



*Basingstoke  
and Deane*

# Housing Register Application

**If you would like help understanding or completing this document,  
please contact 01256 845250**



XXXXXXXXXXXXXXXXXX

# About this application form

## What does this form do?

This form registers your need for housing and assesses your requirements.

## Why is it so long?

All the information is required to ensure your situation is assessed correctly and that your circumstances are taken into account. If you are worried about completing the form properly and would like some help in doing this please contact us on 01256 845250.

## Do I have to fill in the whole form again if my circumstances change?

If your circumstances change, you do not need to complete the whole form again, instead, we will ask you to complete a "Tell us something new" form.

## What if I move to a different address?

You will need to complete a new form if you change address, as this could make a difference to how your application is assessed.

**If you are worried about losing your home and would like to discuss your situation, please contact the council on 01256 845250 to find out what options are open to you.**

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## Section 1 Verification

Before your application to go on the housing register can be processed, we require **all** of the relevant documentation outlined in Section 1 of this form. This will ensure that the information we hold about you is accurate and will prevent fraud. If all of the relevant information is not provided there may be a delay in processing your application.

Please provide photocopies **only**. Do not send your original documents.

Please tick the relevant box

<b>Is this a new application?</b>	Yes <input type="checkbox"/>
<b>Is this a change of address?</b>	Yes <input type="checkbox"/>

Information needed	Examples of documents required	Tick if enclosed
Proof of identity	Passport Driver's licence	<input type="checkbox"/>
Proof of children's identity (if applicable)	Birth Certificate Child Benefit award letter Tax Credit award letter	<input type="checkbox"/>
Proof of children's residency if joint custody (if applicable)	Court Order Child Benefit award letter Statement of Arrangements	<input type="checkbox"/>
Proof of address	Household bill Bank statement	<input type="checkbox"/>
Proof you are no longer an owner of a property (if applicable)	Solicitor's letter confirming sale or transfer of ownership Statement from Land Registry	<input type="checkbox"/>
Proof that notice has been served (if applicable)	Copy of Notice/Possession Order	<input type="checkbox"/>
Local connection	See Section 10 of the application form for further details	<input type="checkbox"/>
Proof of eligibility to join the Housing Register	Passport, Contract of Employment, last payslip, certificate or card for Workers Registration Scheme	<input type="checkbox"/>
Proof partner is eligible (if living outside of the UK). If you are not able to provide this please tell us your reasons below	Home Office documents Passport certificate or card for Workers Registration Scheme	<input type="checkbox"/>

I cannot provide partner's eligibility because

## Section 2 Personal details

If you are applying jointly with another person, please complete this section in full.

Applicants must be 16 years old or over to register for housing. Housing Associations are unlikely to offer tenancies to anyone under the age of 18 without a verified guarantor. A guarantor is an adult who is able and willing to guarantee that you will abide by your tenancy conditions, they would also be liable for any monies owing, including outstanding rent payments and any repairs or damages to the property.

Your application will be assessed on the first applicant's housing circumstances. If either applicant is an owner or a tenant, this will have an impact on your points total.

It is very important that you keep us informed of any changes to your address or phone numbers in case we need to contact you.

If you live outside the Borough of Basingstoke and Deane you may need to show that you have a valid local connection with the area. This is because all applicants on the housing register will be awarded additional priority if they can demonstrate a local connection with the borough. Please see section 10.

### Joint applications

In the event that you no longer wish to be rehoused together, you will both need to complete a new application form. The original date of your application (the date you first applied to go on the register) will be given to both parties provided you both complete a new application within 12 months of informing us of the change.

First Applicant	Second Applicant
Mr/Mrs/Miss/Ms <input type="text"/>	Mr/Mrs/Miss/Ms <input type="text"/>
First name <input type="text"/>	First name <input type="text"/>
Surname <input type="text"/>	Surname <input type="text"/>
Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>	Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>
Address <input type="text"/> <input type="text"/> <input type="text"/>	Address <input type="text"/> <input type="text"/> <input type="text"/>
Post code <input type="text"/>	Post code <input type="text"/>
If you want us to contact you at a different address to the one given, please write the address here: <input type="text"/>	If you want us to contact you at a different address to the one given, please write the address here: <input type="text"/>
Home telephone number <input type="text"/>	Home telephone number <input type="text"/>
Work telephone number <input type="text"/>	Work telephone number <input type="text"/>
Mobile phone number <input type="text"/>	Mobile phone number <input type="text"/>
Email address <input type="text"/>	Email address <input type="text"/>

## Section 3 Household details

Part one of household details relates to everyone who will be rehoused with you. The information given helps to determine the size and type of accommodation you require. Please ensure it is completed fully.

Part two of household details relates to all of the people living in your current accommodation who **will not** be rehoused with you. The information given may affect the points awarded to your application so it is very important that you give us as much detail as possible.

### Part One

Please give details of everyone who **WILL** be rehoused with you (even if they live elsewhere at present)

	First name	Surname	Date of birth	Sex (please circle)	Relationship to you
1	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> M / <input type="text"/> F	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> M / <input type="text"/> F	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> M / <input type="text"/> F	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> M / <input type="text"/> F	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> M / <input type="text"/> F	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> M / <input type="text"/> F	<input type="text"/>

Are you, or anyone to be rehoused with you, pregnant?

Yes

No

If so, please tell us who is expecting and when the baby is due?

**Please remember to notify us as soon as the baby is born.**

### Part Two

Now give details of everyone presently living with you who will not be rehoused with you

	First name	Surname	Date of birth	Sex (please circle)	Relationship to you
1	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> M / <input type="text"/> F	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> M / <input type="text"/> F	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> M / <input type="text"/> F	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> M / <input type="text"/> F	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> M / <input type="text"/> F	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> M / <input type="text"/> F	<input type="text"/>

If you currently live in hostel accommodation or have a room in a shared house and do not know the other occupants, please advise us of the number:

Number of males

Number of females

## Section 4 Health and support needs

Please complete this section if you or anyone to be rehoused with you has a medical condition, mental health, welfare or social issue. We only need to know **if** these are made worse by your current housing **and** a move elsewhere would improve them.

If you, or anyone who is to be rehoused with you, has a physical disability, this may affect the type of accommodation you are looking for. If this is the case please give details of the disability and what type of housing is needed such as one with a stairlift, a walk-in shower or handrails, specialised access for mobility scooter or access to property for carers with specialised equipment.

### Do you or anyone who is to be rehoused with you have a physical medical condition?

Name

How are they affected?

Name

How are they affected?

### Do you or anyone who is to be rehoused with you have a mental health problem?

Name

How are they affected?

Name

How are they affected?

### Do you or anyone who is to be rehoused with you have any additional welfare issues?

(e.g education issues or factors affecting general well-being)

Name

Details

Name

Details

Please use this space to tell us how any of the problems are affected by your current housing situation.

If you feel **any** of the conditions on page 6 are relevant to you or anyone who is to be rehoused with you, please give us details of agencies that may provide information to support your application.

Name of agency

Contact name

Address

Telephone number

Name of agency

Contact name

Address

Telephone number

Name of agency

Contact name

Address

Telephone number

**Do you or your partner need help with the following:**

(please tick)

	<b>You</b>	<b>Your Partner</b>
Keeping your home secure	<input type="checkbox"/>	<input type="checkbox"/>
Excluding unwanted callers	<input type="checkbox"/>	<input type="checkbox"/>
Advice on using appliances safely	<input type="checkbox"/>	<input type="checkbox"/>
Advice on using/paying for utilities (for example: gas, electric, water)	<input type="checkbox"/>	<input type="checkbox"/>
Support to arrange repairs and servicing of appliances	<input type="checkbox"/>	<input type="checkbox"/>
Support to arrange adaptations to cope with disability	<input type="checkbox"/>	<input type="checkbox"/>
Support to arrange minor repairs.	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with dealing with neighbour disputes	<input type="checkbox"/>	<input type="checkbox"/>
Assistance in claiming benefits	<input type="checkbox"/>	<input type="checkbox"/>
Advice on food preparation and storage	<input type="checkbox"/>	<input type="checkbox"/>
Support to maintain the cleanliness of the dwelling	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with budgeting in order to pay rent and bills	<input type="checkbox"/>	<input type="checkbox"/>
Assistance to arrange and keep appointments with professionals	<input type="checkbox"/>	<input type="checkbox"/>

**Supported housing**

Do you feel that you would benefit from supported housing?  
(supported housing is where housing is provided with support on site) Yes  No

Do you feel that you would benefit from housing support in your own home?  
(known as floating support, which offers flexible housing related support) Yes  No

**Sheltered housing**

Would you or anyone who is to be rehoused with you benefit from sheltered housing? Yes  No   
(This is housing with support for people aged 55 and over)  
For more information, please contact the housing team on 01256 845250 for a leaflet.

Name

How would sheltered housing help?

Name

How would sheltered housing help?

## Section 5 Your present accommodation

This section relates to where you live now.

If you or the second applicant own or rent any property in the UK or abroad, this will have an impact on your housing application.

Please complete this section fully in order that your application can be correctly assessed.

### Please tick the box that shows your present housing circumstances

Council tenant	<input type="checkbox"/>	Housing association tenant	<input type="checkbox"/>
Owner/buying the property	<input type="checkbox"/>	Private tenant	<input type="checkbox"/>
Shared ownership	<input type="checkbox"/>	Lodger	<input type="checkbox"/>
Living with relatives	<input type="checkbox"/>	Armed forces accommodation	<input type="checkbox"/>
Tied accommodation	<input type="checkbox"/>	No fixed abode	<input type="checkbox"/>
Own room in shared property	<input type="checkbox"/>		

Date you first moved in  /  /

Do you or your partner own or rent any property in the UK or abroad (other than where you are living now)? Yes  No

Why are you or your partner not living there?

### Type of housing where you live now

Please tick which box shows what type of property you live in

House	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>	Maisonette	<input type="checkbox"/>
Bedsit	<input type="checkbox"/>	Flat	<input type="checkbox"/>	Sheltered housing	<input type="checkbox"/>
Mobile home	<input type="checkbox"/>	Hostel	<input type="checkbox"/>	Prison	<input type="checkbox"/>
Women's refuge	<input type="checkbox"/>	Hospital or other care institution	<input type="checkbox"/>	No fixed abode	<input type="checkbox"/>

## Number of bedrooms

This should be the **total** number of bedrooms in your current property.  
Please write the name(s) of those people occupying each bedroom. For example:

Bedroom one	Mr and Mrs Smith	Bedroom two	Charlie Smith
-------------	------------------	-------------	---------------

If you live in a flat or maisonette, the **floor level** may affect your points total.  
Please complete this section in full.

## Facilities

### Number of bedrooms

Number of bedrooms in this property

Please complete the boxes below to let us know how the bedrooms are occupied

Bedroom one	<input type="text"/>	Bedroom two	<input type="text"/>
Bedroom three	<input type="text"/>	Bedroom four	<input type="text"/>
Bedroom five	<input type="text"/>	Bedroom six	<input type="text"/>

If you think there is anything else you need to tell us about the layout of your accommodation, please give details in the box below.

If you live in a flat or maisonette is it on

Ground floor  First floor  Second floor  Above second floor

If you live in a flat or maisonette do you have a garden? Yes  No

If you live in a flat or maisonette do you have a lift? Yes  No

## Facilities

### Do you have the use of

	None	Sole use	Shared with another household
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inside toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Type of heating

Electric storage heaters  Gas radiators  Other  None

## Tenants of housing associations only

We will contact your housing association to check the details of your tenancy.

If your tenancy is in joint names and you are applying for housing in your sole name, we will **not** be able to register your application until the tenancy has been placed in your name only (as a transfer applicant) or your name has been removed from the tenancy (as a general needs applicant).

## For tenants only

If you are a **tenant** and you do not share your home or facilities with anyone else please give the following details

Landlord's name

Landlord's address

How much rent do you pay? £  per month or per week

Are you in arrears with your rent? Yes  Amount if known

Is your tenancy an Assured Shorthold Tenancy? Yes  No

Has your landlord served notice seeking possession of the property? Yes  No

Has your landlord obtained a Possession Order? Yes  No

Have the courts given a date by which you must leave? Yes  No

If yes, please give the date  /  /

Are there any pending investigations being carried out by your landlord in respect of breaches of tenancy? For example: Anti Social behaviour, poor condition of property. If yes, please give details

**Mutual exchanges**

If you are a housing association tenant living in the borough you may apply to your landlord to swap with another tenant. If you would be interested to swap with another tenant your details would be put on the Mutual Exchange Register.

Please indicate below if you would like your details put on the Mutual Exchange Register.

I would like my details to be entered onto the Mutual Exchange Register, which I understand can be viewed by any member of the public

Yes No 

**Note:** If you would like more information about exchanges please speak to your housing association direct.

**Owners only**

If you are in arrears with your mortgage, or are concerned about affordability, you may wish to contact us for advice on 01256 845250. Alternatively come into the offices to speak to the duty housing officer.

If you or your partner **own or are buying** your home please give the following details

What is the approximate value of your property?

£ 

Do you have a mortgage(s) for the property?

Yes No 

How much of the mortgage is still outstanding/owing?

£ 

How much are your monthly mortgage repayments?

£ 

Are you in arrears?

Yes No 

If you are in arrears has the lender started possession proceedings?

Yes No 

Name of mortgage lender

Address of mortgage lender

Postcode

**Condition of your property**

(if you are a tenant or owner)

Does your present home require major repairs for example leaking roof, poor fitting windows or lack of facilities?

Yes No 

If yes please specify

Have you contacted the council's Housing Standards team?

Yes No 

If yes on which date?

 /  / 

If you have not contacted the council's Housing Standards team, would you like them to contact you?

Yes No

## Section 6 Previous addresses

Please give details of your previous addresses for the **last five years** starting with the most recent

If you have been a tenant of a housing association or a council in this time, we will contact them to establish that the tenancy was conducted in a satisfactory way.

Only give details for you partner if they are different from yours.

### First Applicant

Address

From

/ /

To

/ /

Reason why you left

Were you a:

council tenant/housing association tenant/private tenant/living with family/lodger/owner?

Address

From

/ /

To

/ /

Reason why you left

Were you a:

council tenant/housing association tenant/private tenant/living with family/lodger/owner?

Address

From

/ /

To

/ /

Reason why you left

Were you a:

council tenant/housing association tenant/private tenant/living with family/lodger/owner?

### Second Applicant

Address

From

/ /

To

/ /

Reason why you left

Were you a:

council tenant/housing association tenant/private tenant/living with family/lodger/owner?

Address

From

/ /

To

/ /

Reason why you left

Were you a:

council tenant/housing association tenant/private tenant/living with family/lodger/owner?

Address

From

/ /

To

/ /

Reason why you left

Were you a:

council tenant/housing association tenant/private tenant/living with family/lodger/owner?

## Section 7 Your income

Some housing associations are charitable organisations and their business must be undertaken for the benefit of society. If your income is at a level where you could secure your own accommodation privately, such housing associations would be unable to offer you accommodation. However, this information will be used to ensure that we explore all options available to you.

Please tick the box most closely representing your **gross** yearly income

	<b>Applicant</b>	<b>Partner</b>
Unemployed	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>
Under £5,000	<input type="checkbox"/>	<input type="checkbox"/>
£5,000 to £10,000	<input type="checkbox"/>	<input type="checkbox"/>
£10,000 to £15,000	<input type="checkbox"/>	<input type="checkbox"/>
£15,000 to £20,000	<input type="checkbox"/>	<input type="checkbox"/>
£20,000 to £25,000	<input type="checkbox"/>	<input type="checkbox"/>
£25,000 to £30,000	<input type="checkbox"/>	<input type="checkbox"/>
Over £30,000	<input type="checkbox"/>	<input type="checkbox"/>

## Section 8 Employment

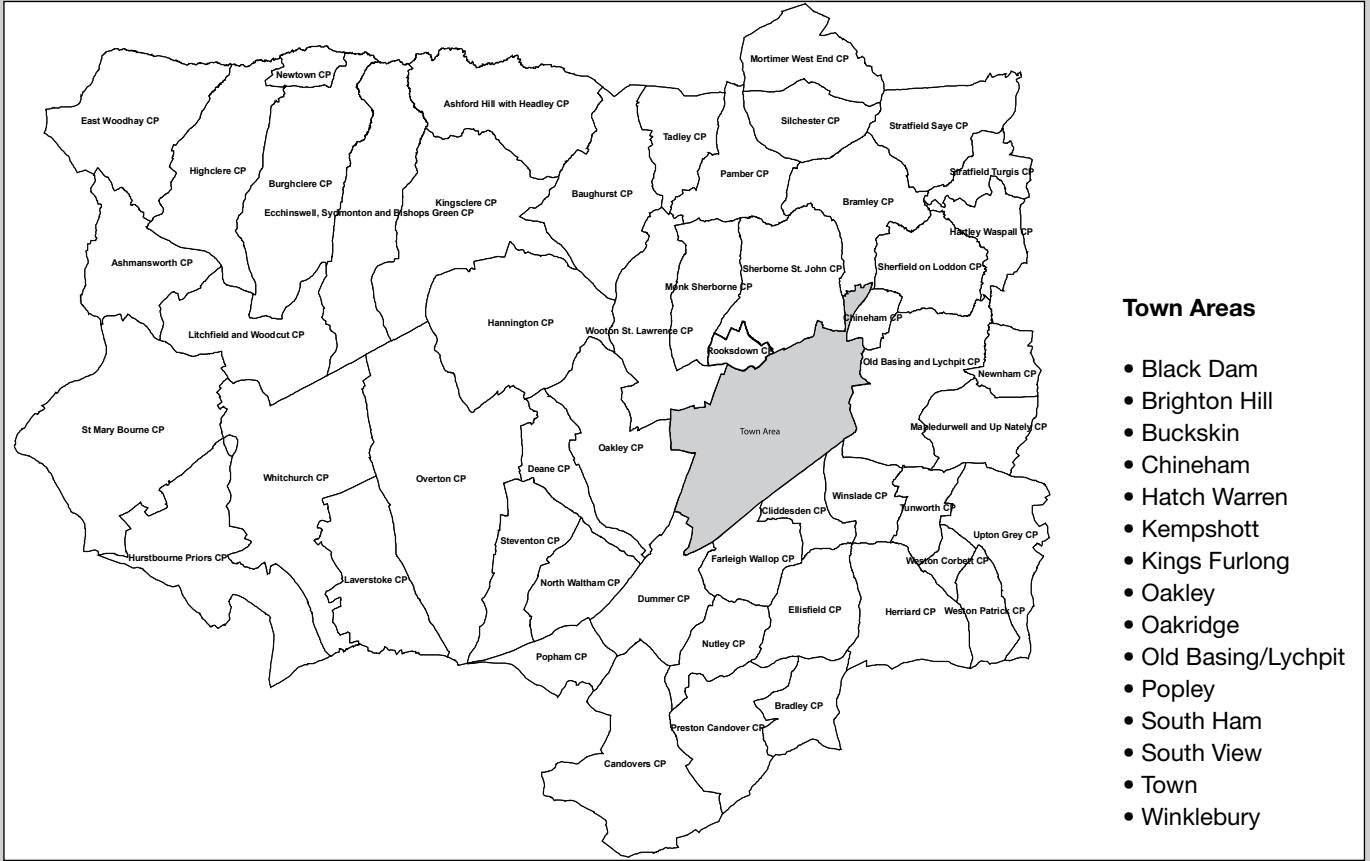
It is important to give us your employer's full details, which once checked, may give you a local connection. See section 10 (Local Connection).

**If you or any of your family are employed please give details below**

Occupation of applicant	<input type="text"/>
Employers name and address	<input type="text"/>
	<input type="text"/>
Occupation of partner	<input type="text"/>
Employers name and address	<input type="text"/>
	<input type="text"/>
Occupation of other family member(s)	<input type="text"/>
Employers name and address	<input type="text"/>
	<input type="text"/>

# Section 9 Choosing where to live

Please refer to the map below when deciding which areas you prefer to live in. We advise you to choose as many areas as possible as this may improve your chances of being rehoused. Please note that first consideration for rural areas (those that are **outside** of the shaded Basingstoke Town area) is given to applicants with an approved local connection (see section 10 Rural/Parish Connections).



First choice	<input type="text"/>	Second choice	<input type="text"/>
Third choice	<input type="text"/>	Fourth choice	<input type="text"/>
Fifth choice	<input type="text"/>	Sixth choice	<input type="text"/>
Seventh choice	<input type="text"/>	Eighth choice	<input type="text"/>

If you have no preference please tick  Are there any areas you would not consider? Yes  No

Please list all areas you would not consider and the reasons they are not suitable.

## Section 10 Local connection with the borough

To be completed by all applicants living outside the area (see section 2) and applicants wishing to be considered for rural vacancies.

### Rural/parish connections

Applicants wishing to be considered for vacancies within the borough but in rural areas (ie outside of Basingstoke town) will only be shortlisted if they have a relevant local connection. You will be considered to have a valid local connection if you can prove that you have/are one of the following:

#### Current or previous resident

**Please provide one of the following as documentary proof:**

Utility bill (no more than three months old and **not** mobile phone bills), current driving licence, copy of tenancy agreement, letters from the Benefits Agency/Inland Revenue, Bank/building society statement (no more than three months old), letter from former landlord, or signed authorisation to check council tax/electoral register documents.

#### Employment

**Please provide one of the following as documentary proof:**

Copy of your employment contract or letter of confirmation from your employer.

#### Family connections

**Please provide one of the following as documentary proof:**

Letter of support from GP, medical professional, qualified health advisor, or the relevant family member.

**What type of connection do you have?** (only one type required)

**Current residence**

**Previous residence**

Addresses and dates from and to


### Employment

Name and address of employer


Job title

--

Nature of contract

--

Total weekly hours worked

--

Date employment commenced

/	/
---	---

**Family connections**

Name of relatives

Address of relatives

Telephone number

Details of support to be given or received

What other relatives live locally

**Please list all the documents you have enclosed.**

**Please note that only copies are required and will not be returned**

Verification/signature of officer seeing the documents

Name

Date

/ /

**Shared ownership**

The council does not operate or nominate applicants to shared ownership schemes but in order to monitor the current and future need for this type of housing, please answer this question.

Would you like to be considered for a shared ownership? Yes  No

**Social rented housing – what type of accommodation will I be offered?**

Due to the high demand for social housing we offer accommodation based on essential needs and the opportunity to create communities of different households from single people to families, younger people to older people.

**The following will be taken into account when offering accommodation**

How many families with young children already live in the area.

How much car parking is available within the area.

The design and type of the property (for example: level access for the disabled).

Sometimes the type of accommodation you need may not exist in the areas you request, if this is the case, you may be offered a suitable alternative.

We will then consider what households are suitable for certain property types. This is called ‘eligibility criteria’ and is based on the following:

Eligible Households	Size / Type of Accommodation
Single person	Bedsit
Couples * Single person	1 bed flat (above ground floor)
Couples Single person	1 bed flat (ground floor)
Couples Single person Priority will be given to applicants who are disabled or require ground floor accommodation on medical grounds.	1 bed bungalow
Couples Single person (with a need for an additional bedroom to accommodate contact arrangements with children or a carer) Households with one or two children where the design of the property renders it suitable for family accommodation Single persons who are existing Registered Social Landlord tenants within the borough and wish to release larger accommodation	2 bed flat (above ground floor)

\* ‘Couples’ are regarded as joint or shared applicants who intend to live together as a family/household unit. It includes applications from single sex households.

Eligible Households	Size / Type of Accommodation
Couples Single person (with a need for an additional room to accommodate contact arrangements with children, or who have a carer). Households with one or two children where the design of the property renders it suitable for family accommodation. Single persons who are existing RSL tenants within the borough and wish to release larger accommodation.	2 bed flat (ground floor)
Couples Single people (with a need for an additional room to accommodate contact arrangements with children, or who have a carer). Households with one or two children where the design of the property renders it suitable for family accommodation. Priority will be given to applicants who are disabled or require ground floor accommodation on medical grounds.	2 bed bungalow
Couples Households with one child. Households with two children. Single persons who are existing RSL tenants within the borough and wish to release larger accommodation.	2 bed house
Households with one or two children. Households with two – four children. Priority will be given to applicants who are disabled or require ground floor accommodation on medical grounds.	3 bed bungalow
Households with one child. Households with two to four children. Priority will be given to applicants who are disabled or require ground floor accommodation on medical grounds.	3 bed ground floor flat
Households with one child (aged 10+). Households with two to four children (all aged 10+).	3 bed upper floor flat
Households with one child. Households with two to four children.	3 bed house
Couples Households with one child. Households with two to four children.	3 bed lower level maisonette
Couples Households with one child (aged 10+). Households with two to four children (all aged 10+).	3 bed upper level maisonette
Households with three plus children.	4 bed house
Households with four plus children.	5 bed house

For applicants who are eligible for a flat or maisonette which floor level would you be prepared to accept, (you may tick more than one box).

With a lift:	Ground	<input type="checkbox"/>	First	<input type="checkbox"/>	Second or above	<input type="checkbox"/>	Do not want flat	<input type="checkbox"/>
Without a lift:	Ground	<input type="checkbox"/>	First	<input type="checkbox"/>	Second or above	<input type="checkbox"/>	Do not want flat	<input type="checkbox"/>

If you feel your housing needs mean you require accommodation that you would not normally be offered, please tell us here. Please provide details of additional room or space requirements you need to accommodate contact arrangements with your children, or for a carer.



# Housing associations working in partnership with Basingstoke and Deane Borough Council

A2	London & Quadrant Housing Trust
Abbeyfield	Maidenhead and District
Downland Housing Society	Places for People
English Villages Housing Association	Raglan Housing Association
Guinness Trust	Sanctuary Housing Association
Hampshire Voluntary Housing Society	Sentinel Housing Group
Hanover Housing Association	Shaftesbury Housing
HomeGroup	Sovereign Housing Association
Housing 21 Group	Swaythling Housing Association
James Butcher Housing Association	Testway
Jephson Homes Housing Association Ltd	TVHA
Kingfisher Housing Association	

The above housing associations have accommodation for rent and shared ownership within the Borough of Basingstoke and Deane. This accommodation is allocated to applicants from the council's Housing Needs Register.

Are you or your partner related to any committee member or employee of any of the housing associations shown above? Yes  No

If **yes** please state:

Name  Relationship

Who do they work for/represent?

## Section 11 Equal opportunities monitoring optional

To make sure everyone is being treated fairly and that any difficulties experienced by people of all ethnic origins are addressed, please tick your ethnic origin. Thank you.

White British	<input type="checkbox"/>	Mixed White and Black	<input type="checkbox"/>	Asian or Asian British	<input type="checkbox"/>
Black or Black British	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Irish	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>	White Asian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	African	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Irish Traveller	<input type="checkbox"/>	Romany Gypsy	<input type="checkbox"/>	European	<input type="checkbox"/>
Other	<input type="checkbox"/>				

# Declaration of first and second applicant

All personal data held on computer is subject to the Data Protection Act 1998 and treated with confidentiality. It will only be divulged to those housing organisations who are users of the scheme.

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

You have the right of access to the information the council holds about you. To request this, please write to Data Protection Officer, Civic Offices, London Road, Basingstoke, RG21 4AH.

Section 171 of the Housing Act 1996 makes it an offence for anyone to knowingly give false information or to withhold information.

If a tenancy is granted as a result of a false statement by the person, or persons acting at the tenants instigation, action can be taken to seek possession. This is possible under Ground 5, Schedule 2 of the Housing Act 1985 (as amended by section 146 of the Housing Act 1996).

I/we declare that the information given is correct and complete.

I/we understand that the council may take legal action if I/we obtain accommodation as a result of giving false or misleading information.

I/we understand that the council may check and verify the information on this form.

I/we understand that the council must be informed of any changes affecting my/our application as soon as they occur.

I/we have read and understood the instructions given in this form.

Before signing and returning this form please ensure that you have fully completed all sections and provided all of the information and documents requested.

## First Applicant

Signed

Date

/ /

## Second Applicant

Signed

Date

/ /

**This application is available in other formats, such as**

Larger print  
Other languages  
Audio  
Braille

**Please contact**

Housing Advice Section  
Civic Offices, London Road  
Basingstoke. RG21 4AH

Telephone: 01256 845250