

Guidance notes

1. Please ensure you complete every question that applies to you, incomplete forms will be returned to you and will delay the time it takes to process your application.

2. The Housing Register is open to anyone over the age of 16 years who is eligible.

3. This Council maintains a Housing Register on the Orchard Integrated Housing Management Computer System in order to record the personal details, circumstances and preferences, and to assess the relative needs of all eligible applicants. All personal information will only be used for the purpose of dealing with your application for housing and for keeping you updated about your application. All data will be held in a secure manner. It will not be used for any other purpose without your permission and will not be kept for longer than necessary.

We will treat all personal information by which you can be identified (i.e. name, address, email) in accordance with the provisions of the Data Protection Act 1998.

4. Wealden District Council – Allocation Policy and Choice Based Lettings

Wealden District Council's Housing Allocation Policy is available on request or via the Council's website www.wealden.gov.uk

Wealden District Council operates a choice based lettings scheme in association with Sussex Homemove lettings scheme in Sussex.

Information regarding Homemove is available on www.homemove.org.uk

A Scheme User Guide is provided to each home seeker and transfer applicant applying to Wealden District Council. The User Guide provides information and guidance on accessing and using the Homemove choice based lettings scheme. Explanations of priority banding and how to bid for a property are provided in the Scheme User Guide.

Wealden District Council has produced a series of leaflets which provide additional information regarding the housing options available. These leaflets are available within our reception areas, on our website www.wealden.gov.uk or by calling 01323 443380.

Please ensure you sign and date this application form on page 27 at the end of this form. Failure to do so will create a delay in your application for housing.

4. Details of all persons who will be living with you – if none go to question 6

Surname	<input type="text"/>	Forenames	<input type="text"/>
Date of birth	<input type="text"/> day month year	Relationship to applicant	<input type="text"/>
N I number	<input type="text"/>		
Surname	<input type="text"/>	Forenames	<input type="text"/>
Date of birth	<input type="text"/> day month year	Relationship to applicant	<input type="text"/>
N I number	<input type="text"/>		
Surname	<input type="text"/>	Forenames	<input type="text"/>
Date of birth	<input type="text"/> day month year	Relationship to applicant	<input type="text"/>
N I number	<input type="text"/>		
Surname	<input type="text"/>	Forenames	<input type="text"/>
Date of birth	<input type="text"/> day month year	Relationship to applicant	<input type="text"/>
N I number	<input type="text"/>		

Please use a separate sheet of A4 paper for additional people.

5. If any of those named in Q4 do not live with you now on a full-time or permanent basis, please give details below: Please note we will not automatically consider the people mentioned below to be a permanent part of your family for housing purposes.

Surname	<input type="text"/>	Forenames	<input type="text"/>
Date of birth	<input type="text"/> day month year		
Present address	<input type="text"/>		
When did you start living apart?	<input type="text"/> day month year	Why?	<input type="text"/>
Surname	<input type="text"/>	Forenames	<input type="text"/>
Date of birth	<input type="text"/> day month year		
Present address	<input type="text"/>		
When did you start living apart?	<input type="text"/> day month year	Why?	<input type="text"/>

6. Please give full details (including ages) of all those people who live with you in the property but will not be expected to be housed with you

Name	<input type="text"/>	Age	<input type="text"/>
Connection with you	<input type="text"/>		
Name	<input type="text"/>	Age	<input type="text"/>
Connection with you	<input type="text"/>		
Name	<input type="text"/>	Age	<input type="text"/>
Connection with you	<input type="text"/>		
Name	<input type="text"/>	Age	<input type="text"/>
Connection with you	<input type="text"/>		

7. Is any member of the household pregnant? – please enclose proof of pregnancy

Yes No If yes, date baby due

day month year

8. Are all members of your household British Citizens? Yes No

If no, please provide a copy of the passport for any member of your family who is not a British Citizen, a copy of their letter from the Home Office or worker's registration documents.

9. Please provide details of your next of kin:

Name

Address

Telephone number

Relationship

10. Do you or any member of your household have any health problems or additional needs? Yes No

If Yes, you will need to complete the Medical Assessment Section within the form on page 16.
 If more than one member of the household requires a medical assessment form, please ring 01323 443380 or visit our website to download a form: www.wealden.gov.uk

11. Do you have any support from the following:

Social Worker	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Name	<input type="text"/>	Contact No.	<input type="text"/>
Community Psychiatric Nurse	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Name	<input type="text"/>	Contact No.	<input type="text"/>
Support Agency	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Name	<input type="text"/>	Contact No.	<input type="text"/>
Probation Officer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Name	<input type="text"/>	Contact No.	<input type="text"/>
Homeworks Support Officer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Name	<input type="text"/>	Contact No.	<input type="text"/>
Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Name	<input type="text"/>	Contact No.	<input type="text"/>

12. Does any member of your household receive support from the above Yes No

Household member's name and who provides support

13. Are you serving or have you ever served in the regular armed forces? Yes No

From to
day month year day month year

Please provide dates of discharge from armed forces:
day month year

Are you a bereaved spouse or civil partner who has to leave forces accommodation following your partner's death in service? Yes No

Have you received a pay out when discharged from the armed forces? If yes how much?

Wealden District Council will check all applicants' details. Please ensure the information you provide is correct. It is an offence to make a false statement, punishable with a fine.

14. Have you or any other applicant been convicted under the Sex Offenders Act 1997 and placed on the Sex Offenders Register? Yes No If Yes, please give details

15. Have you or any other household member been convicted of a criminal act? Yes No

If Yes, please give the date and details of the conviction

15a. Are you or a member of your household under investigation for any alleged criminal activities?

Yes No If Yes, please give details

16. Have you, or a member of your household been the subject of an Anti-Social Behaviour Order or Acceptable Behaviour Contract or any other legal penalty in relation to anti-social behaviour?

Yes No If Yes, please give details including dates

17. Please give details of your previous addresses over the last five years:

Applicant 1

Full address

From to
day month year day month year

Type of tenancy: Assured shorthold tenancy Assured tenancy Secure tenancy (Council)

Introductory/Probationary tenancy (Council) Introductory/Probationary tenancy (Housing Association)

Fixed term tenancy (Council) Fixed term tenancy (Housing Association)

Non-secure tenancy (Council) Regulated tenancy Tied accommodation

Tied (agricultural) tenancy Living with friends/family Licence Owner occupier (part or full)

Reason for leaving

Full address

From to
day month year day month year

Type of tenancy: Assured shorthold tenancy Assured tenancy Secure tenancy (Council)
Introductory/Probationary tenancy (Council) Introductory/Probationary tenancy (Housing Association)
Fixed term tenancy (Council) Fixed term tenancy (Housing Association)
Non-secure tenancy (Council) Regulated tenancy Tied accommodation
Tied (agricultural) tenancy Living with friends/family Licence Owner occupier (part or full)

Reason for leaving

Full address

From to
day month year day month year

Type of tenancy: Assured shorthold tenancy Assured tenancy Secure tenancy (Council)
Introductory/Probationary tenancy (Council) Introductory/Probationary tenancy (Housing Association)
Fixed term tenancy (Council) Fixed term tenancy (Housing Association)
Non-secure tenancy (Council) Regulated tenancy Tied accommodation
Tied (agricultural) tenancy Living with friends/family Licence Owner occupier (part or full)

Reason for leaving

Applicant 2

Full address

From to
day month year day month year

Type of tenancy: Assured shorthold tenancy Assured tenancy Secure tenancy (Council)
Introductory/Probationary tenancy (Council) Introductory/Probationary tenancy (Housing Association)
Fixed term tenancy (Council) Fixed term tenancy (Housing Association)
Non-secure tenancy (Council) Regulated tenancy Tied accommodation
Tied (agricultural) tenancy Living with friends/family Licence Owner occupier (part or full)

Reason for leaving

Full address

From to
day month year day month year

Type of tenancy: Assured shorthold tenancy Assured tenancy Secure tenancy (Council)
Introductory/Probationary tenancy (Council) Introductory/Probationary tenancy (Housing Association)
Fixed term tenancy (Council) Fixed term tenancy (Housing Association)
Non-secure tenancy (Council) Regulated tenancy Tied accommodation
Tied (agricultural) tenancy Living with friends/family Licence Owner occupier (part or full)
Reason for leaving

Full address

From to
day month year day month year

Type of tenancy: Assured shorthold tenancy Assured tenancy Secure tenancy (Council)
Introductory/Probationary tenancy (Council) Introductory/Probationary tenancy (Housing Association)
Fixed term tenancy (Council) Fixed term tenancy (Housing Association)
Non-secure tenancy (Council) Regulated tenancy Tied accommodation
Tied (agricultural) tenancy Living with friends/family Licence Owner occupier (part or full)
Reason for leaving

18. Have you previously been the tenant of a council or housing association? Yes No
If yes, please give details including why you gave up the tenancy

Name of Council or Housing Association

Address of property

Reasons for leaving

19. Do you or any member of your household own any other property, land, mobile/static home in the UK or abroad?

(sole or part, freehold or leasehold) other than your current address? Yes No
If yes, please give all details

Who owns it?

Address?

20. Do you have your own transport? Yes No

21. Occupation of applicant(s) and others included in the application

Applicant 1

Name and address of employer

Where is your work based?

Occupation Hours per week

Weekly gross income (before tax) Date work commenced
day month year

Please provide copies of your last 8 weekly/2 monthly payslips or copy of most recent tax return if self-employed

Applicant 2

Name and address of employer

Where is your work based?

Occupation Hours per week

Weekly gross income (before tax) Date work commenced
day month year

Please provide copies of your last 8 weekly/2 monthly payslips or copy of most recent tax return if self-employed

22. Other income

Please list all state benefits and other income which you or a member of your household receive:

	Per week		Per week
Employment Support	£ <input type="text"/>	Universal Credit	£ <input type="text"/>
Job Seekers Allowance	£ <input type="text"/>	Private Pension	£ <input type="text"/>
Working Families Tax Credit	£ <input type="text"/>	Disability Living Allowance	£ <input type="text"/>
Child benefit	£ <input type="text"/>	Child Tax Credit	£ <input type="text"/>
Maintenance	£ <input type="text"/>	Pension Credit	£ <input type="text"/>
State Pension	£ <input type="text"/>	Other: please specify	£ <input type="text"/>
Housing Benefit	£ <input type="text"/>		

Give details of all active bank, building society and other investment accounts and incomes:

<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>

Please provide the last three months' statements for all accounts and investments held.

23. What schools do your children attend?

24. Are you, or someone included in the application, undertaking formal training? Yes No

If yes, name of person training

Name of college/university

Course title

Qualification

Date started Completion date

Name of course leader

Wealden District Council may carry out a credit check to verify the information you provide. Please ensure the information you provide is correct. It is an offence to make a false statement, punishable with a fine.

25. Please give details of all savings or investments held by you or members of your household.
If there are no savings, please write 'none'.

26. Do you own a possession with a value of more than £3,000? Yes No

27. Do you own a vehicle? Yes No Model Registration number

28. Do you, or someone included in the application, regularly volunteer? Yes No

Such as voluntary work for a non profit or community based organisation or charity.

If yes, name of person volunteering

Name and address of organisation

Date started

Describe what you do for the organisation and the frequency of your involvement

Your present accommodation

29. What best describes your current accommodation circumstances?

- | | | | | | |
|-------------------------------|--------------------------|------------------------------|--------------------------|----------------------------------|--------------------------|
| Assured shorthold tenancy | <input type="checkbox"/> | Street homeless | <input type="checkbox"/> | Assured tenancy | <input type="checkbox"/> |
| Living with parents/relatives | <input type="checkbox"/> | Regulated tenancy | <input type="checkbox"/> | Living with relatives or friends | <input type="checkbox"/> |
| Council tenancy (secure) | <input type="checkbox"/> | H M Forces | <input type="checkbox"/> | Council tenancy (non secure) | <input type="checkbox"/> |
| Tied accommodation | <input type="checkbox"/> | Housing Association tenancy | <input type="checkbox"/> | Tied (Agricultural) | <input type="checkbox"/> |
| Owner occupier | <input type="checkbox"/> | Lodgings (resident landlord) | <input type="checkbox"/> | | |

Other or don't know (please specify)

30. Please indicate the type of accommodation in which you live

- | | | | | | | | |
|----------------------|--------------------------|------------------|--------------------------|-----------------|--------------------------|-----------------|--------------------------|
| House | <input type="checkbox"/> | Bungalow | <input type="checkbox"/> | Bedsit | <input type="checkbox"/> | Prison | <input type="checkbox"/> |
| Ground floor flat | <input type="checkbox"/> | Other flat | <input type="checkbox"/> | Maisonette | <input type="checkbox"/> | Bed & Breakfast | <input type="checkbox"/> |
| Supported housing | <input type="checkbox"/> | Residential care | <input type="checkbox"/> | Nursing care | <input type="checkbox"/> | Mobile home | <input type="checkbox"/> |
| Caravan (travellers) | <input type="checkbox"/> | Caravan (static) | <input type="checkbox"/> | Other (specify) | <input type="text"/> | | |

31. What rooms are there in the property and which of these rooms do you share with people other than the people that will be rehoused with you?

- | | Number | Shared | |
|----------------|--------------------------|------------------------------|-----------------------------|
| Living room(s) | <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Kitchen | <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Bathroom | <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

32. How many bedrooms are there in the property?

How many bedrooms do you (and the people who will be housed with you) have use of?

33. Do you consider the accommodation to be unsuitable because of its condition, overcrowding or any other reason? Yes No

Additional priority will only be awarded once an Environmental Health Officer has inspected the property and reported their findings to the Housing Options Team.

If yes, please list problems

34. Please give details of any pets you have

To be completed if you are the tenant of a private landlord or housing association, if not go to question 42

35. Landlord's name and address

Postcode Phone number

36. How much is your rent? £ per week/month

37. Are you in receipt of Housing Benefit? Yes No

38. Are you in arrears with your rent? Yes No

If yes, please give amount and reason for arrears

39. How much Deposit have you paid to your landlord? £

a) Do you expect the full amount to be returned to you? Yes No If not, why not?

b) Did you receive any financial assistance from Wealden District Council in securing the property? Yes No

c) If you did not pay a deposit, what arrangement did you come to with the landlord to secure the property?

40. Did your tenancy start after 6th April 2007? Yes No

41. If Yes, which tenancy deposit scheme is your deposit placed with?

- a. Tenancy Deposit Solutions Ltd b. The Tenancy Deposit Scheme
c. The Deposit Protection Scheme

(Your landlord will know which scheme is protecting your deposit)

To be completed if you own your home, either freehold or leasehold and have a mortgage or loans secured on your property

42. Name and address of Building Society/Bank/Lender:

Postcode Phone number

43. Date of loan/mortgage and amount borrowed at the time

44. Term of loan/mortgage (years)

45. When was loan/mortgage taken out?

46. Type of loan (eg endowment/repayment/interest only)

47. Mortgage outstanding (excluding arrears) £

48. Current monthly repayments £

49. Amount of arrears owing £

50. Monthly endowment contribution £

51. Current surrender value of all policies £

52. Approximate current market value of your property £

53. Please provide details of other mortgages or loans secured on your home, including name of lender, date of loan, amount borrowed and reasons:

54. Please provide details of any other debts, including lenders name and address

	£
	£
	£
	£
	£
	£
	£
	£

Please note: You may be asked to complete an Income and Expenditure Form subject to the details you provide.

To be completed if you DO NOT live within the Wealden District

To have a local connection to Wealden by family association, an applicant must have a close adult (over 18 years of age) relative (mother, father, adult children or siblings) who have resided in the district for at least five years continuously. A parish local connection will only be recognised if the applicant has a local connection to the District in the first instance.

55. Please give details of any close relatives living within the Wealden District

a. Name
Relationship
Address

Number of years in Wealden

b. Name
Relationship
Address

Number of years in Wealden

c. Name
Relationship
Address

Number of years in Wealden

56. If you do not live in Wealden, please give your reason(s) for applying for accommodation within the Wealden District

To be completed by all applicants

57. Have you received notice to vacate your home? Yes No

If yes, please give date notice expires
day month year

Please provide a copy of the notice

58. Have you received a court summons for possession of your home? Yes No

If yes, please state date of hearing
day month year

Please provide a copy of the summons and particulars of claim.

59. Has the court made an order for possession against you? Yes No

If yes, please state date of expiry
day month year

Please provide a copy of the order

60. Why do you believe your landlord has asked you to vacate your home?

Reasons for Application - To be completed by all applicants

61. Please summarise your reasons for applying for housing.

62. Have you applied for housing with any other council? Yes No

If yes please state which council.

You are legally obliged to notify this council of any changes to your circumstances whilst on the Housing Register

Mutual Exchange

Existing tenants of Housing Associations or the Council may be entitled to mutually exchange their tenancy with another tenant. In order to register an interest in this option go to www.exchangelocata.org.uk which is free of charge. Other exchange services can be found online but usually at the customer's cost. Applicants are advised to discuss this option with their Housing Officer.

Accommodation Requirements – To be completed by all applicants

63. If you think you may struggle with running a tenancy would you wish to receive support from a home visiting service? Yes No

64. Please indicate the type of accommodation you wish to be considered for:

House Flat Bungalow Studio flat Sheltered accommodation

Please note: Applicants with mobility issues may be prioritised for bungalows.

65. If you have requested a flat or studio flat, please indicate which floor level you would accept:

Ground floor only First floor Second floor Any floor with lift Any floor

66. Are you interested in Low Cost Home Ownership Schemes-Shared Ownership etc? Yes No

67. Are you interested in Leasehold Accommodation for retired people? Yes No

68. Would you prefer a pitch on an authorised traveller site if available? Yes No

69. Are you interested in self build schemes? Yes No

If you wish to register for this option go to:- www.wealden.gov.uk/Wealden/Residents/Planning_and_Building_Control/Planning_Policy/Self_build/PPolicy_Self_Build.aspx

70. From the following list, please state the parish(es) you would like to be considered for in your order of priority:

Please note you may need to have a proven local connection to your preferred area of choice, please complete the Parish/Town Local Connection Section on page 15. A separate local connection form must be completed for each area selected. Additional forms are available by calling 01323 443380 or visit our website www.wealden.gov.uk. Not all parishes in Wealden will have affordable housing.

Alciston	Alfriston	Arlington	Berwick
Buxted	Chalvington & Ripe	Chiddingly	Crowborough
Cuckmere Valley	Danehill	East Dean & Friston	East Hoathly
Fletching	Forest Row	Framfield	Frant
Hadlow Down	Hailsham	Hartfield	Heathfield & Waldron
Hellingly	Herstmonceux	Hooe	Horam
Isfield	Laughton	Little Horsted	Long Man
Maresfield	Mayfield	Ninfield	Pevensy
Polegate	Rotherfield	Selmeston	Uckfield
Wadhurst	Warbleton	Wartling	Westham
Willingdon & Jevington	Withyham		

Anywhere (means any parish in the whole of the Wealden District)

1st

2nd

3rd

71. Please give brief reason for choice(s)

* Are there any areas in Wealden that you cannot live for fear of harassment, violence or any other reason? Please explain why

Parish/Town Local Connection

This part of the form should be completed by applicants wishing to be considered for housing towns or parishes of the Wealden district. For more information please see Appendix A of Wealden's Allocation Policy, visit our website www.wealden.gov.uk or call 01323 443380.

It is essential that applicants inform the Council of their local connection to a Parish or Town or they may not be considered for properties when they become available.

72. Which Parish or Town do you have a local connection with?

Please note: A separate form must be completed for each Parish or Town you have a local connection to

- i) I currently live in the Parish or Town by choice and have done so for **five years** or more. Yes No
(You must give addresses and dates for the past five years)

- ii) I have lived in the Parish or Town for **five out of the last ten years**. Yes No
(You must give addresses and dates for the last ten years)

- iii) I currently have close relatives (please tick) parents brothers sisters
adult children or the equivalent who have lived in the Parish or Town for at least **ten years**. Yes No
(You must give the following information)

Relative's name

Relative's address

Date moved to Parish or Town

Relationship to you

- iv) I have **established employment** in the Parish or Town which provides an important local service. Yes No
Name and address of employer

Where is your work based?

Occupation Hours per week

Weekly net income Date work commenced
day month year

Please provide copies of your last 8 weekly / 2 monthly payslips or copy of most recent tax return if self employed.

73. Do you believe that failure to secure accommodation in the Parish or Town will result in hardship to you or to others connected to you? Yes No

74. Why will you, or others experience hardship?

Priority will be given to people with a local connection who can meet one of the criteria in i) to iv) above who will then be prioritised by band then by time waiting. If it is not possible to match a suitable applicant with the available property, then the same consideration would apply to adjoining Wealden Parishes, then the Wealden District.

Medical Assessment Section – If you do not have any medical needs, please go to page 22

Contact and assessment details. (If you are unable to complete this, please call the Housing service for assistance or ask your regular social or healthcare professional for help)

Surname

Forename(s)

Mr/Mrs/Miss/Ms

Date of birth
day month year

Social Care number

Telephone

1. Tell us about your medical problems or diagnosis and how it affects you on a day to day basis.

2. Do you consider yourself disabled? Yes No

3. Do you smoke? Yes No

4. Do you abuse alcohol or substances? Yes No

What substances do you abuse?

How long have you abused these substances?

How long have you been free from the substances?

5. Do you receive any care or support from any of the services below?

None Nursing Medical care (G.P. etc) Lifeline/Telecare Day care
Meals on wheels Physiotherapy Psychiatry/CPN/CMHN Home care (council funded)
Voluntary sector Speech and language Home care (private funded)
Other (specify)

Notes: Please list here the number of times a week you receive any of the services above. If it's full time please say this. Please state contact details of services.

6. Do you receive care from a friend or family member? Yes No

If Yes, what type of care do you receive and how often?

6b. How many hours of care do receive each week?

7. How does your present housing circumstances impact upon your health condition(s)?

8. Do you require a sensory impairment smoke alarm? Yes No Don't know

9. Can you respond to emergencies? Yes No To a limited extent

10. Mobility

Are you registered disabled? Yes No

If Yes, what levels of DLA or PIP do you receive?

Standard Enhanced Mobility: High Low Care: High Middle Low

Do you have mobility issues? Yes No

If Yes, do you use a wheelchair? Sometimes Indoors Outdoors Both

Do you own and use a mobility scooter? Yes No

Do you have restricted walking ability? Yes No

If so, how far can you walk unaided metres aided metres

What aids (e.g. sticks) do you use?

Can you get in and out of a bath? Yes No

Has an Occupational Therapist said you need a level access shower? Yes No

Do you need a bath lift/seat? Yes No

Do you suffer from seizures or epilepsy? Yes No

Can you manage up to six steps? Yes No

Are there stairs in your property? Yes No

Are you able to use stairs? Yes No

Do you require a ground floor property on medical grounds? Yes No

Do you need support rails? Yes No

11. Are you on any medication? Yes No

If Yes, please provide a copy of your repeat prescription within the red box below.

Drug name, dosage, number of times daily, recent prescriptions.

GP and/or consultant details

Name

Address

Postcode Phone number

Other specialists

This section only to be completed by Wealden District Council Officer.

Officer dealing

Client's issues

Carer's issues

Assessor's summary/comments including need for any disabled adaptations.

Priority awarded:

- Band A High**
Very urgent rehousing cases where the applicant has either no usable home, e.g. an applicant in a wheelchair in a two-storey property with the bedroom and bathroom upstairs, or someone who cannot be discharged from hospital because of the unsuitability of the property.

- Band B Medium**
Urgent cases where the applicant can live in their property but it is not sustainable for any length of time. For example the applicant has severe mobility problems making everyday tasks such as using the bath or getting upstairs very difficult.

- Band C Low**
Less urgent cases where housing is important to improve the applicant's quality of life. For example, where everyday tasks are difficult, such as climbing the stairs or using the bathroom. Or where a condition exists that while it may not cause any great difficulties now, the prognosis is that it will worsen.

- None No medical priority**
There would be no benefit at all (from a health perspective) in a move. This may be because the applicant's current property is fully suited to their needs (such as a wheelchair user in a fully adapted property), or because the health condition is such that the applicant's situation would remain the same in any property e.g. arthritis in the hands.

Principal Health Issue(s) affecting health (continue overleaf if required) and relationship of health to present housing

Is it the view of the assessing Officer that the applicant is/is not vulnerable with regard to the established Periera Test and why

Council Officer of Wealden District Council (as described in allocation policy)

Signed Date

A Bit About You:

Marital status (tick one box only)

Married	<input type="checkbox"/>	Single	<input type="checkbox"/>
Divorced	<input type="checkbox"/>	Widowed	<input type="checkbox"/>
Separated	<input type="checkbox"/>	Partner/ cohabiting	<input type="checkbox"/>
Civil partnership	<input type="checkbox"/>		

Gender:

Male Female Transgender

Sexual orientation, response to this question is optional – however the more information you provide to us the better our understanding will be (tick one box only)

	Applicant 1	Applicant 2
Heterosexual	<input type="checkbox"/>	<input type="checkbox"/>
Lesbian/Gay	<input type="checkbox"/>	<input type="checkbox"/>
Bi-sexual	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Economic status (please tick all that apply)

	Applicant 1	Applicant 2
Are you in full time work?	<input type="checkbox"/>	<input type="checkbox"/>
Are you in full time education?	<input type="checkbox"/>	<input type="checkbox"/>
Are you retired?	<input type="checkbox"/>	<input type="checkbox"/>
Are you in part-time work?	<input type="checkbox"/>	<input type="checkbox"/>
Are you unemployed?	<input type="checkbox"/>	<input type="checkbox"/>
Are you in receipt of any benefits?	<input type="checkbox"/>	<input type="checkbox"/>

Which group represents you (and your partner's) total gross income from all sources, after deductions for income tax and national insurance?

Less than £5,000 £5,001-£10,000 £10,001-£15,000 £15,001-£20,000
£20,001-£25,000 £25,001-£30,000 £30,001-£35,000 £35,001-£40,000
£40,001 +

Would you like information and advice about employment or training? Yes No

Disability - Do you consider yourself to be disabled?

The Disability Discrimination Act defines disabled as “having physical or mental impairment that has a substantial and long-term adverse effect on your ability to carry out day-to-day activities”.

Yes No

Is any other member of your household disabled?

Yes No

	Applicant 1	Applicant 2	Any other household member
Physical Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication/speech impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify	<input type="text"/>		

Do you require support/care from someone else in your household?

Yes No

Are you yourself a carer for someone else in your household?

Yes No

Do you find it difficult to answer the door quickly?

Yes No

Do you need someone present with you when an officer/contractor comes to visit you at your property?

Yes No

If yes, please provide contact details:

Name

Phone No

Relationship to you

If you answered yes to the above question, would you prefer us to contact that person before visiting you in your property?

Yes No

How would you prefer us to contact you when it comes to visits and appointments?

Telephone Letter Email

If E-mail, please ensure you provide your E-mail address on page one.

Ethnic origin - I would describe my ethnic origin as: (tick one box only)

White

British

Irish

Any other White background please specify

Mixed

White & Black Caribbean

White & Black African

White & Asian

Any other Mixed background, please specify

Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background, please specify

Black or Black British

Caribbean

African

Any other Black background, please specify

Chinese or other ethnic group

Chinese

Other

Any other background, please specify

Traveller

Traveller of Irish origin

Gypsy/Roma

Other, please specify

First language

English

Cantonese

Bengali

Turkish

Mandarin

Portuguese

Other, please specify

Religious belief

Christian

Muslim

Jewish

Hindu

Buddhist

Sikh

None

Other, please specify

Do you any have any other comments/suggestions/information that you believe Wealden District Council would benefit from in order to improve our services to you in the future?

Housing Register Checklist

Please provide copies of all the following items which apply to you with your application. Failure to supply this documentation will result in your application being returned to you and a delay in your application.

- Photo Identification for all applicants:** copy of passport, photo driving licence, bus pass, proof of age card etc – please do not send just photographs of yourself and your family.
- Proof of any Child Benefit received** (if applicable).
- Proof of current address** (recent utility bill or bank statement).
- Applicant(s) income** (weekly wage, any benefits received), proof or details of income.
- Proof of pregnancy** (if applicable): maternity notes from midwife or a letter from a doctor showing the estimated delivery date.
- Details of immediate family living in the Wealden District** (Father, Mother, Brother or Sister - to include their full names and dates of birth plus how long each has lived in the District).
- Copies of medical support information** (if applicable, eg Repeat Prescription, Proof of Disability Living Allowance, Consultant's Letter etc).
- Sign and date the declaration on page 27.**
- If completing electronically please add your name and check the box on the declaration on page 27.**

Please note: Originals are sent at applicant's own risk. If originals are sent, the Council will make all efforts to return them, however, we are not responsible for original documents lost in transit.

Data Protection Statement

We will store and use your personal information in line with the Data Protection Act 1998. The Act sets out rules for processing personal information (known as personal data) and applies to both paper and electronic records. Any personal information you give us is held securely and will be used only for council purposes. Information that was collected for one purpose may be used for another council purpose, unless there are legal restrictions preventing this. Wealden District Council may share this information where necessary with other organisations, including (but not limited to) where it is appropriate to protect public funds and/or prevent fraud in line with the National Fraud Initiative guidelines. Please see www.wealden.gov.uk/dataprotection for further information.

Notes

Please provide any further information here, that you believe is relevant to your application.

Notes

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Notes

Please provide any further information here, that you believe is relevant to your application.

Housing Act 1996 S. 171 & S. 214 False Statement

For the attention of all applicants

Important Notice Housing Act 1996 S.171 & S.214 – False Statements

Where a person approaches a Housing Department seeking allocation of housing or claiming to be homeless or threatened with homelessness, the above Act makes it an offence punishable with a fine, for a person to make a false statement or to withhold information which is relevant to their claim. For homelessness applicants it is also an offence to fail to inform the housing authority of any material changes in circumstances (e.g. change of employment, prospect of obtaining accommodation from another source etc) which may occur between the initial interview and such time as notification of the Council's decision is received.

Please note

If false information is given to gain a tenancy this Council may have grounds to regain possession of the property that the Council or Housing Association has provided.

We must protect the public funds we handle and so we may use the information you have provided on this form to prevent and detect fraud. We may also share this information, for the same purposes, with other organisations which handle public funds.

This form gives us the information we need to include your name on the Council's Housing Register. This information, which is held and processed by computer, is covered by the Data Protection Act 1998.

For the attention of all applicants – Declaration

I/we declare that the information I/we have given in this application is true and complete as far as I/we know. I/we agree to the Council making enquiries that it considers necessary.

I/we understand that I/we must tell the Council at once of any change in my/our circumstances.

I/we hereby authorise any third party approached about my/our personal circumstances to divulge information to the Council in relation to my/our application for housing. This may include, but is not limited to, other Council departments, statutory and voluntary services, credit referencing agencies and partners of Sussex Homemove as appropriate. I/we further authorise the Council to share information regarding my application where appropriate. This may include sharing information with the Council's partners such as, but is not limited to housing providers (such as Registered Providers), East Sussex County Council or the Police.

If further medical clarification is required, I/we consent to the Council's Medical Adviser making enquiries from my GP or any of the Doctors who have an interest in my/our health factors.

You and any joint applicant must sign and date this form.

(If you are completing this form electronically please enter your name and tick the box to confirm you have read and understand the statement above).

Failure to complete this application form fully will result in it being returned to you and a delay in processing your application.

Signed	<input type="text"/>	Date	<input type="text"/>
Signed	<input type="text"/>	Date	<input type="text"/>

Electronic form submission only.

Name

I have read and understood the statement above. (Please tick)

Please refer to the Checklist on page 23.

This completed application form should be returned to:

Housing Options Team
Wealden District Council
Vicarage Lane
Hailsham BN27 2AX
01323 443322
www.wealden.gov.uk

If you, or somebody you know, would like the information contained in this document in large print, Braille, tape/CD or in another language please contact Wealden District Council on 01323 443322 or info@wealden.gov.uk quoting code number D&P 7289.12.16

如你或你認識的人想取得這份資料的大字版、盲人凸字版、錄音帶/鐳射碟或其他語言版本, 請聯絡威爾德區域議會 (Wealden District Council), 電話是 01323 443322 或瀏覽網址 info@wealden.gov.uk

আপনি বা আপনার পরিচিত কেউ, যদি এ নথিপত্রর তথ্যাদি বড়ছাপা, ব্রইল, টইপ/সিডি, বা অন্য কান ভাষায় চান তব অনুগ্রহ কর ওয়াল্ডন ডিস্ট্রিক্ট কাউন্সিল ক 01323 443322 এ নাম্বার বা info@wealden.gov.uk এ ইমইল ঠিকানায় যাগাযাগ করুন।

Eğer siz ya da tanıdığınız biri bu dökümandaki bilgileri büyük punta, Braille, kaset/CD; veya diğer bir dilde isterse lütfen Wealden Bölgesi Belediyesini arasin. Tel: 01323443322 ya da info@wealden.gov.uk