



Re-housing Application Form

For A2Dominion tenants wishing to move to and within the Boroughs of Spelthorne and Elmbridge
Please complete all sections of the form

Part one - your details

This part of the form should include everyone who will be living in the house with you

	Applicant 1	Applicant 2
Title		
Last name		
First name		
Date of birth		
National Insurance number (N.I. number) <small>You can find your NI number on your NI card, letters from social services /DWP or payslips</small>		

Please give details of your current housing circumstances

	Applicant 1	Applicant 2
Current Address		
Postcode		
Date moved in		
Home Phone number		
Mobile number		
Work number		
e-mail address		
Relationship to you		

Current circumstances

	Applicant 1	Applicant 2
What is your nationality?		
Are you a British citizen? Yes or no	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you are not a British citizen, under which passport do you travel?		
If you are not a British citizen, what is your immigration status? (I.e. indefinite leave to remain or no recourse to public funds) <small>You can find this out by information in your passport or immigration papers</small> You must provide original documentation		
Has anyone on this application applied for housing, either as homeless or via the housing register in Spelthorne or Elmbridge?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , please give the following details:	Date of application/s - Reference numbers (if known) – Borough/s applied -	Date of application/s - Reference numbers (if known) – Borough/s applied -

Please give details of all the people that would move into your new home with you (**full copies of children's birth certs are required**)

Last Name	First names	Sex F/M	Date of Birth	NI number	Nationality	Relationship to you	Place of work / school	Do they live with you now? Yes / No

If they do not currently live with you please explain why and provide their current address

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Do you want a joint application with Applicant 2?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you or any other person that will be living with you pregnant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give name or person who is pregnant		
What date is the baby due?		
Does anyone on this application have any pets?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide details		

Part two - your current housing circumstances

Type of accommodation - Please tick the box that best describes the type of property that you currently occupy

Bedsit / studio	
Bungalow	
Flat	
House	
Maisonette	

Please give details of the sleeping arrangements in your current home

Room	Name of people sleeping there
Bedroom 1	
Bedroom 2	
Bedroom 3	
Bedroom 4	
Living room	
Living room 2 / dining room	

If you currently live in a flat or maisonette, what floor are you currently living on?	
Is there a lift?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If there is a problem with your current home, if it is in 'poor condition' or does not have 'basic facilities' please give details here. For this information to be considered, supporting evidence must be provided by a relevant professional, e.g. An Environmental Health Officer.	
Is the property subject to a Compulsory Purchase Order?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the property due to be demolished?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for not occupying your property (if applicable)	

Part three – owner occupiers

Has anyone on this application ever owned a property in the United Kingdom or Abroad? If 'no' go to part four	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please give details		

Please complete the following details even if you do not live in the accommodation that you own.

	Applicant 1	Applicant 2
Do you still own the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, how much is your outstanding mortgage?		
How much do you think the property is worth now?		
What are the monthly repayments? (if applicable)		
Are you behind with your payments?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how much do you owe?		
Reason for not occupying it (if applicable)		
When did you purchase the property?		
How much did you pay for it?		
Have you sold the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how much was it sold for?		
If yes, what year did you sell the property? (if sold within the last 5 years, please supply the completion statement)		

Part four - your previous accommodation

Please list all of your previous addresses for the past five years. You will need to provide documented evidence of this such as tenancy agreements/mortgage statements/utility bills. Please use a separate sheet if necessary

Important: Applicants that have given up accommodation within the last five years that was suitable for their needs and by doing so, have knowingly worsened their housing circumstances will be placed in Band D (low or no housing need). Therefore any supporting information, about why you have moved, such as letters from the bank, landlord, social services should be submitted as soon as possible.

Applicant 1	(1) Current address	(2) Previous address	Address(3)	Address(4)
Full address				
Number of bedrooms				
Tenure (tenant, owner or living with friends / relatives)				
Date moved in				
Date moved out				
Reason left				
Landlords name and address				

Applicant 2	(1) Current address	(2) Previous address	Address(3)	Address(4)
Full address				
Number of bedrooms				
Tenure (tenant, owner or living with friends / relatives)				
Date moved in				
Date moved out				
Reason left				
Landlords name and address				

Part five - nuisance/antisocial behaviour/tenancy details

Have you, any member of your household or person intending to live with you ever received a Notice Seeking Possession on any of the following grounds?

Rent arrears or Breach of Tenancy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Nuisance or annoyance to neighbours?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Illegal or immoral use of property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Deterioration in the condition of the property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tenancy obtained by a false statement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Subletting?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is any member of your household subject to a current ASBO or ABC?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you have answered 'yes' or were evicted for any other reason please provide details here:
Please use a separate sheet if necessary

Part six – information to help us plan future housing

Please tell us what types of property you would be prepared to consider by ticking the boxes

Bedsit or studio flat	
Flat	
Maisonette	
House	

Bungalow	
Sheltered (with a warden / scheme manager)	
Elderly Persons Housing	
Supported Housing	

If you would like/need sheltered accommodation or supported housing, please explain why here	
Please state the highest floor level you would consider living on: without a lift	
Please state the highest floor level you would consider living on: with a lift	

What Borough(s)/areas would you be interested in living in (please tick)

Spelthorne

Any	
Ashford	
Ashford Common	

Stanwell Moor	
Staines	
Stanwell	

Laleham	
Sunbury	
Upper Halliford	

Shepperton	
Lower Sunbury	

Elmbridge

Any	
Walton	
Hersham	

Cobham	
Esher	
Dittons	

Oxshott	
Claygate	
Molesey	

Stoke D'Abernon	
Weybridge	
Oatlands	

Why are you applying for alternative housing (please tick)?

Overcrowding	<input type="checkbox"/>
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Under Occupying	<input type="checkbox"/>
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Special Welfare needs	<input type="checkbox"/>
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Current property is unsuitable on medical grounds	<input type="checkbox"/>
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Current property is unsuitable on management grounds (including neighbour issues / domestic violence / anti-social behaviour)	<input type="checkbox"/>
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Property in poor condition	<input type="checkbox"/>
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Other	<input type="checkbox"/>
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Please give full reasons for wanting to move:

Continue on a separate sheet if necessary

Part seven – employment, income, savings and outgoings

	Applicant 1	Applicant 2
Employers name and address		
Hours worked per week		
What town do you actually work in?		
Is your employment permanent (if yes, please provide copy of the contract)		
If no, do you have a fixed term temporary contract of 12 months duration or longer? (if yes, please provide copy of the contract)		
Your job title		
If you consider yourself to be a key worker – please state occupation	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, occupation _____	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, occupation _____
How long have you worked there?		
Net earnings (after tax)	£ _____ *per week / monthly	£ _____ *per week / monthly
Income Support	£ _____ *per week / monthly	£ _____ *per week / monthly
Job Seekers Allowance	£ _____ *per week / monthly	£ _____ *per week / monthly
Incapacity benefit / Employment Support allowance	£ _____ *per week / monthly	£ _____ *per week / monthly
Disability Living Allowance	£ _____ *per week / monthly	£ _____ *per week / monthly
Attendance Allowance	£ _____ *per week / monthly	£ _____ *per week / monthly
Housing Benefit	£ _____ *per week / monthly	£ _____ *per week / monthly
Carers Allowance	£ _____ *per week / monthly	£ _____ *per week / monthly
Mobility Allowance	£ _____ *per week / monthly	£ _____ *per week / monthly

Family Tax Credits	£ monthly	*per week /	£ monthly	*per week /
Working Tax Credits	£ monthly	*per week /	£ monthly	*per week /
Child Benefits	£ monthly	*per week /	£ monthly	*per week /
State Pension	£ monthly	*per week /	£ monthly	*per week /
Private Pension	£ monthly	*per week /	£ monthly	*per week /
Child Maintenance	£ monthly	*per week /	£ monthly	*per week /
Universal Credit	£ monthly	*per week /	£ monthly	*per week /
Other Income	£ monthly	*per week /	£ monthly	*per week /

*please delete those that don't apply

Please give details of your regular monthly outgoings (per household)

	Applicant 1	Amount Outstanding	Date commitment ends
Rent / mortgage payments	£ monthly	*per week /	
Credit cards	£ monthly	*per week /	
Loan repayments	£ monthly	*per week /	
Child Support payments	£ monthly	*per week /	
HP payments	£ monthly	*per week /	

	Applicant 2	Amount Outstanding	Date commitment ends
Rent / mortgage payments	£ *per week / monthly		
Credit cards	£ *per week / monthly		
Loan repayments	£ *per week / monthly		
Child Support payments	£ *per week / monthly		
HP payments	£ *per week / monthly		

Savings

Do you have any savings or assets in ANY bank or building society account or other financial investment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Please give details of all account providers and current balances?

Part eight - local connection

To enable us to identify if you have a local connection to the area you must:

- currently live in the borough of Spelthorne or Elmbridge and have done so for the last three years
- have lived within the borough of Spelthorne or Elmbridge - amounting to five or more continuous years in that borough within the last 10 years (only residence as an adult will be taken into account)
- have immediate family (mother/father/brother/sister/son/daughter) who are currently living in the borough of Spelthorne or Elmbridge and have done so for at least five years
- have a permanent job in the borough of Spelthorne or Elmbridge (at least 18 hrs a week and an existing contract of 12 months or more).
- have a connection with the borough of Spelthorne or Elmbridge because of special circumstances, such as the need to be near specialist medical or support services which are only available in a particular district

Under the Common Allocations Policy A2Dominion will not disqualify the following applicants on the grounds that they do not have a local connection with the borough of Spelthorne or Elmbridge:

- members of the Armed Forces and former Service personnel, where the application is made within five years of discharge

Sufficient evidence must be provided by you before a local connection can be considered

If your local connection is due to close relatives please complete the following:

Names	Address	How long have they lived there?	Their relationship with you

Part nine - your health

Please note that medical information will only be considered if it is supported by a relevant professional, e.g. doctor, consultant, health visitor, social worker and it is your responsibility to provide the relevant information. **A2Dominion Group cannot write to any outside agencies on your behalf.**

Do you or anyone who is going to live with you have a medical condition or disability which should be taken into account?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please state who	
Please state, giving as much detail as possible, what the medical condition is. (please include any hospital admissions or outpatient treatment with dates)	
Please list any prescribed medication or treatment being used to treat the medical condition. (please give dosage where possible and date the medication was started)	

Do you or anyone who will live with you use a wheelchair?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'yes' please state who		
Is the wheelchair used in the house?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you or anyone who will live with you unable to climb stairs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'yes' please state who		
Do you or anyone who will live with you have difficulty climbing stairs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'yes' please state who		
Is ground floor accommodation needed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you or anyone who will live with you have any adaptations or aids to help with mobility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'yes' please specify		
Do you or anyone who will live with you have a problem with mobility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'yes' please specify Eg. Breathlessness, walking, leg and back problems etc?		
If you have mobility problems / health problems please state how rehousing you will help you or anyone who will be living with you		

Please give details of your support from other agencies

CURRENT SUPPORT

Who currently supports you or members of your household?

	Applicant 1	Other
Doctor's name		
Doctor's address and telephone number		
Health Visitor's name		
Health Visitor's address and telephone number		
Social workers name		
Social workers address and telephone number		
Support workers name		
Support workers address and telephone number		
Probation Workers name		
Probation Workers address and telephone number		
Drug / alcohol workers name		
Drug / alcohol workers address and telephone number		
Other agencies name		
Other Agencies address and telephone number		

PREVIOUS SUPPORT

Has anyone on the application had any contact with either; Social Services, Probation, Mental Health Services, Drug and Alcohol Services or the Police (other than traffic offences) in the last 5 years (if different from the above section)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details	
Are you or anyone included in this application currently receiving any services to live independently in the community?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'yes' please indicate which services you are receiving	

Part ten - declaration

Are you an employee, councillor or committee member of A2Dominion Group, Spelthorne Borough Council, Elmbridge Borough Council, Paragon Community Housing Group, Thames Valley Housing Association, Metropolitan Housing Trust or London & Quadrant Housing Trust?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a relative, partner or close friend of any employee, councillor or committee member of A2Dominion Group, Spelthorne Borough Council, Elmbridge Borough Council, Paragon Community Housing Group, Thames Valley Housing Association, Metropolitan Housing Trust or London & Quadrant Housing Trust?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a contractor or supplier for A2Dominion Group, Spelthorne Borough Council, Elmbridge Borough Council, Paragon Community Housing Group, Thames Valley Housing Association, Metropolitan Housing Trust or London & Quadrant Housing Trust?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answer yes to any of the above, please give the name of who has a link to the above organisations and what that link is e.g. Bob Smith, my husband is an employee of Metropolitan Housing Trust	

All applicants must read this statement and sign confirming that it is understood what is expected from you, and from A2Dominion Group.

- The information given on this form is true. If it is later found that you have knowingly made a fraudulent application either by giving false information or by omitting relevant facts your application may be cancelled. In addition if you are re-housed on the basis of false information, it could lead to you losing your home.
- You will notify this organisation of any change in circumstances.
- You understand that the information in this form will be processed in line with the Data Protection Act 1998. For the purpose of the Act, this organisation is the 'Data Controller' and so is responsible for the information we hold.
- You authorise this organisation to search information held by credit reference agencies.
- You authorise this organisation to seek information and obtain copies of relevant documents, and give permission for other parties who hold this information to provide it to us.
- You agree to meet the requests for information, such as requests to see tenancy agreements, notices, court papers, bank account details etc by the specified dates.
- All information you give on this form (and information resulting from contact with your landlord and/or employer) may be shared with the same but only in relation to this application.

This organisation is required under Section 6 of the Audit Commission Act 1998 to participate in the National Fraud Initiative (NFI) data-matching exercise. This organisation may be statutorily required to supply any information you provide, to other bodies exercising functions of a public nature for the prevention and detection of fraud.

Sensitive personal data such as racial or ethnic origin, offences (including alleged offences) and physical and mental disabilities are required under the Equal Opportunities Monitoring statute. Any data provided may be disclosed in accordance with the Freedom of Information Act

Signature (applicant 1) _____

Signature (applicant 2) _____

Date _____

Date _____

Equal Opportunities

A2Dominion Group is committed to promoting equality and diversity. We keep a record of the ethnic origin of everyone applying for housing. We monitor this information to make sure that housing is equally available to everyone. We keep this information confidential and it will not affect your housing application.

Please tick the box which you feel best describes the ethnic origin of the main applicant for housing. If you do not want to complete this section please tick the 'I do not want to answer this section' box.

White	English, Scottish, Welsh, Northern Irish, British	<input type="checkbox"/>
	Irish	<input type="checkbox"/>
	Gypsy, Irish Traveller	<input type="checkbox"/>
	Other	<input type="checkbox"/>

Please specify: _____

Mixed	White & Black Caribbean	<input type="checkbox"/>
	White & Black African	<input type="checkbox"/>
	White & Asian	<input type="checkbox"/>
	Other	<input type="checkbox"/>

Please specify: _____

Asian or Asian British	Indian	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>
	Chinese	<input type="checkbox"/>
	Other	<input type="checkbox"/>

Please specify: _____

Black, African, Caribbean or Black British	Caribbean	<input type="checkbox"/>
	African	<input type="checkbox"/>
	Other	<input type="checkbox"/>

Please specify: _____

Other Ethnic Group	Arab	<input type="checkbox"/>
	Other	<input type="checkbox"/>

Please specify: _____

I do not want to answer this section	<input type="checkbox"/>
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Documents Required

Your application form and copies of the required documents can be returned by post or handed in at the main reception desk at A2Dominion offices which is open 8.30am – 5.30pm Monday to Thursday and 8.30am – 5.00pm on Friday.

Please note that at the time of a property being offered, **original** documents will need to be seen, so please keep them safe. If you wish to provide original documentation in the first instance, these **should not be posted**, as A2Dominion cannot be held responsible for the loss of any original documentation sent in the post. However you can bring them into the main reception where they will be copied and then 'stamped' that the original documents have been seen.

A. Proof of identity (for all adults / children that you want to be housed with you)	
Passport or	
Birth certificate or	
Driving licence	
Full birth certificate for all children	

B. Proof of eligibility (if you are not a British Citizen)	
Passport	
Proof of immigration status (ie indefinite leave to remain / recourse to public funds)	
For European workers – proof of employment (contract, payslips)	
Workers registration documents (A10 countries)	

C. Proof of Pregnancy (if applicable)	
Hospital booking letter or doctor's letter	

D. Proof of responsibility for children who will be housed with you	
Child benefit and	
Full birth certificate or	
Residence order or other supporting documentation to confirm long term guardianship (if the parent or guardian is not on full birth certificate)	

E. Proof of residence for the past three years (one document for each of the last three years)	
Utility bills (gas, electric, water)	
Tenancy agreement	
Council tax bill	
Benefit letter (from DWP confirming proof of benefit)	
Hospital / Doctors letter	

F. Local Connection – under the allocations policy applicants with no local connection will not be permitted to apply for housing with Search Moves. You have to satisfy one of the following criteria to prove if you do have a local connection with the borough. The documents you have provided to prove your residence may also be used for local connection if applicable.	
1) you live in the borough now and have done so for the last three years (one document* from the last month of residence and one document for each year) or	
2) you have lived in the borough - amounting to five or more continuous years in that borough within the last 10 years (one document* from the last month of residence and 1 document for each year) OR	
3) you have a family member who lives in the borough now and has done so for the last five years (this includes mother, father, sister, brother and adult children only) <ul style="list-style-type: none"> • one document* from each of the last five years including one from the last month • birth certificates for applicant and the family member concerned 	
4) you work in the borough on a permanent or fixed term basis <ul style="list-style-type: none"> • contract of employment or employer’s letter on headed paper, stating your employment location, hours worked per week, length and type of contract • two payslips 	
5) you have a connection to the borough because of special circumstances <ul style="list-style-type: none"> • supporting evidence showing circumstances and particular district 	
6) you were a member of the Armed Forces and have been discharged in the previous five years <ul style="list-style-type: none"> • discharge paperwork 	

G. Proof of income	
Pay slips	
Proof of benefit such as income support / JSA / ESA (on bank statement)	

* Documents from the list below

• Utility bills (gas, electric, water) • Tenancy agreement • Council Tax bill • Benefit letter (from DWP confirming proof of benefit) • Hospital/Doctors letter • Letter from school/college/university

Do you need help completing this form?

If you need help to complete this form or require further information, please contact the relevant housing team by telephone, or in person at A2Dominion Group's offices. Translation can be provided, but you may need to give us some time to arrange a translator. You can ask someone else to complete the form for you but you will still need to sign it.

A2Dominion Lettings Team can be contacted at:

Spelthorne House
Thames Street
Staines
Middlesex
TW18 4TA

Telephone number: **0208 825 1744**

The application form needs to be fully completed and returned to the above address. If any of the questions are not relevant or not applicable to your circumstances, please answer by stating N/A (not applicable) as this will ensure that we know that the question has not been missed.

If any questions are left unanswered your form will be sent back to you and your information will not be registered until it has been returned fully completed with all the questions answered or the required documentation received.