

APPLICATION FORM FOR HOUSING

BEFORE COMPLETING THIS FORM, PLEASE REFER TO THE GUIDANCE NOTES ENCLOSED WITH THIS FORM.

ALSO READ THE FOLLOWING NOTES CAREFULLY:

Please write in **BLOCK CAPITALS** and tick the boxes that apply to you. Read questions carefully before you start to fill in the form.

Throughout the form 'your partner' means your husband, wife or someone else whom you wish to be a joint tenant with you.

DATA PROTECTION ACT

The information provided on this form will be held on computer and is subject to the provisions of the Data Protection Act 2018. Further details can be found on our website www.pioneergroup.org.uk/privacy-policy

<p>If you need this document translated please contact us on 0121 748 8100.</p> <p>Haddii aad u baahan tahay in dukumeentigan lagu turjumo fadlan annaga nagala soo xiriir lambarka 0121 748 8100. – Somali</p> <p><i>ਜੇ ਤੁਹਾਨੂੰ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਅਨੁਵਾਦ ਚਾਹੀਦਾ ਹੈ ਤਾਂ ਸਾਡੇ ਨਾਲ 0121 748 8100 ਤੇ ਸੰਪਰਕ ਕਰੋ।</i></p> <p>– Punjabi</p> <p><i>यदि आपको यह दस्तावेज़ अनुवादित चाहिए, तो कृपया हमसे 0121 748 8100 पर संपर्क करें।</i></p> <p>– Hindi</p> <p>Si necesita traducir este documento por favor contáctenos al 0121748 8100</p> <p>- Spanish</p>	<p>Jeśli chcieliby Państwo otrzymać tłumaczenie tego dokumentu, prosimy o kontakt z nami pod numerem 0121 748 8100.– Polish</p> <p>Veillez nous contacter au 0121 748 8100 si vous avez besoin de faire traduire ce document. – French</p> <p>Se necessita di tradurre questo documento ci contatti allo 0121 748 8100 – Italian</p> <p><i>假如您需要此文件的翻譯版本, 請致電 0121 748 8100 聯絡我們。 – Chinese</i></p> <p><i>Bu belgenin tercüme edilmesine ihtiyaç duyuyorsanız lütfen 0121 748 8100 numaralı telefondan bizimle iletişime geçin. - Turkish</i></p>
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Part 1 – Personal Details

YOUR DETAILS			
Title:	First Name/s: Former Name (if any):	Surname:	
Date of Birth:		National Insurance No:	
Email address:		Contact Telephone number:	
YOUR PARTNERS DETAILS			
Title:	First Name/s: Former Name (if any):	Surname:	
Date of Birth:		National Insurance No:	
Email address:		Contact Telephone number:	

Part 2 – Current address details

Address:		Postcode:	
Is your current address a:	House <input type="checkbox"/>	Bungalow <input type="checkbox"/>	
	Flat/Maisonette <input type="checkbox"/>	Any temporary accommodation <input type="checkbox"/>	
	Hostel <input type="checkbox"/>	Other (please specify) <input type="checkbox"/> _____	
Name of landlord:			
Address of landlord:			
Landlord contact telephone number:			
Do you or any member of your household currently own or have financial interest in property/land in the UK or any other country: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you or any member of your household currently have any savings or any other assets above £16k Yes <input type="checkbox"/> No <input type="checkbox"/>			
The Pioneer Group also have properties available for Market Rent, would you be interested in this product? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Part 5 – Local Connection & Community Contribution

The local connection to Castle Vale is defined, for the purposes of this application for housing as;
Residence or family connection: within the B35 postcode
For employment connection: within the B35 postcode plus
Minworth Industrial Estates
Kingsbury Road Retail Park & Industrial units
JLR Castle Bromwich
Commercial units within the vicinity of Kingsbury Rd, Chester Rd or Fort Parkway

Do you have a local connection to Castle Vale No: Yes: (Please specify)

Are you in full or part time employment in Castle Vale No: Yes: (Please specify)

Are you in higher or further education No: Yes: (Please specify)

Do you contribute towards the community of Castle Vale No: Yes: (Please specify)
(Such as volunteering or have a caring responsibility)

Are you or any of your household members currently serving or have previously served in the armed forces: Yes No

If yes please give details:

Have you been offered employment in Castle Vale or its surrounding areas? Yes No
If yes please provide details:

Part 8 – For current CVCH tenants only

How many bedrooms are in your current property: _____
How many are double bedrooms: _____ How many are single bedrooms: _____
What are your reasons for moving:

Part 9 – Background

CVCH operates discretion in our Housing Policy and will carry out background checks with relevant agencies. Please answer the following honestly and as accurately as possible.				
Do you or any persons listed in this application have a conviction for any of the following other than a spent conviction under The Rehabilitation of Offenders Act 1974?				
The use of violence or the threat of violence against any tenant, Employee, Board Member or any other persons	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Harassment of others, listed above	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Arson	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Damage to property	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Car crime, burglary or other criminal damage	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Drug related offences	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Any other criminal offences (Please give details)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Part 11 – Other Information

CVCH is committed to equal opportunities in order to ensure that all applicants receive equal access to our services regardless of their age, gender or ethnic origin. The information is held in line with our data protection policy (available upon request) and will not be shared with any other organisation. (You don't have to fill in any of the following information, but it really helps us if you do)

Are you:	
White:	White British <input type="checkbox"/> White Irish <input type="checkbox"/> White Other <input type="checkbox"/>
Black or Black British:	Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other <input type="checkbox"/>
Asian or Asian British	Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other <input type="checkbox"/>
Mixed:	White/ Black Caribbean <input type="checkbox"/> White/Black African <input type="checkbox"/> White / Asian <input type="checkbox"/> Other <input type="checkbox"/>
Chinese or other ethnic group:	Chinese <input type="checkbox"/> Gypsy/Romany/Irish Traveller <input type="checkbox"/>
Other <input type="checkbox"/> Refused <input type="checkbox"/>	
I would describe my gender as:	
Do you consider yourself to have a disability: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Religion:	None <input type="checkbox"/> Christianity <input type="checkbox"/> Buddhism <input type="checkbox"/> Hinduism <input type="checkbox"/> Judaism <input type="checkbox"/> Muslim <input type="checkbox"/> Sikhism <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
Sexual Orientation	Heterosexual/Straight <input type="checkbox"/> Gay Woman/Lesbian <input type="checkbox"/> Gay Man <input type="checkbox"/> Bisexual <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
What is your spoken language	What is the language you read
Are you happy with this form and the information CVCH has provided to you: Yes <input type="checkbox"/> No <input type="checkbox"/>	
If not how would you like us to communicate: Large Print <input type="checkbox"/> Translation/Other language <input type="checkbox"/> CD/Tape <input type="checkbox"/> Braille <input type="checkbox"/> Other _____	
Where did you find out about CVCH: Friends/Family <input type="checkbox"/> Social Media/website <input type="checkbox"/> Other <input type="checkbox"/>	

Part 12 – Information Consent

Applicant	
Full Name	
Former Name (If any)	Date of birth
Current Address	
Joint Applicant	
Full Name	
Former Name (if any)	Date of birth
Current Address	
I/We have made an application for housing with CASTLE VALE COMMUNITY HOUSING	
I/We give my/our permission and consent for CVCH to obtain any relevant information about me/us from all relevant agencies. I/We understand that the relevant agencies may include, but are not limited to, any Police Force, DWP, previous landlords, Probation Service, Social Services and Education Departments of Local Authorities.	
I/We understand that this information will be used for the sole purpose of assisting my/our housing application and will be held in the strictest confidence.	
This includes information protected by the Data Protection Act 2018.	
BOTH APPLICANTS MUST SIGN IS THE APPLICATION IS JOINT	
Signed (Applicant)	Date
Print Name	
Signed (Joint Applicant)	Date
Print Name	

STATEMENT	
I confirm that I have completed the information consent form. I confirm that the details in the application are true. I understand that if I have knowingly or recklessly given any false information, or withheld information in connection with this application, my application may be cancelled and my accommodation may be repossessed by virtue of schedule 2 of the Housing Association Act 1985 (as amended) in s.21 of the Housing Act 1988 (as amended)	
I CONFIRM THAT THE INFORMATION GIVEN IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO INFORM CVCH OF ANY CHANGES IN THE DETAILS GIVEN IN THIS FORM. I UNDERSTAND THAT MY FAILURE TO DO SO MAY RESULT IN MY APPLICATION BEING CANCELLED. IF I AM GRANTED A TENANCY, I UNDERSTAND THAT POSSESSION ACTION MAY BE TAKEN IF I HAVE GIVEN FALSE INFORMATION ON THIS FORM AND THAT CRIMINAL PROCEEDINGS MAY BE SOUGHT.	
Signed (Applicant)	Date:
Signed (Joint Applicant)	Date: