

**Housing  
application  
form for  
new tenants**



# Housing application form for new tenants

“  
Delivering  
on our  
promises  
”

## What will we do with the information?

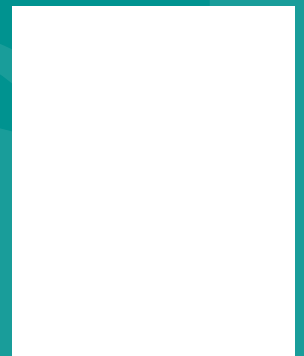
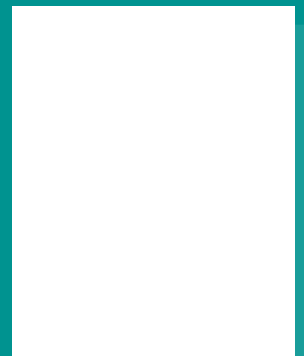
Although some sections of this application have the option ‘prefer not to answer’, all fields marked with an asterisk\* are mandatory so please ensure you read through the application carefully. We keep all information you give confidential and it will only be used by us and our contractors and partners to supply and monitor our services to you.

## Why do we need this information?

- To have up to date information about you and your family
- To help prevent and protect against housing fraud
- So we can contact you easily
- To provide written information in the format you need
- To ensure a fair and equal service

## Please ensure you do the following:

- Use only blue or black ink
- Write in BLOCK capitals
- Include all persons who will be living with you at the property
- Ensure information matches identification



**Place photo(s) here**

*Please be aware that providing false information may result in your application being rejected.*

# General data protection regulation

Croydon Churches Housing Association ("**ccha**") has a Data Protection Policy which we follow at all times. Please ask if you wish to see a copy of it.

By signing this consent form, I/we agree to **ccha** using the personal information supplied in the attached form (at Appendix A) to provide a housing service.

**By "provide a housing service" ccha means:**

- all necessary steps/actions/work/activities/tasks associated with the usual business of a registered provider of social housing in managing its housing stock, providing a service to its residents and, where necessary, enforcing the terms of residents' licences, tenancies and leases.

**I/we also agree and understand as follows:**

- that people who may have access to this information are **ccha** staff who will use the information to provide comprehensive housing services, e.g. to assist and advise about housing benefit or preventing unauthorised sub-letting, the management and support of tenancy conditions and agreements and to take action to prevent nuisance.
- that **ccha** may also share the information with outside agencies in the circumstances specified in Appendix B.

**I/we also give the following authorisation to ccha:**

- I give authorisation for **ccha** staff to discuss or correspond with the person named below regarding any tenancy issues on my/our behalf;

Name	
Address	
Telephone	
Email	

- I give authorisation for **ccha** staff to allow the person named below to access my property in an emergency only with a member of staff present;

Name	
Address	
Telephone	
Email	

**ccha** will require consent to hold photographs of all adult members of the household for identification and audit purposes.

I/we have read and understand the list of external agencies that **ccha** may disclose my/our personal information to or who may be entitled to see my/our personal information which appears at Appendix B.

I/we freely give consent to the processing of the personal information contained in Appendix A by **ccha** for the purpose of providing a housing service set out above and its disclosure to any of the external agencies listed at Appendix B.

I/we also acknowledge receipt of the Privacy Notice at Appendix C which I/we confirm that I/we have read and understood.



# Consent form

I/we confirm that we have been given a copy of **ccha's** Privacy Notice and that prior to signing this Consent Form I was/we were informed of my/our right to withdraw my/our consent at any time.

This will not affect any processing undertaken by **ccha** prior to withdrawal.

Signatures of Sole/Joint Tenants or Leaseholders:	
Tenant/Leaseholder	
Name	
Joint Tenant/Leaseholder	
Name	
Address	
Date	
Witness	
Witness Signature	
Name/Job Title	
Date	

## Appendix A

Attached is a copy of the personal information supplied by the resident.

## Appendix B

List of external agencies **ccha** may disclose your personal information to or who may be entitled to see your personal information:

- **The Police** – **ccha** wishes to co-operate with the police in the prevention and detection of crime. We will always check the reason for the request before disclosing any relevant information. Information may also be shared in order to prevent and take action against anti-social behaviour.
- **The Local Authority** – **ccha** is obliged on occasions to supply information to the local authority and we will supply information to the local authority's relevant departments to allow the residents or **ccha** to receive all the services that they provide, dependant on the information required and the reason it is requested.

- **The Department for Works and Pension – Universal Credit** information will be shared to allow staff to assist and support the processing of any claim. The law also requires **ccha** to notify the local authority if it is suspected that a tenant is receiving any benefit to which they are not entitled.
- **Social Services/Probation Service** we may disclose information to these authorities in the interests of safeguarding **ccha** residents and/or others.
- **Care/Support Agencies** – relevant information will be disclosed depending on the type of information required and the reason it is requested. Generally this will be to assist you in accessing support needed, or for any health and safety reasons.
- **ccha's legal advisers** – for the purpose of bringing and defending claims brought against **ccha**.

- **Utility Companies** – to ensure that they have the correct details of persons liable to pay their bills.
- **Debt Recovery Services**– **ccha** may provide information to debt recovery services in order to recover arrears and unpaid charges.
- **Contractors** – **ccha** may disclose personal data, in confidence, to contractors to enable them to undertake work for **ccha** e.g. repairs and maintenance work and property inspections.
- **Other organisations** – **ccha** may disclose personal data, in confidence, to another organisation working on behalf of the association to enable **ccha** to deliver the best possible customer service to our residents e.g. this may include but is not limited to resident survey companies and research organisations.

## Appendix C

Privacy Notice (attached).

# Declaration, consent and authorisation

Any information you provide about yourself, or your household may be shared with our housing partners, with council departments or organisations that are responsible for public money (e.g., Benefit agencies). They may use the information to prevent or detect fraud. We may also need to contact other people about your application and to get extra information.

When making an application for housing under the Housing Act 1996 it is a criminal offence to give false information or withhold information.

I/we understand that if I/we obtain a property as a result of any information I/we have given on this form being incorrect, action may be taken under the Housing Act 1980 to recover possession of that property.

I/we understand that any information I/we have provided on this form may be shared with Council services, Health services, Housing Associations, and Benefit agencies.

I/we understand it is my/our responsibility to advise ccha about any change in my/our situation.

I/we consent to ccha making enquiries relevant to my housing application to people or organisations in connection with my application. For example – Landlord, doctor, other medical professional health care worker, employer.

I/we agree for the details I have provided to ccha in this form to be used by ccha and their partners or contractors for monitoring purposes or to help supply services to us that meet our needs. ccha staff are trained, and only appropriate staff have access to key information and the details are kept securely in our policies.

I/we hereby declare that the information in this application is (to the best of my/our knowledge) strictly true and accurate in every detail and I/we have no objection to the information being verified.

Signed Applicant(s):		
Print Name(s):		

# About you...

About You	Main Applicant				Joint Applicant			
Title*								
First name(s)*								
Surname*								
Any other names*								
Previous surnames*								
Address*								
Postcode*								
Gender* <i>please tick</i>	Male		Female		Male		Female	
	Other/prefer not to answer				Other/prefer not to answer			
Date of birth* (DD/MM/YY)								
Marital status*								
National Insurance Number*								
Relationship*	Applicant							
Home telephone*								
Work telephone*								
Mobile telephone*								
Email*								
Do you require adaptations to make your home accessible to meet your needs? <i>Please tick</i>	Yes		No		Yes		No	

## Section on unspent convictions

Do you or anyone that needs to be housed with you have any unspent criminal convictions? <i>Please tick</i>	Yes	No
If "yes", please provide detail on what for:		
Name/What for?		
Name/What for?		

# ...and your household

Please give details of all persons who will be living with you at your new property.

If you have overnight access to children who live with you and you are not their parent please also include them in the table below.

About You	Household Member 1		Household Member 2		Household Member 3	
Title*						
First name*						
Surname*						
Gender*						
Date of birth*						
In full time education?* (Y/N)	Yes	No	Yes	No	Yes	No
National Insurance Number*						
Relationship to applicant*						
Currently living with you?* (Y/N)	Yes	No	Yes	No	Yes	No
Nationality*						

About You	Household Member 4		Household Member 5		Household Member 6	
Title*						
First name*						
Surname*						
Gender*						
Date of birth*						
In full time education?* (Y/N)	Yes	No	Yes	No	Yes	No
National Insurance Number*						
Relationship to applicant*						
Currently living with you?* (Y/N)	Yes	No	Yes	No	Yes	No
Nationality*						

# ...and your household continued

If any of the people overleaf are not living with you now, please enter their details below (please include children you have overnight access to).

Full name*	Address*	Reason they do not live with you*

## Additional information

Some of our properties are not suitable for pets.

Do you own a pet?*			
Yes		No	
If 'Yes', what type of animal and breed?			

Do you or any household member own a car?*			
Please be aware there is limited or no on site parking at our properties.			
Yes		No	
Is it taxed and roadworthy? <i>Please tick</i>		Registration	Make and model
Yes		No	
If you own another car please fill in the make and model		Registration	Make and model



# Accommodation history

## Current Accommodation

Please enter information about where you live now																
Landlord's name*																
Landlord's full address*						Telephone number										
Are you?* Please tick	A council tenant				Private tenant											
	Owner/occupier				Homeless											
	Housing association tenant				Living in a property tied to a job											
	Living with family/friends															
	Other (please specify)															
Date your tenancy started*																
Current tenancy type* Please tick	Assured				Secure											
	Shorthold				Licence											
	Starter/introductory															
	Other (please specify)															
What is your current rent?*		£														
When is your rent due?* Please tick	Weekly				Monthly											
	Fortnightly				Other (please specify)											
Are you currently in arrears with your rent?* Please tick	Yes				If 'Yes' please state how much:											
	No				£											
Have you ever had a notice of seeking possession served on you?* Please tick	Yes				If 'Yes' please give details:											
	No															
Has any action been taken against you for anti-social behaviour?* Please tick	Yes				If 'Yes' please give details:											
	No															
What type of property do you live in?* Please tick	Flat				House				Maisonette				Bungalow			
	Bedsit/studio				Other (please specify)											
Number of bedrooms*																
Have you ever been asked to leave your home?* Please tick																
Yes				No				If 'Yes' please give details below								
Have you ever been evicted from any previous home?* Please tick																
Yes				No												

# Previous addresses

Please give details of all your previous addresses over the last five years

Address*	Date from*	Date to*	Type of accommodation* <i>e.g. council, housing association, private landlord, living with friends or family</i>	Name of landlord*	Reason for leaving* <i>e.g. evicted, moved to other accommodation</i>	Who lived here?*	
						<i>Please tick</i>	
						Tenant	<input type="checkbox"/>
						Joint	<input type="checkbox"/>
						Both	<input type="checkbox"/>
						Tenant	<input type="checkbox"/>
						Joint	<input type="checkbox"/>
						Both	<input type="checkbox"/>
						Tenant	<input type="checkbox"/>
						Joint	<input type="checkbox"/>
						Both	<input type="checkbox"/>
						Tenant	<input type="checkbox"/>
						Joint	<input type="checkbox"/>
						Both	<input type="checkbox"/>

# Accommodation history

## Current Living Situation

**Do you have a tenancy that you do not live in at the current time?\*** *Please tick*

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If 'Yes' please give details below
Address of property				
Name of landlord				

**Do you own or partly own a property or are you a leaseholder of a property, including abroad, at the current time?\***

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If 'Yes' please give details below
Address of property				
Name of landlord				
If you own or partly own a property (that you are living in or not), please give the current value of that property*				£
Please enter the amount of mortgage outstanding on this property*				£
If you are in arrears with your mortgage, please state how much and your repayment plan*				£
If you pay rent on this property, please state how much*				£

## Need for Housing

**Please tick the box that most describes your need for housing\***

Need a larger property (overcrowding)	<input type="checkbox"/>	Need a smaller property (under occupation)	<input type="checkbox"/>
Problems with health or disability	<input type="checkbox"/>	Current home is being refurbished	<input type="checkbox"/>
Home in poor condition	<input type="checkbox"/>	Relationship breakdown	<input type="checkbox"/>
Need for independent accommodation	<input type="checkbox"/>	Difficulties paying rent or mortgage	<input type="checkbox"/>
Eviction order or repossession	<input type="checkbox"/>	Need sheltered housing	<input type="checkbox"/>
To be near friends or relatives	<input type="checkbox"/>	To be near work	<input type="checkbox"/>
Asked to leave by friends or family	<input type="checkbox"/>	Racial harassment	<input type="checkbox"/>
Other harassment or neighbour nuisance	<input type="checkbox"/>	Refugee (with indefinite leave to remain)	<input type="checkbox"/>
Domestic violence	<input type="checkbox"/>	End of short term tenancy	<input type="checkbox"/>
Losing a home	<input type="checkbox"/>	Other	<input type="checkbox"/>

**Please explain more fully your reasons for applying for re-housing (you must answer this question)\***


# Employment, income and expenditure

When entering your income details please give the amount you receive per month before deductions (i.e. the amount you receive before tax or national insurance is taken away). If you have more than two jobs, paid or unpaid, please use a separate piece of paper to list them.

As part of our application process your information will be shared with **ccha's** specialist Welfare & Debt Advice Officer who will assess if you can afford the property now and in the future. Our Welfare & Debt Advice Service is a free service available to **ccha** tenants at any time.

Employment Details	Main Applicant				Joint Applicant			
Employed*	Yes		No		Yes		No	
Monthly income*	£				£			
Name of employer*								
Address of place of work*								
Occupation* (include full job title)								
Date employment started*								
Is your job*	Permanent		Temporary		Permanent		Temporary	
Monthly income from any other employment*	£				£			

Employment Details	Main Applicant				Joint Applicant			
Employed*	Yes		No		Yes		No	
Monthly income*	£				£			
Name of employer*								
Address of place of work*								
Occupation* (include full job title)								
Date employment started*								
Is your job*	Permanent		Temporary		Permanent		Temporary	
Monthly income from any other employment*	£				£			

Which of the following best describes your employment status?* Please tick			
Employee in full time job (30 hours or more a week)		Full time education, at college or university	
Employee in part time job (under 30 hours a week)		Part time education, at college or university	
Self employed		Looking after the family and home	
Government supported training		Unable to work due to long term illness or disability	
Job seeker (unemployed and available for work)		Doing something else	
Prefer not to answer		Retired	Not Employed

# Employment, income and expenditure

## Other incomes and savings

Please indicate if you have any other form of income or savings in the box below	Applicant	Joint Applicant
Any other income excluding pensions/benefits (yearly)*	£	£
Savings*	£	£
Investments/Bonds/Stocks/Shares/ISA*	£	£

Please put the monthly amount of any benefit income you receive*	Applicant	Joint Applicant
Jobseeker's Allowance (JSA)	£	£
Employment and Support Allowance (ESA)	£	£
Income Support	£	£
Incapacity Benefit	£	£
Severe Disablement Allowance	£	£
Attendance Allowance	£	£
Tax Credits, including working or child tax credits	£	£
Child Benefit	£	£
DLA – care/Personal Independence Payment (PIP)	£	£
DLA – mobility/Personal Independence Payment (PIP)	£	£
Carers Allowance	£	£
Maternity Allowance/Statutory Maternity Pay	£	£
Housing Benefit	£	£
Council Tax Support	£	£
Universal Credit	£	£
Pension Credit	£	£
Saving Credit	£	£
Student Loan	£	£
Student Loan being received as a single parent	£	£
TOTAL	£	£

Please enter the monthly amount of Pension you receive*	Applicant	Joint Applicant
State Pension	£	£
Employment Pension	£	£
Other Pension	£	£



# Making contact

## About your written/spoken language requirements *Please tick*

Do you understand written English?	Yes		No	
Do you understand spoken English?	Yes		No	

## If you have answered 'No' to either of these questions please state the written/spoken language you use *Please tick*

	Written	Spoken		Written	Spoken
Albanian			Polish		
Arabic			Portuguese		
Bengali			Punjabi		
Cantonese			Singalese		
Chinese			Somali		
Croatian			Spanish		
Farsi			Swahili		
French			Tamil		
German			Turkish		
Gujerati			Urdu		
Hindi			Vietnamese		
Italian			Yoruba		
Kurdish Sorani					
Pashto			Prefer not to answer		
Other <i>Please state</i>					

## How would you prefer that we contact you? *Please tick*

Phone		Email		Letter		Appointment at our office	
Mobile/text		Home visit		During estate inspection			
Other <i>Please state</i>						Prefer not to answer	

## How would you prefer to contact us? *Please tick*

Phone		Email		Letter		Appointment at our office	
Mobile/text		Home visit		During estate inspection		Through our website	
Other <i>Please state</i>						Prefer not to answer	

## Please indicate if you have any special requirements when we communicate with you *Please tick*

Large print		Sign Language		Translation	
Letter reading service		Audio (cd/tape)		Hearing Loop	
Braille		Type Talk/Minicom		Mobile/text	
Other <i>Please state</i>					Prefer not to answer

# Disabilities

## Do you consider yourself to have a disability?

Yes		No		Prefer not to answer	
-----	--	----	--	----------------------	--

*The Equality Act 2010 defines a disabled person as someone who has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.*

## If 'Yes' what is your disability?

Hearing impairment		Literacy difficulties		Mental health condition	
Visual impairment		Mobility difficulties		Long term progressive illness	
Speech impairment		Learning difficulties		Other	

If 'Other' please explain


Prefer not to answer

## If you have mobility difficulties, do you use any of the following?

Wheelchair		Mobility Scooter		Walking Stick		Walking Frame	
------------	--	------------------	--	---------------	--	---------------	--

If none of the above apply please use this space to give us any more information about your mobility difficulties


Prefer not to answer

**So that we can ensure that your property meets your needs, can you please confirm whether your home is fully accessible for you e.g. If you use a wheelchair or have a disability which affects the way you manage in your home**

Yes		No		Prefer not to answer	
-----	--	----	--	----------------------	--

If 'No' please describe the problem


**We take particular care in the way we respond to the needs of vulnerable customers. Do you consider yourself to be vulnerable in any way, for example through age, disability or illness?**

Yes		No		Prefer not to answer	
-----	--	----	--	----------------------	--

If 'Yes' please describe the problem


# Any other information

Please use this space to let us know if there is any additional information that you think is important, or comments that you might have. We keep all information you give confidential, and it will only be used by us and our contractors and partners to supply and monitor our services to you.

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Internal / Office Use Only

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# Diversity and ethnic inclusion

**ccha** are committed to making sure our services fit peoples needs and recognise the protected characteristics of the Equality Act 2010 including race, gender, gender reassignment, disability, sexual orientation, religion or belief and age.

## What is your ethnic group?

Please indicate your ethnic group* Please tick	Main Applicant	Joint Applicant
White British		
White English		
White Irish		
White Scottish		
White Welsh		
Gypsy/Romany/Irish Traveller		
White Other <i>specify if you wish</i>		
Mixed White/Asian		
Mixed White/Black African		
Mixed White/Black Caribbean		
Mixed White/Chinese		
Other mixed background <i>specify if you wish</i>		
Asian or Asian British Bangladeshi		
Asian or Asian British Indian		
Asian or Asian British Pakistani		
Asian or Asian British Chinese		
Asian or Asian British Other <i>specify if you wish</i>		
Black or Black British Caribbean		
Black or Black British African		
Black or Black British Other <i>specify if you wish</i>		
Arab		
Other ethnic group <i>specify if you wish</i>		
Prefer not to answer		

## What is your nationality?

Please indicate your nationality* Please tick	Main Applicant	Joint Applicant
UK National Resident in the UK		
UK National Returning from Residence Overseas		
Czech		
Estonian		
Hungarian		
Latvian		
Lithuanian		
Polish		
Slovakian		
Bulgarian		
Romanian		
Other European Economic Area (EEC+) Country		
Other Country (Please State)		

\*EEC Countries are: Austria, Belgium, Cyprus, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Malta, Netherlands, Portugal, Spain, Sweden, Iceland, Liechtenstein, Norway and Switzerland



# Diversity and ethnic inclusion

## Age

What is your age?* <i>Please tick</i>	Main Applicant	Joint Applicant
16-24		
25-34		
35-44		
45-54		
55-64		
65+		
Prefer not to answer		

## Gender

Please indicate your gender?* <i>Please tick</i>	Main Applicant	Joint Applicant
Male		
Female		
Other		
Prefer not to answer		

**Transgender/Gender Reassigned** *Do you now identify as a different gender than the one you were identified at birth and/or appears on your birth certificate?*

Yes		No		Prefer not to answer	
-----	--	----	--	----------------------	--

## Sexual orientation

Please indicate your sexual orientation* <i>Please tick</i>	Main Applicant	Joint Applicant
Heterosexual/straight		
Gay man/homosexual		
Gay woman/lesbian		
Bisexual		
Other <i>specify if you wish</i>		
Prefer not to answer		

## Disabilities

The Equality Act 2010 defines a disabled person as someone who has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

**Do you consider yourself to have a disability?\***

Yes		No		Prefer not to answer	
-----	--	----	--	----------------------	--

# Diversity and ethnic inclusion

## Marriage/Civil Partnership

Please indicate your martial status.	Main Applicant	Joint Applicant
Single		
Married or in a registered same-sex civil partnership		
Separated, but still legally married or in a registered same-sex civil partnership		
Divorced or formerly in a same-sex civil partnership which is now legally dissolved		
Widowed or surviving partner from a same-sex civil partnership		
Prefer not to answer		

## Faith/Belief

What is your faith/belief?*	Main Applicant	Joint Applicant
No religion		
Buddhist		
Christian (all denominations)		
Hindu		
Jewish		
Muslim		
Sikh		
Other <i>specify if you wish</i>		
Prefer not to answer		

## Immigration Control

Is anyone included on this form subject to immigration control?* If 'Yes', please complete table below.			
Full name*	Type of passport held and current status in UK* e.g. a visa for work or studies, joining family, seeking asylum	Type of visa* i.e. leave to remain	When do current restrictions end?*



To sign up to the customer portal,  
visit: <https://customers.ccha.biz>

Call **ccha** free on:  
**0800 054 6710**  
Visit: **www.ccha.biz**



Follow us on Twitter:  
**@Officialccha**



Find us on Facebook:  
**/cchahousing**

Also available in Braille,  
large print or audio

آیا نیاز دارید کہ این سند ترجمہ شود؟ لطفاً با ما تماس بگیرید.

هل تحتاج إلى الحصول على نسخة مترجمة من هذا المستند؟ يرجى الاتصال بنا.

کیا آپ کو اس دستاویز کا ترجمہ کرانے کی ضرورت ہے؟ براہ کرم ہم سے رابطہ کریں۔

શું તમારે આ ડોક્યુમેન્ટનું ભાષાંતર કરવું છે? કૃપા કરીને અમારો સંપર્ક કરો.

இந்த ஆவணத்தை நீங்கள் மொழிபெயர்க்க  
தேவையா? எங்களை தொடர்பு கொள்ளவும்.

**ccha**, 29 Sheldon Street,  
Croydon CR0 1SS

E: [customers@ccha.biz](mailto:customers@ccha.biz)

T: 0800 054 6710

[www.ccha.biz](http://www.ccha.biz)