



HOUSING APPLICATION FORM



HOUSING APPLICATION

Thank you for your interest in Beechdale Community Housing Association.

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 Association Ltd
Chilton House
Stephenson Avenue
Beechdale
Walsall
West Midlands
WS2 7EU

Telephone: (01922) 648252

Fax: (01922) 610545

Email: enquires@beechdaleha.org.uk

Web Address: www.beechdaleha.org.uk



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YOU & YOUR FAMILY

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

**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 BCHA?

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)

.....

.....

.....

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

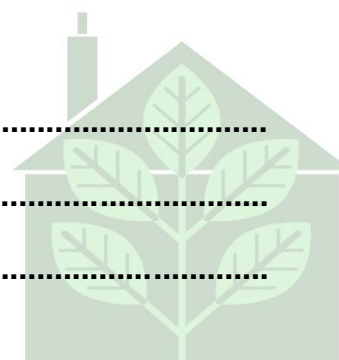
YES NO (please circle)

(If you answered yes please give details)

.....

.....

.....



INCOME AND EMPLOYMENT

PLEASE SHOW THE MAIN SOURCE OF INCOMEM FOR YOU & YOUR PARTNER

| | EMPLOYERS NAME & ADDRESS | P/T OR F/T |
|---------------------|--------------------------|------------|
| YOU | | |
| YOUR PARTNER | | |

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

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

PLEASE STATE ANY OTHER BENEFIT YOU RECEIVE AND HOW MUCH

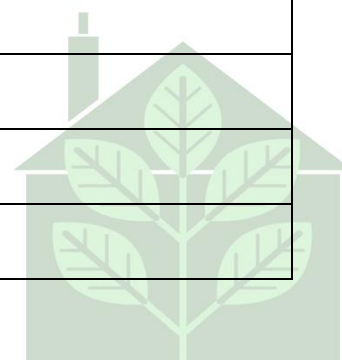
| |
|--|
| |
|--|

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

| | | |
|---------------------------------|---|-----------|
| TOTAL AMOUNT £ | ANNUAL INCOME FROM INVESTMENTS | £ |
| DO YOU OWN ANY PROPERTY? | YES | NO |

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

| | | |
|----------------|-----------------------------------|---|
| ADDRESS | CURRENT VALUE | £ |
| | TOTAL MORTGAGE YOU OWE | £ |
| | CAPITAL REMAINING | £ |



YOUR CURRENT HOME

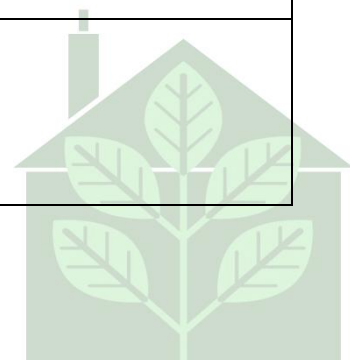
| PLEASE TICK THE BOX THAT APPLIES TO YOU | | | |
|---|--|--|--|
| YOU | | YOUR PARTNER | |
| AN OWNER OCCUPIER | | AN OWNER OCCUPIER | |
| A COUNCIL TENANT | | A COUNCIL TENANT | |
| A PRIVATE TENANT | | A PRIVATE TENANT | |
| A HOUSING ASSOCIATION | | A HOUSING ASSOCIATION | |
| LIVING WITH PARENTS | | 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?

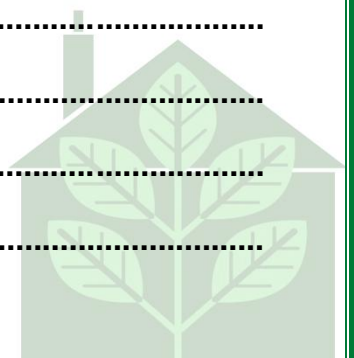
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.....

.....

.....

.....



YOUR PREVIOUS ADDRESS

PLEASE LIST YOUR LAST FOUR ADDRESSES

ADDRESS:

.....

DATE FROM: TO:

WERE YOU:

OWNER OCCUPIER LODGER
 TENANT LICENSEE
 OTHER

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 LODGER
 TENANT LICENSEE
 OTHER

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 LODGER
 TENANT LICENSEE
 OTHER

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 LODGER
 TENANT LICENSEE
 OTHER

NAME AND ADDRESS OF LANDLORD/
MORTGAGE LENDER IF APPLICABLE

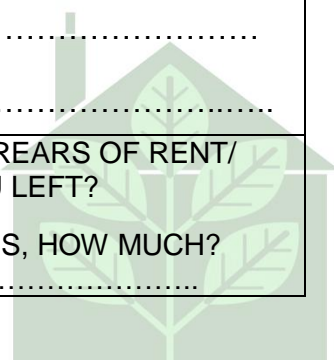
NAME:

ADDRESS:

.....

DID YOU HAVE ANY ARREARS OF RENT/
MORTGAGE WHEN YOU LEFT?

YES / NO IF YES, HOW MUCH?
£.....



YOUR PREVIOUS ADDRESS

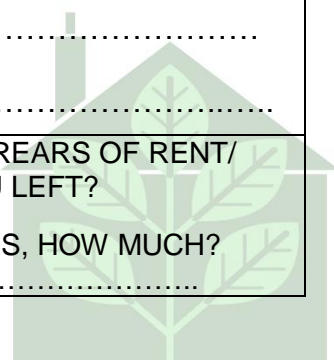
PLEASE LIST YOUR PARTNERS LAST FOUR ADDRESSES (IF DIFFERENT FROM YOURS)

| | |
|--|-----------------------------------|
| 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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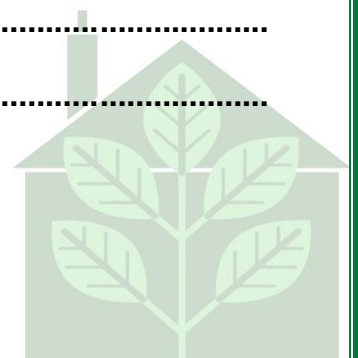
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YOUR HOUSING CHOICE

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)

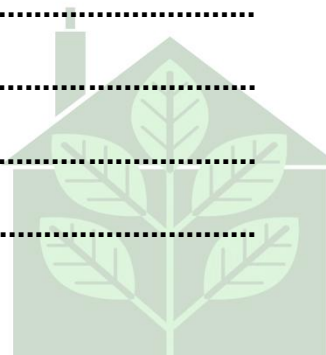
(If you answered yes please give details and provide a doctor's note to confirm this)

.....

.....

.....

.....



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)



REFERNCES

Before we accept your application you will need to provide a reference from your current landlord. If you cannot provide a reference please state why.

Please ask your referee to complete the attached reference form.

.....

.....

.....

.....

.....

If you do not have a landlord please provide one from:

Former Landlord

Employer

Social/Support Worker

Probation Officer

Health Visitor

Or other appropriate person

LANDLORD REFERENCE

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

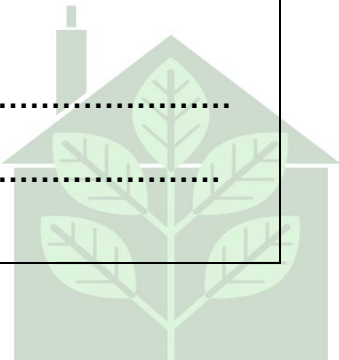
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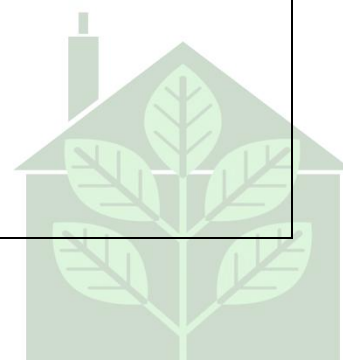
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| | | |
|--|-------------------------|-----------|
| PROPERTY TYPE | | |
| PROPERTY SIZE | | |
| ANY ADDITIONAL INFORMATION (EG ADAPTED PROPERTY, CENTRAL HEATING) | | |
| OTHER DETAILS: HAVE ANY WARNING LETTERS BEEN SENT OR LEGAL ACTION TAKEN AGAINST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



LANDLORD REFERENCE

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



CHECKLIST

Now you have completed your application please take a minute to look over it. The checklist below may help you.

- **Have you completed all sections of the form?**
Make sure all the information is correct.
 - **Have you attached proof of your identification?**
We will accept any of the following: Driving License, Passport, Birth Certificate, Medical Card, Utility Bill, Bank or Building Society Statement, National Insurance.
 - **Have you attached a reference?**
We will want a reference from your current or a former landlord, or we will accept a reference from an employer if you have not held a tenancy before.
For example: Former Landlord, 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?**
-

DECLARATION

- a) To the best of my/our knowledge, the answers given on this form are true
- b) I/We must tell BCHA if there are any changes in my/our circumstances
- c) I/We agree to BCHA 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 BCHA 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 Association
Chilton House
Stephenson Avenue
Beechdale
Walsall
WS2 7EU**

Tel: 01922 648 252

Fax: 01922 610 545

Email: info@beechdaleha.org.uk

Web: www.beechdale.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) £..... |
| Walsall average house price (e) April 2010 | | | |
| 1 Bed Flats | | £72,273 | |
| 2 Bed Flats | | £101,738 | |
| 2 Bed Houses | | £106,829 | |
| 3 Bed Houses | | £142,053 | |
| 4 Bed Houses | | £245,682 | |
| If (d) is greater than (e) then unable to register | | | |

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"/> |

