



# HOUSING APPLICATION FORM



# HOUSING APPLICATION

Thank you for your interest in Beechdale Community Housing.

Please complete this form and return it to our office.

We will either contact you if we need any more information or let you know when you have been accepted on to our waiting list.

Once accepted we will place your application into the relevant band. When we have suitable empty property to let, you will be invited to express an interest.

For further information on our choice based lettings scheme please see the enclosed leaflet.

If you need any help in completing the application please call into the office or ring us.

Please complete all the questions as fully and accurately as possible. Please provide any references and supporting information that may be required with the form when you hand it in or post it.

Please make sure you read and sign the declaration at the back before you return it.

Please return your completed application to the address below:

Beechdale Community Housing  
Chilton House  
Stephenson Avenue  
Beechdale  
Walsall  
West Midlands  
WS2 7EU

Telephone: (01922) 648252

Fax: (01922) 610545

Email: [enquires@beechdale.org.uk](mailto:enquires@beechdale.org.uk)

Web Address: [www.beechdale.org.uk](http://www.beechdale.org.uk)



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## YOU & YOUR FAMILY

YOUR DETAILS	YOUR PARTNER'S DETAILS
<b>MR/MRS/MISS/MS</b>	<b>MR/MRS/MISS/MS</b>
<b>FIRST NAME:</b>	<b>FIRST NAME:</b>
<b>SURNAME:</b>	<b>SURNAME:</b>
<b>D.O.B:</b> <b>AGE:</b>	<b>D.O.B:</b> <b>AGE:</b>
<b>ADDRESS:</b>	<b>ADDRESS:</b>
<b>HOME TEL NO:</b>	<b>HOME TEL NO:</b>
<b>MOBILE NO:</b>	<b>MOBILE NO:</b>
<b>EMAIL:</b>	<b>EMAIL:</b>

**Tell us about everyone who lives with you all the time and will be moving with you.  
For example your children or other members of your family**

FIRST NAME	SURNAME	SEX	D.O.B	AGE	ETHNIC ORIGIN	RELATIONSHIP TO YOU

**Please provide proof of identification for you and your family.  
Please see page 16 for what we consider to be sufficient proof.**



## YOU & YOUR FAMILY

Do you have overnight access to any other child/children, maybe from a former relationship, who do not live with you all the time?

YES                      NO                      (please circle)

(If you answered yes please give details)

.....

.....

.....

.....

.....

Are you or any member of your family related to any employee, or Board Member at Beechdale Community Housing?

YES                      NO                      (please circle)

(If you answered yes please give details)

.....

.....

.....

.....

.....



## PERSONAL INFORMATION

Have you or a member of your family been evicted by your landlord in the last two years?

YES                      NO                      (please circle)

(If you answered yes please give details)

.....  
.....  
.....

Have you or a member of your family been convicted of a criminal offence in the last two years?

YES                      NO                      (please circle)

(If you answered yes please give details)

.....  
.....  
.....

Have you or a member of your family been subject of an Anti-Social Behaviour injunction or order in the last two years?

YES                      NO                      (please circle)

(If you answered yes please give details)

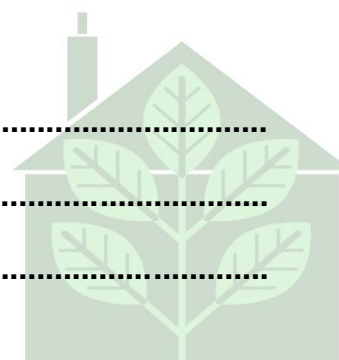
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Do you or any member of your family owe any rent arrears from a current or former tenancy to a landlord?

YES                      NO                      (please circle)

(If you answered yes please give details)

.....  
.....  
.....



## INCOME AND EMPLOYMENT

**PLEASE SHOW THE MAIN SOURCE OF INCOME FOR YOU & YOUR PARTNER**

	EMPLOYERS NAME & ADDRESS	P/T OR F/T
<b>YOU</b>		
<b>YOUR PARTNER</b>		

**PLEASE GIVE DETAILS OF YOUR CURRENT LEVEL OF INCOME EVERY WEEK  
(FILL IN THE SECTION THAT APPLIES TO YOU)**

<b>TOTAL TAKE HOME PAY</b>	£	<b>DISABILITY ALLOWANCE</b>	£
<b>CHILD BENEFIT</b>	£	<b>STATE PENSION</b>	£
<b>WORKING TAX CREDIT</b>	£	<b>OCCUPATIONAL PENSION</b>	£
<b>CHILD TAX CRDIT</b>	£	<b>INCOME SUPPORT/ JOB SEEKERS</b>	£

**PLEASE STATE ANY OTHER BENEFIT YOU RECEIVE AND HOW MUCH**

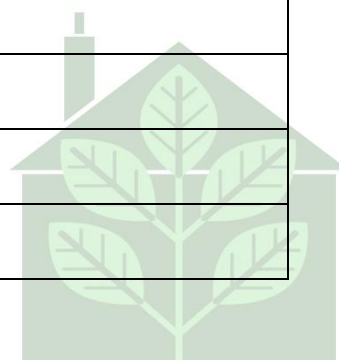
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**PLEASE GIVE DETAILS OF SAVINGS OR INVESTMENT YOU &  
YOUR PARTNER HAVE**

<b>TOTAL AMOUNT</b> £	<b>ANNUAL INCOME FROM INVESTMENTS</b>	£
<b>DO YOU OWN ANY PROPERTY?</b>	<b>YES</b>	<b>NO</b>

**IF YES PLEASE GIVE DETAILS OF THE ADDRESS  
AND THE VALUE OF THE PROPERTY**

<b>ADDRESS</b>	<b>CURRENT VALUE</b>	£
	<b>TOTAL MORTGAGE YOU OWE</b>	£
	<b>CAPITAL REMAINING</b>	£



## YOUR CURRENT HOME

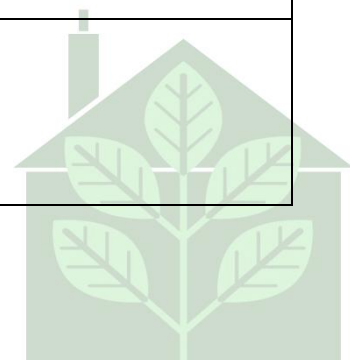
PLEASE TICK THE BOX THAT APPLIES TO YOU			
YOU		YOUR PARTNER	
AN OWNER OCCUPIER		AN OWNER OCCUPIER	
A COUNCIL TENANT		A COUNCIL TENANT	
A PRIVATE TENANT		A PRIVATE TENANT	
A HOUSING ASSOCIATION		A HOUSING ASSOCIATION	
LIVING WITH PARENTS		LIVING WITH PARENTS	
A LODGER		A LODGER	
OTHER (PLEASE STATE)		OTHER (PLEASE STATE)	
WHO OWNS THE PROPERTY YOU LIVE IN NOW?		WHO OWNS THE PROPERTY YOU LIVE IN NOW?	
ADDRESS:		ADDRESS:	

How many people live in your current home permanently?

.....

Who sleeps where in your current home? Show us below?

BEDROOM ONE	BEDROOM THREE
BEDROOM TWO	BEDROOM FOUR



## YOUR CURRENT HOME

Who owns the home(s) you currently live in?

.....

.....

.....

In your current home do you have or share any of the following?  
(Please tick which applies to you)

	HAVE OWN	HAVE BUT SHARE	DO NOT HAVE
KITCHEN			
BEDROOM			
HOT WATER SUPPLY			
TOILET			
BATHROOM			

Has your current home been adapted for you due to a disability?  
(If yes please give details)

.....

.....

.....

Please tell us why you think your current home is unsuitable for you and your family?

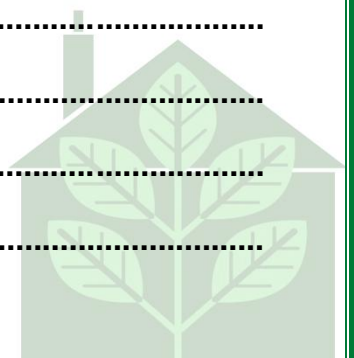
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# YOUR PREVIOUS ADDRESS

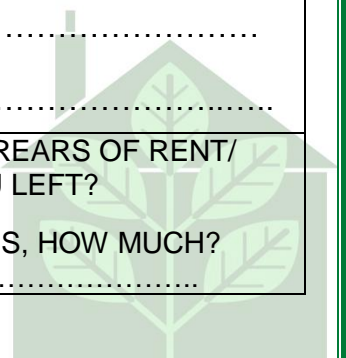
## PLEASE LIST YOUR LAST FOUR ADDRESSES

ADDRESS: .....	
.....	
DATE FROM: .....	TO: .....
WERE YOU:	
OWNER OCCUPIER <input type="checkbox"/>	LODGER <input type="checkbox"/>
TENANT <input type="checkbox"/>	LICENSEE <input type="checkbox"/>
OTHER <input type="checkbox"/>	
NAME AND ADDRESS OF LANDLORD/ MORTGAGE LENDER IF APPLICABLE	
NAME: .....	
ADDRESS: .....	
.....	
DID YOU HAVE ANY ARREARS OF RENT/ MORTGAGE WHEN YOU LEFT?	
YES / NO	IF YES, HOW MUCH? £.....

ADDRESS: .....	
.....	
DATE FROM: .....	TO: .....
WERE YOU:	
OWNER OCCUPIER <input type="checkbox"/>	LODGER <input type="checkbox"/>
TENANT <input type="checkbox"/>	LICENSEE <input type="checkbox"/>
OTHER <input type="checkbox"/>	
NAME AND ADDRESS OF LANDLORD/ MORTGAGE LENDER IF APPLICABLE	
NAME: .....	
ADDRESS: .....	
.....	
DID YOU HAVE ANY ARREARS OF RENT/ MORTGAGE WHEN YOU LEFT?	
YES / NO	IF YES, HOW MUCH? £.....

ADDRESS: .....	
.....	
DATE FROM: .....	TO: .....
WERE YOU:	
OWNER OCCUPIER <input type="checkbox"/>	LODGER <input type="checkbox"/>
TENANT <input type="checkbox"/>	LICENSEE <input type="checkbox"/>
OTHER <input type="checkbox"/>	
NAME AND ADDRESS OF LANDLORD/ MORTGAGE LENDER IF APPLICABLE	
NAME: .....	
ADDRESS: .....	
.....	
DID YOU HAVE ANY ARREARS OF RENT/ MORTGAGE WHEN YOU LEFT?	
YES / NO	IF YES, HOW MUCH? £.....

ADDRESS: .....	
.....	
DATE FROM: .....	TO: .....
WERE YOU:	
OWNER OCCUPIER <input type="checkbox"/>	LODGER <input type="checkbox"/>
TENANT <input type="checkbox"/>	LICENSEE <input type="checkbox"/>
OTHER <input type="checkbox"/>	
NAME AND ADDRESS OF LANDLORD/ MORTGAGE LENDER IF APPLICABLE	
NAME: .....	
ADDRESS: .....	
.....	
DID YOU HAVE ANY ARREARS OF RENT/ MORTGAGE WHEN YOU LEFT?	
YES / NO	IF YES, HOW MUCH? £.....



## YOUR PREVIOUS ADDRESS

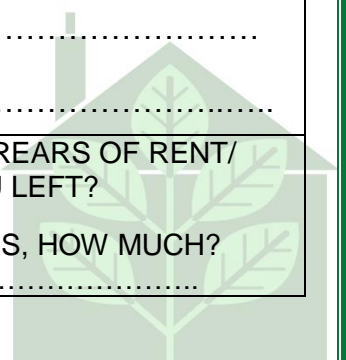
**PLEASE LIST YOUR PARTNERS LAST FOUR ADDRESSES (IF DIFFERENT FROM YOURS)**

ADDRESS: .....	
.....	
DATE FROM: .....	TO: .....
WERE YOU:	
OWNER OCCUPIER <input type="checkbox"/>	LODGER <input type="checkbox"/>
TENANT <input type="checkbox"/>	LICENSEE <input type="checkbox"/>
OTHER <input type="checkbox"/>	
NAME AND ADDRESS OF LANDLORD/ MORTGAGE LENDER IF APPLICABLE	
NAME: .....	
ADDRESS: .....	
.....	
DID YOU HAVE ANY ARREARS OF RENT/ MORTGAGE WHEN YOU LEFT?	
YES / NO	IF YES, HOW MUCH? £.....

ADDRESS: .....	
.....	
DATE FROM: .....	TO: .....
WERE YOU:	
OWNER OCCUPIER <input type="checkbox"/>	LODGER <input type="checkbox"/>
TENANT <input type="checkbox"/>	LICENSEE <input type="checkbox"/>
OTHER <input type="checkbox"/>	
NAME AND ADDRESS OF LANDLORD/ MORTGAGE LENDER IF APPLICABLE	
NAME: .....	
ADDRESS: .....	
.....	
DID YOU HAVE ANY ARREARS OF RENT/ MORTGAGE WHEN YOU LEFT?	
YES / NO	IF YES, HOW MUCH? £.....

ADDRESS: .....	
.....	
DATE FROM: .....	TO: .....
WERE YOU:	
OWNER OCCUPIER <input type="checkbox"/>	LODGER <input type="checkbox"/>
TENANT <input type="checkbox"/>	LICENSEE <input type="checkbox"/>
OTHER <input type="checkbox"/>	
NAME AND ADDRESS OF LANDLORD/ MORTGAGE LENDER IF APPLICABLE	
NAME: .....	
ADDRESS: .....	
.....	
DID YOU HAVE ANY ARREARS OF RENT/ MORTGAGE WHEN YOU LEFT?	
YES / NO	IF YES, HOW MUCH? £.....

ADDRESS: .....	
.....	
DATE FROM: .....	TO: .....
WERE YOU:	
OWNER OCCUPIER <input type="checkbox"/>	LODGER <input type="checkbox"/>
TENANT <input type="checkbox"/>	LICENSEE <input type="checkbox"/>
OTHER <input type="checkbox"/>	
NAME AND ADDRESS OF LANDLORD/ MORTGAGE LENDER IF APPLICABLE	
NAME: .....	
ADDRESS: .....	
.....	
DID YOU HAVE ANY ARREARS OF RENT/ MORTGAGE WHEN YOU LEFT?	
YES / NO	IF YES, HOW MUCH? £.....



## YOUR PREVIOUS ADDRESS

If you or your partner were an owner occupier of any of the properties, why was the property sold?

.....

.....

.....

.....

.....

.....

.....

.....

.....

**(PLEASE NOTE YOU MAY BE REQUIRED TO PROVIDE FURTHER INFORMATION)**

Have you or your partner had a property you owned or repossessed in the last two years?

YES / NO (Please circle)

(If you answered yes please give details and supply proof of eviction and an association letter from the building society)

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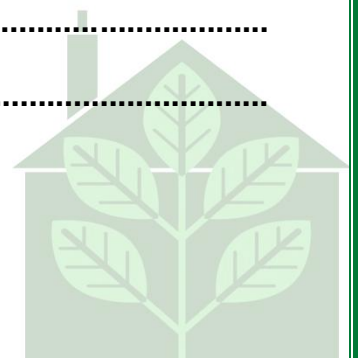
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Detailed in the table below is the criterion that outlines how Beechdale Community Housing will define eligibility for our homes to applicants:

<b>Property Type</b>	<b>Applicant</b>
<b>One or two bed OAP flat</b> <i>2 storey flats in Cavendish Gardens/Bloxwich Lane</i>	One or two adults <b>aged 60 or over</b>
<b>One or two bed mature flats</b> <i>3 storey flats in Cavendish Gardens/Bloxwich Lane</i>	One or two adults <b>aged over 30</b>
<b>One bed bungalow</b> <i>Edison Walk</i>	One or two adults <b>aged 60 or over</b>
<b>Two bed bungalows</b>	One or two adults <b>aged 60 or over</b>
<b>Two bed flats</b> <i>Hadley Road, Kelvin Road, Stephenson Avenue, Ramsay Road, Darwin Road</i>	Two adults (aged 18 or over) One or two adults with one child One or two adults with two children  Single applicants (only where there are none of the above applicants registered who require this type of housing)
<b>Two bed house</b>	One or two adults with one or two children
<b>Three bed house</b>	One or two adults with two or more children
<b>Four bed house</b>	One or two adults with three or more children

## YOUR HOUSING CHOICE

What type of home would you like?

Please see our enclosed leaflet to check what you are eligible for.  
(Please circle your choice/s and you may choose more than one option)

FLAT

HOUSE

BUNGALOW

How many bedrooms would you like?

(Please circle your choice/s and you may choose more than one option)

ONE

TWO

THREE

FOUR

Where on Beechdale would you like to live?

Please refer to your registration pack for details of the patch areas.  
(Please circle your choice/s)

PATCH A

PATCH B

PATCH C

PATCH D

ANY PATCH

Do you or any other member of your family have a disability, or require a specific type of property? For example ground floor level access.

YES / NO (Please circle)

(If you answered yes please give details and provide a doctor's note to confirm this)

.....

.....

.....

.....

## YOUR HOUSING CHOICE

Do you or any members of your family need support from someone such as Social Services, Age Concern or any other agency?

YES / NO (Please circle)

(If you answered yes please give details)

.....  
.....

Name and contact details of supporting agent

.....

Does anyone included in your application need to move to give or receive care from a relative or friend?

YES / NO (Please circle)

(If you answered yes please give details and provide a letter from your carer/the person you are caring for and a doctor or social worker)

.....  
.....

Are you or anyone who lives with you moving to Walsall to take up employment?

YES / NO (Please circle)

(If you answered yes please give details and provide letter from employment)

.....  
.....

If you are a current tenant would you be interested in Mutual Exchange?

(See leaflet in your pack for details)

YES / NO (Please circle)

(If you answered yes a registration form will be sent to you)



## LANDLORD REFERENCE

Please supply any information of legal action taken for rent arrears including NSPs, Possession Orders etc

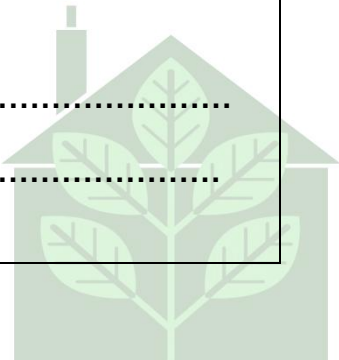
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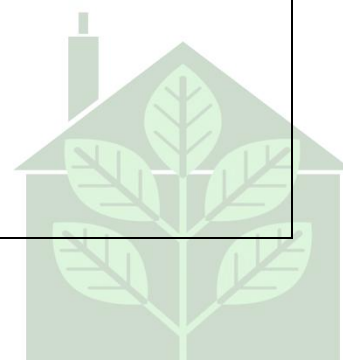
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<b>PROPERTY TYPE</b>		
<b>PROPERTY SIZE</b>		
<b>ANY ADDITIONAL INFORMATION (EG ADAPTED PROPERTY, CENTRAL HEATING)</b>		
<b>OTHER DETAILS: HAVE ANY WARNING LETTERS BEEN SENT OR LEGAL ACTION TAKEN AGAINST THE APPLICATIONS OR THEIR HOUSEHOLD FOR ANY OF THE FOLLOWING REASONS:</b>		
<b>NEIGHBOUR NUISANCE?</b>	<b>YES</b>	<b>NO</b>
<b>NOISE NUISANCE?</b>	<b>YES</b>	<b>NO</b>
<b>HARASSMENT OF ANY TYPE?</b>	<b>YES</b>	<b>NO</b>
<b>ANY OTHER BREACH OF TENANCY?</b>	<b>YES</b>	<b>NO</b>
<b>IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE SUPPLY THE RELEVANT INFORMATION REGARDING THE ACTION TAKEN BELOW</b>		
<b>NAME OF PERSON COMPLETING THE FORM</b>		
<b>POSITION:</b> .....	<b>SIGNATURE:</b> .....	
<b>TELEPHONE NO:</b> .....	<b>DATE:</b> .....	



## LANDLORD REFERENCE

<b>APPLICANT(S) NAME(S): (INCLUDE ALL APPLICANTS)</b>	
<b>APPLICANTS ADDRESS:</b>	
<b>LANDLORD'S NAME:</b>	
<b>LANDLORD'S ADDRESS:</b>	
<b>ARE THE ABOVE OCCUPANTS OF THE PROPERTY?</b>	<b>YES / NO (PLEASE CIRCLE)</b>
<b>DO THE APPLICANTS HAVE ANY CURRENT ARREARS?</b>	<b>YES / NO (PLEASE CIRCLE)</b>
<b>IF YES, HOW MUCH?</b>	<b>YES / NO (PLEASE CIRCLE)</b>
<b>REASONS FOR ARREARS?</b>	
<b>ARRANGEMENTS MADE FOR REPAYMENT &amp; HOW LONG HAS THE TENANT BEEN MAKING REGULAR PAYMENTS?</b>	



## **CHECKLIST**

**Now you have completed your application please take a minute to look over it and make sure all the information is correct.**

**The below checklist is what information is required:**

### **Have you attached proof of your identification?**

- For adults we will accept any of the following:-  
Driving License, Passport, Birth Certificate or Medical Card.
- We also need proof of your address such as:-  
Bank/building society statement.
- For Children we need their full birth certificate

### **Have you attached a reference?**

- We will want a reference to be completed on pages 16 &17 from your current landlord if you have one. If you are not currently holding a tenancy we will accept one from your previous landlord.
- If you have never held a tenancy before we will accept a reference from:-  
An Employer, Social/Support Worker, Probation Officer, Health Visitor,  
or other appropriate person.
- **Have you attached a note from your doctor or hospital about your medical condition if appropriate?**
- **Have you attached a letter from your mortgage company detailing the circumstances of your eviction if appropriate?**
- **Have you attached a letter regarding care arrangements if appropriate?**
- **Have you signed the declaration?**
- **Have you attached a letter from your prospective employer if appropriate?**
- **If you were not born in the UK have you provided your passport and correct documentation regarding your current status?**

## DECLARATION

- a) To the best of my/our knowledge, the answers given on this form are true
- b) I/We must tell Beecdhale Community Housing if there are any changes in my/our circumstances
- c) I/We agree to Beechdale Community Housing making any necessary enquiries with former landlords and/or other agencies concerning this application

**Confidentiality:**

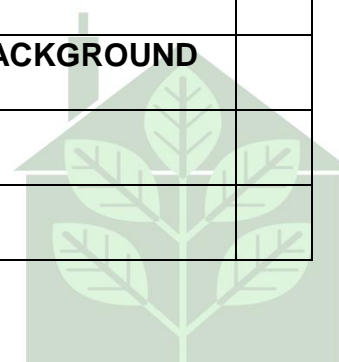
The information you provide on this form will be used & stored in accordance with the Data protection Act 1988 to provide a manage housing. We will use this information to process your application for housing, develop our business and provide statistical information. We may share your information and make any other necessary enquiries regarding with your application with other housing providers and statutory organizations to help us manage properties, handle claims & prevent fraud. Under the terms of the Act you have the right to see information we hold about you.

Signed (you): ..... Date: .....

Signed (partner): ..... Date: .....

**ETHNIC ORIGIN  
(PLEASE TICK ONE BOX EACH OF YOU/ YOUR PARTNER)**

WHITE BRITISH		MIXED WHITE & BLACK AFRICAN	
WHITE IRISH		MIXED WHITE & BLACK CARIBBEAN	
WHITE ANY OTHER BACKGROUND		MIXED WHITE & ASIAN	
ASIAN INDIAN		MIXED ANY OTHER BACKGROUND	
ASIAN BRITISH INDIAN		BLACK AFRICAN	
ASIAN PAKISTANI		BLACK BRITISH AFRICAN	
ASIAN BRITISH PAKISTANI		BLACK CARIBBEAN	
ASIAN BANGLADESHI		BLACK BRITISH CARIBBEAN	
ASIAN BRITISH BANGLADESHI		BLACK ANY OTHER BACKGROUND	
ASIAN ANY OTHER BACKGROUND		CHINESE	
		OTHER	



**If you require any help in understanding this information or you need an interpreter to read it to you, or a translator please ask someone to contact Beechdale Community Housing on your behalf**

**If you would like this information in LARGE PRINT or audio tape please contact BCHA on:**

**01922 648 252**

**Please return this form completed to:**

**Beechdale Community Housing  
Chilton House  
Stephenson Avenue  
Beechdale  
Walsall  
WS2 7EU**

**Tel: 01922 648 252**

**Fax: 01922 610 545**

**Email: [info@beechdale.org.uk](mailto:info@beechdale.org.uk)**

**Web: [www.beechdaleha.org.uk](http://www.beechdaleha.org.uk)**



## FOR OFFICE USE ONLY

Registration No: .....	Date Received: .....	Effective Date: .....	
Nomination/Referral: .....	Direct App: .....	Transfer: .....	
Property Choice: .....			
Area Choice:	<input type="checkbox"/> A	<input type="checkbox"/> B	
	<input type="checkbox"/> C	<input type="checkbox"/> D	
Band: .....			
Annual Income (a)	(a) x 3 (b)	Savings (c)	(b) + (c) Gross Total (d)
(a) £.....	(b) £.....	(c) £.....	(d) £.....
<b>Walsall average house price (e) April 2010</b>			
<b>1 Bed Flats</b>		£72,273	
<b>2 Bed Flats</b>		£101,738	
<b>2 Bed Houses</b>		£106,829	
<b>3 Bed Houses</b>		£142,053	
<b>4 Bed Houses</b>		£245,682	
<b>If (d) is greater than (e) then unable to register</b>			

### Free Equity Assessment:

*tick*

Applicants aged 60 or over with free equity above £150,000	Refuse	<input type="checkbox"/>
Aged 60 or over with free equity below £150,000	Accept	<input type="checkbox"/>
Aged 59 or under with free equity above £50,000	Refuse	<input type="checkbox"/>
Aged 59 or under with free equity below £50,000	Accept	<input type="checkbox"/>
Applicants gross total income is higher than eligible property on open market	Refuse	<input type="checkbox"/>
Applicants gross total income is lower than eligible property on open market	Accept	<input type="checkbox"/>

