

KING'S BARTON Housing Association Ltd

Registered Office: 5 Moravian Road, Kingswood, Bristol BS15 8LY



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www.kingsbarton.co.uk

For Office use only	
Application Number:	
Priority awarded/refused:	
Date received:	

Application for Housing

Section 1: Personal details

	The Applicant	Other household member(s)
Title		
First Name(s)		
Surname		
Previous name/alias - please include all names you have used in the past		
Relationship to applicant		
Date of Birth		
Nationality (As shown on passport)		
National Insurance Number		
Gender (leave blank if you prefer not to say)		
Current address		
Current Postcode		
Phone Number		

Email Address		
Are you personally related to or close friends with any employee or Board Member of Kings Barton Housing Association? (If yes, please state their name and your relationship)		
Do you have any pets, if yes please state number and species /breed?		
Have you had any possession proceedings taken against you over the last 5 years? (If yes, please provide details)		
Have you or anyone included in your application been convicted of a criminal act, threat of violence, arson, anti-social behaviour, or drugs related offences? (If yes, please provide details)		
Have you or anyone included in your application been convicted under the Sex Offenders Act 1997 or have been placed on the Sex Offenders Register? (If yes, please provide details)		

<p>Have you been convicted of any 'offences against the person,' this means you have committed a crime causing direct physical harm or force being applied to another person, this includes but is not limited to fatal and sexual offences, assault, and injury, or 'crimes against property' which includes arson, theft, burglary, robbery, and fraud? You do not need to tell us about convictions which are 'spent' under the Rehabilitations of Offenders Act 1974.</p>		
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Health

	The Applicant	Other household member(s)
<p>Do you have any health problems or disabilities? (If yes, please state)</p>		
<p>Do you care for someone who is sick or disabled?</p>		
<p>Can you climb stairs? For example, could you manage a flight of stairs to a first floor flat?</p>		
<p>Do you currently have any disabled adaptations?</p>		
<p>Do you need any additional disabled adaptations? E.g., Walk in shower / Wet Room / grab rails.</p>		
<p>Do you receive a disability or sickness benefit? (If yes, please state which benefit you receive and the monthly amount)</p>		
<p>Do you have a mobility scooter for which you have an essential medical need?</p>		

Do you have a support worker? (If yes, please state their name and organisation).		
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Income and Employment

	The Applicant	Other household member(s)
Do you currently receive housing benefit or universal credit? (If yes, please state which benefit you receive)		
Which other benefits do you currently receive? (Please state benefit and monthly amount received)		
Is your employment status: Not employed/employed/Self-employed/ Not employed in the last 2 years/Employed – on statutory leave.		
Name of company you are employed by (if working)		
How many hours a week do you work? (If variable, please provide an average number of hours).		
What are your net earnings after tax and National insurance? (Please provide frequency).		
Does your household have assets, including savings or investments or equity in a property? If yes, please state amount		
Do you have any other income not stated above? (If yes please state, type, amount, and frequency)		
Is your household's income more than £25,000 per year?		

Have you had a debt relief order or gone bankrupt in the last 18 months?		
Are you able to pay rent via standing order?		

Current Accommodation

	The Applicant	Other household member(s)
Are you a homeowner/shared owner?		
Are you currently living in a KBHA home, other Housing Association, Council House or private rented? (Please state)		
When did you move into your current accommodation?		
Do you have any rent arrears or other debts to your current or former Housing provider? If yes, please provide amounts and Housing provider.		
Are you currently overcrowded/under occupying?		
Reason for wanting to leave your current home?		
Housing providers name		
Housing providers Address		
Housing providers Phone no		

Housing providers email		
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Accommodation Requests

Please tick all the areas you are interested in:	Area:	Accommodation in this area:
	Kingswood	Coombe House, Grantham House, Grantham Road, Moravian Road and Kings Barton Court, New Cheltenham Road.
	Downend	North Street.
	Staple Hill	Edgeware Road (please note minimum age is 60), Gladstone Court, High Street, Hawthorns, and Victoria Street.

Are you registered with South Gloucestershire or Bristol HomeChoice?	
If yes, please circle your home choice priority	<p>Bristol home choice 1 2 3 4</p> <p>South Gloucestershire home choice A B C Registered</p>
If yes, when did you join the HomeChoice register (month and year)?	
Please state the number of bedrooms you require. If you are a single person or a couple and require the second bedroom for medical reasons, please provide details overleaf	

Please use the space below to tell us why you are applying for rehousing and any other information relevant to your application.

Dependant on the information supplied in this form, we may require supporting documentation before we are able to rehouse you. This may include:

- Photographic identification
- Proof of Right to rent.
- Proof of name change
- Bank Statements
- Proof of income

General Data Protection Regulation

Please see the privacy notice on our website for further details.

Declaration

- I/We confirm that the details in this form are true to the best of my knowledge.
- I/We will tell you about any changes in my/our circumstances.
- I/We understand that any false or misleading statement or withholding any relevant information, now or in the future, may result in my application being cancelled or any tenancy granted to me ending, or may lead to a prosecution for criminal offences.
- I authorise Kings Barton Housing Association to make enquiries regarding my housing issues to process my application.

- I give consent Kings Barton Housing Association to share any information or data relating to this application to the third parties mentioned above and authorise those third parties to provide information (including sensitive information) to authorisation (consent) is being given by myself on behalf of all relevant members of my household.
- Please note we will not contact your Housing provider for a refence until you have viewed a property.

	Applicant		Joint Applicant
Name:		Name:	
Signature:		Signature:	
Date:		Date:	