant, lodger, owner etc.)

Name and address of landlord or building society (if applicable)

Reason for leaving:

Main applicant:

Address:

Dates of occupancy:

From To

Occupancy (tenant, lodger, owner etc.)

Name and address of landlord or building society (if applicable)

Reason for leaving:

Main applicant:

Address:

Dates of occupancy:

From To

Occupancy (tenant, lodger, owner etc.)

Name and address of landlord or building society (if applicable)

Reason for leaving:

Joint applicant:

Address:

Dates of occupancy:

From To

Occupancy (tenant, lodger, owner etc.)

Name and address of landlord or building society (if applicable)

Reason for leaving:

Joint applicant:

Address:

Dates of occupancy:

From To

Occupancy (tenant, lodger, owner etc.)

Name and address of landlord or building society (if applicable)

Reason for leaving:

14. ADAPTED HOUSING LIST

If you are disabled or you are experiencing difficulty with daily living activities, adapted housing can help you to remain living independently and safely.

Adaptations can include ramps, wet area showers, stairlifts, through-floor lifts and others.

We have a separate housing list for applicants needing adapted housing.

We can include you on our adapted housing list if you have been assessed by an Occupational Therapist as needing an adapted property.

14.1 Do you think you may need adapted housing?

Yes

No

14.2 Please give below the name of the person(s) needing the adaptations:

14.3 Please give details below of any adaptations in your current home:

14.4 Please tick to give your consent to us passing your details on to Adults/Childrens Social Care to discuss your adapted housing needs.

Yes, I give my consent

We cannot pass your details to Adults/Childrens Social Care without your consent.

15. OTHER MEDICAL CIRCUMSTANCES

Please tell us below about any medical conditions you have that you feel would improve if you moved home. Please explain how you think moving home would help.

Please note that we may need to request further information about anything you tell us above, which may include information from any professionals who are involved in your treatment or supporting you at the moment.

16. SHELTERED HOUSING

If you are over 55 and wish to live independently but would like the added security of support staff, sheltered housing might be for you. You can only bid for sheltered housing if you are registered on our sheltered housing list. The rent for sheltered housing includes a compulsory service/support charge.

The benefits of sheltered housing include:

- a 24 hour emergency alarm service monitored through the Kingston Care Control Centre
- a calling service appropriate to your needs
- assistance to contact other services

16.1 If you are 55 or over and feel you need the additional support that sheltered housing provides, please tick below to register onto the sheltered housing list:

I would like to register to bid for sheltered properties

For further information about our sheltered housing schemes and the services available please contact the Sheltered Housing Team on 01482 614 300 or visit any customer service centre or information point.

17. EXTRA CARE HOUSING SCHEMES

Extra care housing enables a more independent and enjoyable life, with the added security of onsite care and support in a community environment.

Extra care is for adults with a wide range of care and support needs such as sensory impairments, learning disabilities, physical disabilities, mental health needs and dementia.

There are one and two bedroom self-contained apartments which are adaptable with assistive technology to maintain independence as needs change. Care and housing support can be accessed alongside recreational facilities provided within the extra care complex.

To be considered for extra care, Hull City Council must nominate you to Riverside Housing Association (who is the landlord). The extra care facilities are located at Hall Road (North Hull), Hawthorn Avenue (West Hull) and Leads Road (East Hull). Extra care is not suitable for children and therefore we would be unable to accept an application where it is the intention to live with a child aged 17 or under.

IN ORDER TO BE CONSIDERED FOR A NOMINATION TO EXTRA CARE HOUSING YOU MUST:

- have a formal assessed care need which is being met by Hull City Council AND
- be at least 18 years of age (this includes anyone that is to live with you) except where a Transition Plan is in place AND
- be accepted on Hull City Council's housing waiting list following this housing application AND
- meet the local connection criteria for extra care housing (see Hull City Council's lettings policy for details of the extra care local connection criteria)

Please complete the boxes below to express an interest in extra care housing (if you do not tick yes to all questions, we will not be able to progress your expression of interest):

17.1 I would like to express an interest in extra care housing

Yes No

17.2 I consent to an assessment to determine my eligibility for extra care housing

Yes No

17.3 I consent to my details being shared with Riverside Housing Association in order to process my application

Yes No

If you think you meet the criteria for extra care but you have not had a formal assessment of your care needs, please contact us on 01482 300 300 to discuss your needs.

For further information regarding extra care housing please contact 01482 300 300, visit our website at www.hullcc.gov.uk, or call into any customer service centre or information point.

18. NOMINATION TO HOUSING ASSOCIATIONS

Housing associations sometimes ask us to nominate people from our housing list for their properties.

Some housing associations will advertise properties in our HomeSearch advert and you can bid for any you want to be nominated for, once you have been added to our housing list.

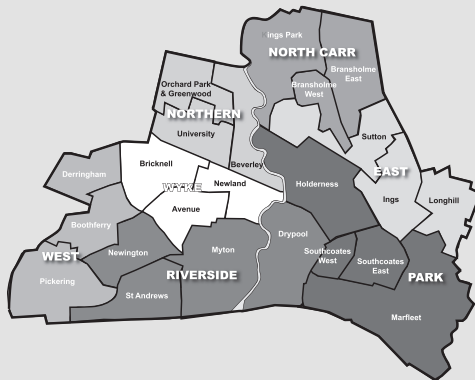
Some housing associations will ask us to nominate people from our housing list without advertising in our HomeSearch advert.

Please complete the section below if you would like us to consider nominating you for any that are not advertised.

18.1 Would you like to be considered for nomination to a housing association?

Yes No

18.2 If yes, please indicate below which areas of Hull you would like to be nominated for properties in:



- | | | | |
|--------------------------|------------|--------------------------|-----------|
| <input type="checkbox"/> | East | <input type="checkbox"/> | Riverside |
| <input type="checkbox"/> | North Carr | <input type="checkbox"/> | West |
| <input type="checkbox"/> | Northern | <input type="checkbox"/> | Wyke |
| <input type="checkbox"/> | Park | <input type="checkbox"/> | Any area |

If you would only like a particular area or housing association, please give details below:

Most housing associations (with the exception of Riverside Housing Association) also hold their own housing lists which they allocate their available properties from so it is recommended that you also contact them directly to register on their lists.

19. BIDDING FOR PROPERTIES

We produce a weekly advert of our available properties and you need to bid for any that you want to be considered for (this does not involve money, it just means you are asking to be considered for the property).

You can bid online, by telephone, by text or in person at any customer service centre or information point.

Further information about bidding is available on our website, on the front of every advert and also in customer service centres and information points.

19.1 Do you think you need assistance in making bids? Yes No

19.2 If yes, do you have someone who can make bids on your behalf? Yes No

If yes, please give the name and contact telephone number of this person

Name Telephone number

If you do not have anyone that can bid on your behalf, we will contact you to discuss how we can help.

20. GENERAL SUPPORT

20.1 Do you receive support from anyone at the moment?

Yes No

20.2 If yes, please give their details below:

Name:

Organisation:

Telephone number:

Address:

20.3 Please give details of the support you receive from them:

21. HULL CITY COUNCIL EMPLOYEES, COUNCILLORS AND THEIR RELATIVES

If you are linked to Hull City Council in any of the ways listed below, we need to obtain special authorisation before we can offer you a home. This is an additional check to make sure all policies and procedures have been correctly followed to protect you and the Council from challenges and maintain the transparency and fairness of the scheme.

21.1 Are you a Hull City Council employee? **Main applicant**

Yes No

Joint applicant

Yes No

If yes, please state your job title and the department you work for:

Job title:

Department:

21.2 Are you or your joint applicant a relative of Hull City Council Housing staff?

Yes No

If yes, please give their name and relationship to you:

Name:

Relationship to you:

21.3 Are you or the applicant a Hull City Council Councillor?

Yes No

21.4 Are you or the joint applicant a relative of a Hull City Council Councillor?

Yes No

If yes, please give their name and your relationship to them:

Name:

Relationship to them:

22. ADDITIONAL INFORMATION

If there is any other information you would like to tell us about your current housing situation and your need to move home, please use the space below. Please continue on a separate sheet if necessary:

23. CRIMINAL CONVICTIONS

If you or anyone moving home with you has an unspent conviction for a criminal offence you need to tell us about it. We do not need this information if your offence is spent under the Rehabilitation of Offenders Act 1974. A conviction is spent once the rehabilitation period has ended. Some sentences are excluded from rehabilitation and will therefore never be classed as spent.

23.1 Do you, or anyone moving home with you have an unspent conviction for a criminal offence?

Yes No Don't know

23.2 If you have a Probation Officer, please give their details below:

Name: Telephone Number:

24. DATA PROTECTION AND DISCUSSING YOUR HOUSING APPLICATION WITH THIRD PARTIES

Hull City Council (the council) will use the personal data you provide in this form for the purpose of deciding your application to register your level of housing need and for the proper management of the council's housing functions.

We may disclose this information to other council departments, the Police, the Department for Work and Pensions and any other person or body the council feels is reasonably necessary for the processing of this application, detecting tenancy fraud, the protection of any person, the prevention or detection of any crime or the carrying out by the council of any of its statutory functions.

We will not discuss the details of your application with anyone else without your permission.

24.1 Would you like to nominate someone who can discuss your housing application with us on your behalf?

Yes No If yes, please give their name and telephone number below:

Name: Telephone number:

24.2 Would you like this person to receive all correspondence relating to your housing application, rather than us sending it to you?

Yes No

If yes, please give their full postal address below:

Address:

IMPORTANT – PLEASE READ

DECLARATION AND AUTHORISATION

I declare that the information I have given on this form is correct and complete.

I agree to Hull City Council sharing details of my application with any relevant agency on a confidential basis.

I understand that information may be shared within Hull City Council so that we can improve access to our services.

I agree that Hull City Council may obtain any relevant information about me from other relevant agencies.

I understand that relevant agencies may include, but are not limited to, any police force, previous landlords, the probation service and other council departments.

I understand that if my behaviour is deemed to be unacceptable due to non-payment of rent or other housing debts, anti-social behaviour or wilful damage or neglect to a property of which I have been a tenant, then my housing application may be downbanded or removed from the housing list.

I understand that if I supply false or incomplete information or if I fail to notify you of any relevant changes in circumstance, I may be guilty of an offence.

I understand that the council is, by law, entitled to take action to end any tenancy/license I may be given as a result of a false statement made by me or another person acting on my behalf.

I understand that this application will be cancelled if I am housed by the council.

SIGNATURE OF MAIN APPLICANT

Print name

Date

SIGNATURE OF JOINT APPLICANT

Print name

Date

ALL OTHER HOUSEHOLD MEMBERS AGED 16 YEARS OR OVER

I agree that Hull City Council may obtain any relevant information about me from other relevant agencies.

I understand that relevant agencies may include, but are not limited to, the police, previous landlords, the probation service and other council departments.

SIGNATURE

Name:

Date:

SIGNATURE

Name:

Date:

SIGNATURE

Name:

Date:



ACCEPTABLE PROOF - IMMIGRATION STATUS

Evidence of:	Acceptable documentation:
<p>BRITISH CITIZEN returning to the UK from living abroad</p>	<p>We may need to ask you further questions to establish whether you are 'habitually resident' in the UK (this means you have close ties and intend to settle in the UK).</p>
<p>EEA CITIZEN Please note: These are an indication of the types of information you might be asked to provide. We will contact you and advise you of any evidence and additional information we need, based upon your circumstances.</p>	<p>Evidence of 'worker' status:</p> <ul style="list-style-type: none"> ● Wage slips ● Bank statements showing pay going in to account ● Letter from employer ● Self employed accounts (or invoices/tax accounts proving self employment) ● Job Seekers Allowance AND proof of previous employment with details of the reason your employment ended <p>Evidence that you are self sufficient:</p> <ul style="list-style-type: none"> ● Bank statements ● Proof of savings ● Pension book ● Scholarship <p>Evidence that you are in full time education</p> <ul style="list-style-type: none"> ● Letter from the education provider <p>Evidence of comprehensive health insurance</p> <ul style="list-style-type: none"> ● Health insurance policy ● Letter from health insurer <p>Other</p> <ul style="list-style-type: none"> ● Residence permit
<p>Citizens of other countries (non UK or EEA) Please note: we will contact you and advise you of the evidence we need from you, based upon your circumstances. We may need to ask further questions depending upon your circumstances. These are an indication of the types of information you might be asked to provide.</p>	<p>Citizen of the Commonwealth</p> <ul style="list-style-type: none"> ● British birth certificate of parent ● Certificate of entitlement issued certifying the right of abode in the UK ● Marriage certificate ● UK passport describing the applicant as a UK and Colonies citizen having the right of abode in the UK <p>Leave to remain (includes exceptional leave, limited leave, indefinite leave and humanitarian protection)</p> <ul style="list-style-type: none"> ● Visa in valid passport confirming leave details ● Valid residence permit confirming leave details ● Letter from Home Office confirming leave details ● Where leave has expired, a letter from Home Office confirming an application for further leave was made before the previous leave expired (or letter from a legal representative confirming this was sent)

If you would like this document in your language please tick the box and send it in an envelope to:

- Polish Jeżeli chciałbyś otrzymać ten list w swoim języku, to proszę odhaczyć ramkę i wysłać w kopercie na adres:
- Arabic إذا رغبت الحصول على نسخة من هذه الرسالة مترجمة الى لغتك, من فضلك ضع إشارة في المربع و ضعها في ظرف و ارسلها الى العنوان التالي:
- Kurdish ئەگەر ئەم نامەییەت دەوێت بە زمانی خۆت تکایە نیشانە لە چوارچێوەکە بە دە وەله زەر فیکێ نامەدا ببینێره بۆ:
- Russian Если Вы желаете получить это письмо на родном языке, пожалуйста отметите с крестиком в клетке, положите в конверт и посылайте по адресу:
- Mandarin 如果您想要一份是用您的母语写成的这封信, 请在空格内打钩, 并把这张纸装入信封 (免贴邮票) 寄到下列地址:
- Farsi اگر این نامه را به زبان خودتان میخواهید, لطفا مربع مربوطه را علامت زده و آنرا داخل يك پاكِت نامه گذاشته و به آدرس پستی رایگان زیریست کنید:
- Turkish Bu mektubu kendi dilinizde isterseniz, lütfen kutuyu işaretleyip zarfın içinde adrese gönderiniz:
- Bengali আপনি যদি এই চিঠি নিজের মাতৃভাষায় পেতে ইচ্ছুক হ'ন তাহলে দয়া করে বক্সে টিক করার পরে খামে ভরে এই ঠিকানায় পাঠান:-
- French Si vous voulez recevoir cette lettre dans votre langue, veuillez cocher la case et envoyer la lettre dans une enveloppe à l'adresse :
- Portuguese Se desejar receber esta carta na sua língua, agradecemos que marque com um tique no quadrado, e a devolva num envelope para a direcção seguinte:

I would like to receive the information in the following format:

Alternative format	tick	Alternative format	tick
Large print		Audio cassette tape	
Computer disk		Face-to-face conversation	
British sign language		Braille	
Makaton		Easy read version	
Email address			
Other method, (please explain)			

Please complete your details below if you would like an acknowledgement of this form
(if you have provided an email address we will email you the acknowledgement)

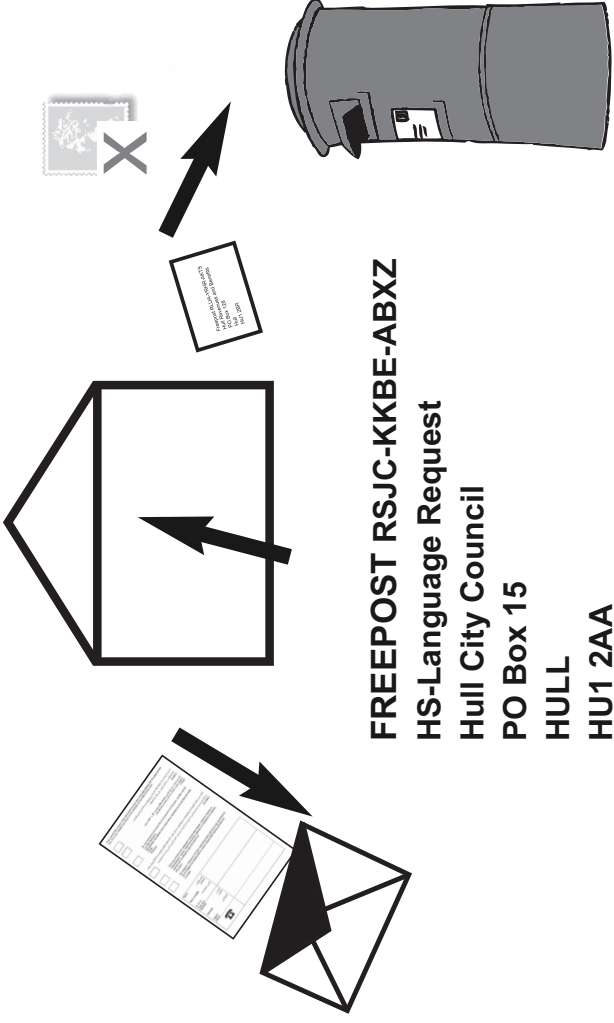
HOUSING APPLICATION FORM ACKNOWLEDGEMENT SLIP

Name:

Address:

OFFICIAL USE ONLY: Date stamp

Please note you cannot bid for properties until you have received a letter confirming you have been accepted on the housing list



Name: Emri Nom et prénom Ф. И. О Tam isim 姓名 Nombre y Apellido	اسم: نام: نام: اسم:
Address Adresa Adresse Adres 地址 Dirección	عنوان: نیشن: آدرس: آدرس:
