

**FOR OFFICE USE**

Registration No:

Registration Date:

Housing Applications Team  
Adult Social Care and Housing  
South King Street  
Blackpool FY1 4TR  
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PLEASE CONTACT US IF YOU NEED HELP COMPLETING THIS FORM.

## Application to join the Housing Register

### YOUR DETAILS

#### 1. Your details

Title	Gender ( <i>please tick</i> ) Male <input type="checkbox"/> Female <input type="checkbox"/>
Surname	Forename (s)
Age	Date of Birth
Place of Birth	National Insurance No.
Please tell us if you have been known by another name.	

#### 2. Details of other person jointly applying

Title	Gender ( <i>please tick</i> ) Male <input type="checkbox"/> Female <input type="checkbox"/>
Surname	Forename (s)
Age	Date of Birth
Place of Birth	National Insurance No.
Please tell us if you have been known by another name.	

#### 3. What is your relationship with the other person jointly applying?

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4. Your current address		Joint applicant's address	
Postcode		Postcode	
Home Telephone No.		Home Telephone No.	
Mobile Telephone No.		Mobile Telephone No.	
Email address		Email address	
Date moved in		Date moved in	

**5. Is your current address the same as your contact address? If no, please write your contact address below**

**6. Details of anybody else wishing to move with you**

**You MUST provide proof of residency for all children moving with you.  
This can be a Child Benefit letter, Tax Credit letter, NHS Medical Card, a letter from school or nursery.  
It must show the names and addresses of your child/children.**

Surname	Forename	Gender		Date of Birth	Age	Relationship	Do they live with you now?	
		M	F				Yes	No

**If any of the above are not living with you now, please tell us why.**

**7. Are any of the people listed on the application form pregnant?**

You **MUST** provide proof of pregnancy, such as a copy of your Maternity Record, a letter from a midwife or MATB1 form

Name	Date baby is due

**8. Do you have any pets?**

Yes  No

If yes, please give details

*Please note, not all accommodation is suitable for pets*

**BLACKPOOL CONNECTION**

We can only consider placing you in a priority band if you have at least one of the following connections to Blackpool and can provide evidence.

**9. Have you lived in Blackpool for at least 6 out of the last 12 months, or 3 out of the last 5 years?**

Yes  No

If yes, this must be shown in question 20.

**OR Do you have a parent, adult child, or adult brother or sister who is living in Blackpool and has done so for more than the last 5 years?**

Yes  No

If yes, please tell us their:

Name

Address

Relationship to you

**OR Do you have a permanent job in Blackpool**

Yes  No

If yes, please tell us your:

Job title	Employers name	Employers address

**IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE, YOU MUST PROVIDE PROOF. YOUR APPLICATION CAN BE PROCESSED WITHOUT THIS, BUT WILL NOT BE CONSIDERED FOR ANY PRIORITY.**

## INCOME

### 10. The net weekly income of you and any joint applicant (net means the figure after all deductions, such as National Insurance and Tax).

	Applicant	How often do you get this	Joint applicant	How often do you get this
Wages (net)	£		£	
Incapacity Benefit	£		£	
Income Support	£		£	
Job Seekers Allowance	£		£	
State Pension	£		£	
Occupational Pension	£		£	
Pension Credit	£		£	
DLA/Attendance Allowance	£		£	
Child Benefit	£		£	
Child Tax Credit	£		£	
Working Tax Credit	£		£	
Maintenance	£		£	
<b>TOTAL</b>	<b>£</b>		<b>£</b>	
Do you receive Housing Benefit?	Yes <input type="checkbox"/> No <input type="checkbox"/> Full <input type="checkbox"/> Part <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/> Full <input type="checkbox"/> Part <input type="checkbox"/>	
Total savings of you and any joint applicant		£		

## YOUR CURRENT ACCOMMODATION

### 11. Are you currently a Blackpool Council tenant?

Yes  No

### 12. If you are a current tenant, are you interested in a mutual exchange? (Your details may be passed to other Blackpool Council tenants who may wish to swap with you)

Yes  No

**IF YOU ARE A CURRENT BLACKPOOL COUNCIL TENANT, PLEASE GO TO QUESTION 23.**

**13. What type of property do you live in? Please tick one box**

House	<input type="checkbox"/>	Caravan/mobile home	<input type="checkbox"/>
Maisonette	<input type="checkbox"/>	Bed & Breakfast/hotel	<input type="checkbox"/>
Ground floor flat	<input type="checkbox"/>	Hostel	<input type="checkbox"/>
Upper floor flat	<input type="checkbox"/>	Care/Rest home	<input type="checkbox"/>
Multi-storey flat	<input type="checkbox"/>	Hospital	<input type="checkbox"/>
Ground floor bedsit/studio	<input type="checkbox"/>	Armed Forces	<input type="checkbox"/>
Upper floor bedsit/studio	<input type="checkbox"/>	Prison	<input type="checkbox"/>
Bungalow	<input type="checkbox"/>		

**14. What type of tenure do you have? Please tick one box**

Owner Occupier/Leaseholder	<input type="checkbox"/>	Hostel/Bed & Breakfast	<input type="checkbox"/>
Council Tenant	<input type="checkbox"/>	Living with relatives	<input type="checkbox"/>
Housing Association Tenant	<input type="checkbox"/>	Living with friends/others	<input type="checkbox"/>
Private Tenant	<input type="checkbox"/>	Rough Sleeping	<input type="checkbox"/>
Tied Accommodation	<input type="checkbox"/>		

**15. If living on an upper floor, which floor?****16. Is there a lift?**Yes  No **17. How many bedrooms are there at your current address?**

How many of these bedrooms do you and the people moving with you actually use?

**18. If you are currently renting, please give details of your landlord and the type of agreement you have?**

Type of agreement

Secure  Shorthold  Verbal 

Other (please state)

**Have you been given formal Notice to Quit?**Yes  No 

Landlord Details

**19. Please give details of any living conditions that may be unhealthy/dangerous, such as severe damp or disrepair**

Have you ever contacted Environmental Services about these problems?  
 Yes  No

**We will normally ask Environmental Services to inspect the condition of your property. If you DO NOT want us to make a referral, please tick this box**

**20. Please list ALL your addresses over the last 5 years for each applicant  
 (If you need more space, please use a separate piece of paper)**

Address	Name of Applicant	Dates		Landlord's name & address	Reason for leaving
		From	To		

**21. Are you, or anyone moving with you, subject to Immigration Control under The Asylum and Immigration Act 1996?**

Yes  No

If yes, please give details

**22. Are you from a country within the European Economic Area (EEA), living in the UK for the purpose of work only?**

Yes  No

If yes, which country are you from?

**23. Have you or anyone jointly applying with you, ever been convicted of a criminal offence?**

Yes  No

If yes, please give details

For what crime were you convicted?

What was the date of the sentence?

How long was the sentence?

How long did you serve?

**24. Are you currently in prison?**

Yes  No

If yes, when is your release date?

**25. Has anyone ever taken action against you, or anyone on your application, for anti-social behaviour?**

No  Yes, court action taken  Yes, less formal action was taken eg a written warning

Has an Anti Social Behaviour Order been granted against you? Yes  No

**YOUR HOUSING NEEDS**

**26. Property**

Please tell us if you have any special accommodation requirements. We will register you for all appropriate property types.

Extra bedroom due to medical/disability needs

Extra bedroom for a live in carer

Ground floor due to medical/disability needs

Other

Please tell us why you need special accommodation

## 27. Sheltered Housing

Sheltered housing is normally for people aged 65 or over who can live independently. This would be your own property where you can live independently, but benefit from the security of an alarm system and the support of a scheme manager in an emergency. People below the age of 65 may be eligible for sheltered housing because of **illness, disability or vulnerability**.

If you are over 65 would you like to be registered for sheltered housing?

Yes  No

If you are under 65 and think that you need sheltered accommodation, please tell us why

## 28. Are you interested in a Housing Association Property?

Yes  No

## 29. Where would you like to live? To help you decide, please see the enclosed map and housing prospects information

I/we will consider any area

Yes  No

If you answered no, please tell us which of the following areas you are willing to consider.

Anchorsholme	<input type="checkbox"/>	Bispham	<input type="checkbox"/>	Claremont	<input type="checkbox"/>
Grange Park	<input type="checkbox"/>	Talbot	<input type="checkbox"/>	Layton	<input type="checkbox"/>
Queens Park	<input type="checkbox"/>	Central	<input type="checkbox"/>	St. Johns	<input type="checkbox"/>
Marton	<input type="checkbox"/>	Kipling	<input type="checkbox"/>	Mereside	<input type="checkbox"/>
South Shore	<input type="checkbox"/>				

## 30. Are you currently receiving support? (please give details)

	Name	Telephone Number	What type of support?
Social Worker			
Support Worker			
Probation/Youth Offending Team			
Prison Key Worker			
Community Psychiatric Nurse			
Doctor (Name and address)			
Other			

**31. Will you need support to maintain your tenancy, such as a home help, or help with budgeting or literacy?**

Yes  No

If yes, please tell us what support you may require

**32. Communication Needs**

How would you like us to contact you?

Would you like information to be provided in any other format?

Can we discuss your application with someone else, such as a friend, relative or carer? Please give their details.

**33. Are you, or anybody moving with you, related to anybody who works for Blackpool Council, Blackpool Coastal Housing or is a Blackpool Councillor, or is a member of Parliament?**

Yes  No

If yes, please give details

**IF YOUR HEALTH IS AFFECTED BY YOUR ACCOMMODATION OR YOU REQUIRE ANY ADAPTATIONS, OR HAVE A DISABILITY, PLEASE COMPLETE THE HEALTH AND DISABILITY DETAILS FORM.**

**34. Tell us why you are applying for housing**

**35. Do you have any other information you would like to give in support of your application**

**Data Protection / Declaration**

The information supplied in this form will be held on computer.

I/we agree to Blackpool Council sharing details of my application with any relevant agency on a confidential basis. I/we agree that Blackpool Council may obtain any relevant information about me/us from other relevant agencies.

I/we understand that relevant agencies may include, but are not limited to, any police force, previous landlords, the Probation Service and other Council departments.

I/we understand that enquiries will be made concerning my character and conduct of any previous tenancies or occupations of any previous property.

I/we understand that the Council reserves the right to suspend, remove or exclude from the Housing Register, if information received or held by Blackpool Council indicates that I/we may not make a suitable tenant in accordance with current legislation.

\_\_\_\_\_  
**Signature (to be signed by applicant)**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Signature (to be signed by joint applicant)**

**Date:** \_\_\_\_\_

I/we understand that if granted a tenancy on the basis of a false statement, that Blackpool Coastal Housing can seek possession, which could result in eviction.

I/we understand it is a criminal offence for anyone applying to the Council to be allocated housing to knowingly or recklessly give false information relating to their application, or to knowingly withhold information in relation to their application which the Council has reasonably required them to give. A person convicted of such an offence is liable to punishment by a fine not exceeding level 5 on the Standard Scale (£5,000).

I/we understand the above information and confirm the details given are correct. I/we understand that if false information or statement has been provided, this may result in suspension, removal or exclusion from the Housing Register.

\_\_\_\_\_  
**Signature (to be signed by applicant)**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Signature (to be signed by joint applicant)**

**Date:** \_\_\_\_\_

**Please complete this form and return it to:**

**Housing Applications Team,**

**Adult Social Care & Housing,**

**South King Street, Blackpool FY1 4TR.**

**Or hand it in at any Blackpool Council Office or Blackpool Coastal Housing office.**

## EQUALITIES MONITORING FORM

**Blackpool Council has a legal duty to promote equal opportunities and to eliminate unlawful discrimination. Please help us to do this by filling in this form. The equal opportunity monitoring section of the application form will be detached before the form is assessed. The Housing Applications Team will not base any part of its assessment on the information that has been provided.**

**All of the information you supply is subject to the Data Protection Act 1998 and will only be used for the purposes of equality monitoring.**

### Ethnicity

Prefer not to answer

- |                                     |                          |                                   |                          |
|-------------------------------------|--------------------------|-----------------------------------|--------------------------|
| White British                       | <input type="checkbox"/> | Mixed White and Black African     | <input type="checkbox"/> |
| White Irish                         | <input type="checkbox"/> | Mixed White and Black Caribbean   | <input type="checkbox"/> |
| White Polish                        | <input type="checkbox"/> | Mixed White and Asian             | <input type="checkbox"/> |
| White Other                         | <input type="checkbox"/> | Other mixed                       | <input type="checkbox"/> |
| Asian or Asian British: Indian      | <input type="checkbox"/> | Black or Black British: Caribbean | <input type="checkbox"/> |
| Asian or Asian British: Pakistani   | <input type="checkbox"/> | Black or Black British: African   | <input type="checkbox"/> |
| Asian or Asian British: Bangladeshi | <input type="checkbox"/> | Black or Black British: Other     | <input type="checkbox"/> |
| Asian or Asian British: Other       | <input type="checkbox"/> |                                   |                          |
| Chinese                             | <input type="checkbox"/> |                                   |                          |
| Gypsy or Traveller                  | <input type="checkbox"/> |                                   |                          |
| Other Ethnic Group                  | <input type="checkbox"/> |                                   |                          |

### Faith & Religion

Prefer not to answer

- |          |                          |        |                          |           |                          |        |                          |
|----------|--------------------------|--------|--------------------------|-----------|--------------------------|--------|--------------------------|
| Buddhist | <input type="checkbox"/> | Jewish | <input type="checkbox"/> | Christian | <input type="checkbox"/> | Muslim | <input type="checkbox"/> |
| Hindu    | <input type="checkbox"/> | Sikh   | <input type="checkbox"/> | None      | <input type="checkbox"/> |        |                          |

### Disability

The word 'disability' under the Disability Discrimination Act means 'anyone who has a physical or mental impairment which has a substantial and long term adverse affect on his or her ability to carry out normal day to day activities'.

Prefer not to answer

Do you have a disability?

Yes  No

### Sexual Orientation

Prefer not to answer

- |              |                          |         |                          |     |                          |          |                          |
|--------------|--------------------------|---------|--------------------------|-----|--------------------------|----------|--------------------------|
| Heterosexual | <input type="checkbox"/> | Lesbian | <input type="checkbox"/> | Gay | <input type="checkbox"/> | Bisexual | <input type="checkbox"/> |
|--------------|--------------------------|---------|--------------------------|-----|--------------------------|----------|--------------------------|

## APPLICATION CHECKLIST

**Have you answered all the questions?**

**Have you enclosed copies of all necessary documents?**

### **PLEASE DO NOT SEND ORIGINALS**

**Proof of residency for any children (Q6)**

**Proof of pregnancy (Q7)**

**Proof of connection to Blackpool (Q9)**

**Notice to Quit (Q18)**

**Right of residency in UK (Q21)**

**Have you selected your choice of area?**

**Have you read the declaration and signed and dated the form?**

**If needed, have you completed the separate "Health & Disability Details" form?**