



INFORMATION REQUIRED FOR APPLICATION FORM

In order for us to complete your application form we need you to give us the following information:

- Reference from your current landlord to include information about your rent account.
- Proof of Identification i.e. Passport/Benefit Book/Drivers Licence.
- Proof that you are residing at the address on your Application Form i.e. Bank Statement/Utility Bill.
- If you are living with parents or friends, please provide a letter from the head of the household and proof of identification.
- If you have no permanent address you should still provide proof of identification.

Please note you should provide the above information for any other person over 18 that wishes to move in with you.

Please only attach copies of documents to your application form.

PLEASE DO NOT SEND ORIGINALS.

Thank you for giving us this information, this means we can register your application quickly.

**IF YOU FAIL TO GIVE US ANY INFORMATION,
IT WILL DELAY REGISTRATION OF YOUR APPLICATION.**

Please Contact us if you would like this information in large print or Braille. Visit your local area office or telephone 0151 510 5000 and we will be happy to meet your needs.

If you require this information in another language, please ring 0151 510 5000

যদি আপনি এই তথ্য অন্য ভাষায় পেতে চান, তাহলে দয়া করে 0151 510 5000 নম্বরে ফোন করুন।

यह सूचना यदि आपको किसी अन्य भाषा में चाहिये तो कृपया नंबर 0151 510 5000 पर फोन करें।

یہ معلومات اگر آپ کو کسی دیگر زبان میں چاہیے تو برائے مہربانی نمبر 0151 510 5000 پر فون کریں۔

如果你需要其他語文版本的本資訊，請致電 0151 510 5000

Jeśli chcieliby Państwo otrzymać powyższe informacje w innym języku prosimy zadzwonić pod numer 0151 510 5000

DATA PROTECTION

The information in this application may be used by the Trust and the Council for other legal purposes and may in certain circumstances be disclosed to other organisations.

The use, processing and disclosure of the information is subject to data protection and related legal controls.

Your signature of this document indicates your approval, where required by law, to all proper uses and disclosure by the Trust or the Council.

If you require any further information, then please contact the Policy Officer, Halton Housing Trust on 0151 510 5196.

Application Number:



To ensure we can register your application as quickly as possible, please answer **all** questions fully.

Tell us about yourself:

Title:		
First name:		
Surname:		
Have you been known by any other name?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you answered 'Yes' what was it?		
Date of Birth:		
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
National Insurance Number:		
Current Address or Postal Address:		
Post Code:		
Contact Details:	Home Telephone Number	
Work Telephone Number	Mobile Telephone Number	
Email Address		
Please tell us the following information		
Do you have the right to reside in the United Kingdom?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you seeking asylum in this country?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If any other adult i.e. Wife/Husband/Partner/Child/Lodger wants to live with you, you must give us their information.

Title:		
First name:		
Surname:		
Maiden Name (if applicable)		
Date of Birth:		
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
National Insurance Number:		
Current Address or Postal Address:		
Post Code:		
Contact Details:	Home Telephone Number	
Work Telephone Number	Mobile Telephone Number	
Email Address		
Please tell us the following information:		
Do they have the right to reside in the United Kingdom?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are they seeking asylum in this country?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is anyone who will be moving with you pregnant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you answered 'Yes' please provide Proof of Pregnancy and the date the baby is due.		

Have you or your partner previously made an application to us for Housing?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If you answered 'Yes' what name is the application in?				
Please tell us who your current landlord is or who you live with:				
<p>You will be required to give us a reference from all the landlords you have had over the past five years.</p> <p>If you have lived with parents or friends please tell us who they are and where they live.</p> <p>In 'Tenure' please state if you were living with Friends, Family, Private Landlord, Housing Association, Home Owner etc.</p> <p>Tell us where you have lived over the past five years.</p>				
Date From	Date To	Address:	Property Owner	Tenure
If you do not currently live in Halton, have you ever lived here?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If you answered 'Yes', for how long?				

Please provide details of all the people who will be moving with you i.e. Children, Family Members, Friends

Full Name	Gender	Date of Birth	Age	National Insurance	Current Address

Please provide details of who lives in the property you currently live in

Full Name	Gender	Date of Birth	Age	National Insurance	Current Address

Current Accommodation – Where you live now, are you: (Please Tick One Box)		
Halton Housing Trust Customer	<input type="checkbox"/>	
Other Housing Association Tenant	<input type="checkbox"/>	
Other Council Tenant	<input type="checkbox"/>	
Member of Armed Forces	<input type="checkbox"/>	
Own/Buying your own home	<input type="checkbox"/>	
Privately Renting	<input type="checkbox"/>	
Living in a Hostel	<input type="checkbox"/>	
Homeless	<input type="checkbox"/>	
In a tied Tenancy	<input type="checkbox"/>	
Living with Family	<input type="checkbox"/>	
Living with Friends	<input type="checkbox"/>	
Other (Please State)		
What type of accommodation do you live in now?		
House	<input type="checkbox"/>	
Flat	<input type="checkbox"/>	
Maisonette	<input type="checkbox"/>	
Bungalow	<input type="checkbox"/>	
Sheltered Housing	<input type="checkbox"/>	
Hostel	<input type="checkbox"/>	
How many Bedrooms are there?		
Do you share a Bedroom?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you answered 'Yes' who do you share with?		
Do you share a bathroom or kitchen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please tell us about the income your household has:

Name	Employment Type	Income	Housing Benefit	State Benefit	Private Benefit	Savings
	Full/Part Time Work					
	Unemployed					
	Retired					
	Sick/Disabled					
	Full/Part Time With Benefit					
	Govt. Training Scheme					
	Full Time Education					
	Not Seeking Work					
Name	Employment Type	Income	Housing Benefit	State Benefit	Private Benefit	Savings
	Full/Part Time Work					
	Unemployed					
	Retired					
	Sick/Disabled					
	Full/Part Time With Benefit					
	Govt. Training Scheme					
	Full Time Education					
	Not Seeking Work					

Rent or Mortgage payments Weekly or Monthly £	If Owner/Occupier, value of property £	If Owner/Occupier, amount of outstanding mortgage £
Do you owe Halton Housing Trust or any other landlord money?	Yes <input type="checkbox"/>	
If 'Yes' what arrangements have been made to clear the arrears?	No <input type="checkbox"/>	

Please tell us why you want to be rehoused:

If you have to leave within 28 days, please tell us why and the date you have to leave.

Do you wish to be put in contact with the Homeless Team?

Yes

No

What type of property do you require?

House

Flat

Maisonette

Bungalow

Sheltered Housing

How many Bedrooms do you require?

What area would you like to live in?

HOUSING APPLICATION FORM

DECLARATION

Are you any of the following:

Related to any Council Officer or Member of the Council	Yes	No
An employee or Board Member of Halton Housing Trust	Yes	No
An employee or elected Member of Halton Borough Council	Yes	No

If YES, please give details

.....
.....

Please read and sign the declaration below:

As far as I am aware, the answers given are true.

I/We understand that I/we may face legal action and lose any housing offered or let to me/us if false information is given.

SIGNED Date

SIGNED Date

If Joint Application both applicants must sign.

Under various Housing Regulations, we cannot discuss your application with anybody other than you. Before we can discuss your application with anybody else who may contact us on your behalf, we must have your permission in writing. If you would like to grant permission please sign below.

I/We hereby give permission for Halton Housing Trust/Halton Borough Council to discuss my/our application with anybody acting on my/our behalf in pursuit of my/our application for housing.

SIGNED Date

SIGNED Date

HOUSING APPLICATION FORM

Declaration Form

IT IS VERY IMPORTANT THAT YOU COMPLETE ALL SECTIONS OF THIS FORM. THE 1996 HOUSING ACT MAKES IT AN OFFENCE TO GIVE FALSE INFORMATION OR KNOWINGLY WITHHOLD INFORMATION.

The Trust and the authority has a number of key aims and one of them is to ensure the security of residents and reduce the risk of anti-social behaviour, in order to protect the residents from the affects of serious offences.

It is an offence under Section 171 of the 1996 Housing Act to knowingly or recklessly make a false statement or to knowingly withhold information when seeking assistance with housing from a local authority. Therefore Halton Housing Trust and Halton Borough Council require you to provide the following information if possible.

Please indicate if you have been involved in any serious offences.

Yes No

If you have indicated YES, to the above, please indicate what offences you were involved in, and the date convicted. This will include those offences which have not been spent.

The Trust and the Authority will treat any information it receives in the strictest confidence, and further information on the type of offences the authority may take into account can be found in the Policy Guide.

Each applicant is also required to complete the authorisation letter below so that the authority can contact various relevant agencies such as the Police, the Probation Service, Social Services and Health to establish any previous or current involvement.

Those people who are found to have knowingly withheld relevant information or knowingly or recklessly made a false statement will be excluded from the Housing Register, will be liable to a conviction, a fine of up to £5,000, and will have to satisfy certain re-entry requirements before being allowed back onto the Housing Register.

HOUSING ACT 1996

As part of my application for housing, I understand that Halton Housing Trust will be contacting other agencies such as Social Services, Probation Service, Police and Health Authorities to confirm whether there has been any involvement with myself or my family.

I authorise Halton Housing Trust to obtain any relevant information from the appropriate organisations, under the Housing Act 1996 in relation to my application.

Yours sincerely

Signed (First Applicant)

Signed (Second Applicant)



CONFIDENTIAL

Halton Housing Trust and Halton Borough Council has an equal opportunity clause in its Allocations and Homeless Policy.

This means that any application for housing will be given equal consideration irrespective of sex, marital status, age, ethnic origin, disability or gender.

To ensure the effectiveness of this policy the Trust and Council need to monitor all applications it receives for accommodation.

For this purpose you are requested to complete the section below which will be treated as **CONFIDENTIAL** and kept separate from your application. Please tick the appropriate box.

I would describe my cultural origin as:

White		
		Second Applicant
White British		
White Irish		
Any other White background (please write in below)		

Black or Black British		
		Second Applicant
Caribbean		
African		
Any other Black background (please write in below)		

Asian or Asian British		
		Second Applicant
Bangladeshi		
Indian		
Pakistani		
Any other Asian background (please write in below)		

Mixed Race		
		Second Applicant
White & Asian		
White & Black African		
White & Black Caribbean		
Any other mixed background (please write in below)		

Other Ethnic Group		
		Second Applicant
Gypsy		
Chinese		
Any other ethnic group (please write below)		

Disability

Under the Disability Discrimination Act 1995, disability is defined as a physical or mental impairment that has a substantial and long term, negative effect on a persons ability to carry out day to day activities.

The following information will help us change the way we offer our services to you.

Section 5 – Disability / Impairment / Long-Term Medical Condition

Are you registered disabled?

Yes

No

If you answered 'Yes' Please tick any boxes that apply to you

Blind

Deaf

Mental Health
Issue

Wheelchair User

Visually Impaired

Hard of Hearing

Learning Disability

Other
(Please Specify)

Other Mobility Issues (Please Specify)

Unseen impairments e.g. Dyslexia,
Diabetes, HIV, Arthritis.



Housing Register

Applications for Housing can be made at any Halton Housing Trust Office or at Halton Direct Link offices in Widnes and Runcorn.

Alternatively, you may also apply by completing the application form and sending it to Halton Housing trust at the following address:

Head Office

Daresbury Point
Green Wood Drive
Manor Park
Runcorn
Cheshire
WA7 1UG

You can also take your completed application to any area office listed below:

Widnes Area Office

120-124 Widnes Road
Simms Cross
Widnes
Cheshire
WA8 6AX

Ditton Area Office

Halton Direct Link
Queens Avenue
Ditton
Cheshire
WA8 8HR

Runcorn Area Office

Grange House
930 Grangeway
Runcorn
Cheshire
WA7 5LT