



Islington Housing Services

Housing Register application for Housing Association tenants

Applicant name:

Applicant address:

.....

.....

.....

.....

Post code:

Rehousing Team: PO Box 34750, London N7 9WJ **Tel:** 020 7527 4140 **Fax:** 020 7527 4136

Office use only

Date received by Rehousing Team

Application number:

Date registered:

Filling in this form

This form is for assured tenants of housing associations living in Islington who wish to apply for rehousing into Council accommodation or possibly housing association property to which the Council has nomination rights.

You should also apply to your own landlord: we will request a tenancy report from your association and your application can only be considered if your landlord agrees to offer your property to a Council nominee if you are rehoused.

Please read the form carefully before you fill it in. If English is not your first language, you can ask for help from a translator – please see the back of this form.

Leaflets are available on our housing allocations policy, housing associations, the Home Connections Choice Based Lettings Scheme, and other connected subjects. Further information is available on the Council's website: www.islington.gov.uk. Select "Housing" and then "Finding A Home". You can also contact the Rehousing Team on **020 7527 4140**.

What happens next

An assessment of your application will be made according to the Council's allocation policies and we will write to you to let you know the result. If your application is awarded sufficient priority for you to be considered for rehousing you will be asked to provide documentary evidence of identity and residence for yourself and any other members of your household. You will then need documents to prove:-

- your identity
- the identity of the people in your household
- that you have custody or legal guardianship for any children on the form
- that you live where you say you do

We will also check whether you have registered with us for housing before, whether you owe rent from another tenancy, and whether you have previously been evicted.

Finally, your details will be registered on the Council's computerised housing register.

Changes in your circumstances

If any of your household or accommodation details change – for example if you move home, or have a child, or a member of your household leaves home, you must let us know as soon as possible. Any person joining your household after the commencement of your tenancy will need to be authorized by your landlord. It is in your own interests that your application is considered on the basis of accurate and up-to-date information. If you accept a property offered on the basis of inaccurate information the offer will be withdrawn and you may be prosecuted.

Eligibility for accommodation

Following assessment of your application, if you are eligible for rehousing you will be given details of how to bid for properties using the Council's Home Connections lettings scheme.

Unfortunately we are unable to provide Council housing for the majority of people on the housing register. Applicants with low priority for rehousing may wish to consider alternative housing options.

For further information see the booklet "Your Guide to Housing" which is available from Islington Council housing offices and the Council's website: www.islington.gov.uk. First select "Housing" and then "Finding A Home".

Housing Register Application for Housing Association Tenants

Please answer all the questions in capital letters using black ink.

Section 1 – Your details and details of all people included in the application

Question 1

Surname:

Other names:

Mr Mrs Miss Ms

Male Female

Date of birth: Day Month Year

National Insurance number:

Telephone number:

Email address:

Question 2

What is your first language?

Do you require an interpreter? Yes No

Question 3

Do you use or are you known by any other name? Yes No

If yes, please give details

.....
.....
.....
.....

Question 4

Are you or anyone on your application form currently registered on another Council or Housing Association housing list? Yes No

If yes, please give the following details:

Name of applicant:

Name of Council/Housing Association:

Address of applicant:

.....
.....
.....

Question 5

Your current home address, including the name of your estate (if any) and the postcode.

Flat No:

Street No:

Block name:

Street/Road name:

Post Code:

When did you move here? / /

Name of Housing Association:

Address:

.....

.....

.....

Question 6

Name of your Housing Officer and telephone number if known:

.....

.....

Question 7

The address you would like us to send all letters to, if different from the address given above:

.....

.....

.....

Question 8

If you have given an address other than your home address for us to write to, please tell us the reason for this:

.....

.....

.....

.....

.....

.....

.....

Question 8

Please answer the following questions for yourself, and all the people included in this application who will be living with you:

Surname	First name	Male or female	Date of birth	What is their relationship to you?	Is this person an Asylum Seeker?
			/ /	Self	Yes / No
			/ /		Yes / No
			/ /		Yes / No
			/ /		Yes / No
			/ /		Yes / No
			/ /		Yes / No
			/ /		Yes / No
			/ /		Yes / No
			/ /		Yes / No
			/ /		Yes / No

Question 9

If someone on this application does not currently live with you, please give the following details:

Name:

Current address:

.....

.....

.....

Reason they do not live with you:

.....

.....

.....

.....

.....

Section 2 – About your current accommodation

Question 1

How many double bedrooms are there in the property?

How many single bedrooms are there in the property?

Please note that separate dining rooms are counted as bedrooms.

Question 2

How is your current accommodation occupied?

Please give details of **all** people living in the property:

Who sleeps in each room?		
	Name	Room type
Bedroom 1		Double / Single room
Bedroom 2		Double / Single room
Bedroom 3		Double / Single room
Bedroom 4		Double / Single room
Bedroom 5		Double / Single room

Question 3

If anyone does not sleep in a bedroom, please tell us where they usually sleep.

Surname	First names	Where do they sleep?

Question 4

Do you or someone moving with you own or jointly own a home (including shared ownership)?
 Yes No

If yes, please answer the following questions:

Name:

Address of property:

.....

Do you have a mortgage	What are your monthly mortgage payments?	Are you in arrears with your mortgage payments?	What was the purchase price of the property?	What is the current value of your home?
Yes / No	£	Yes / No	£	£

Please provide a copy of your latest mortgage statement, a valuation of the property and details of the original purchase price.

Section 3 – Your housing requirements

Question 1

Why do you want to be re-housed?

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Question 2

Please note that ground floor flats, street properties, houses and properties suitable for adaptation for applicants with mobility difficulties are all in extremely short supply. The Council needs to ensure that these properties are made available to those applicants with an assessed need for such accommodation.

Medical conditions

If you or someone moving with you has a disability or medical condition that affects the type of housing you need, please give their details here:

Name	Medical condition

Please note that if we need to make a medical assessment we will ask you to complete a more detailed medical form. The information provided will then be considered in relation to your current housing circumstances and your housing needs.

Section 4 - Other housing options

Mutual Exchange scheme

Join this scheme by visiting www.Homeswapper.co.uk to search for an exchange partner.

This is a self-help scheme whereby you can swap your home with another council or housing association tenant. You will need to obtain permission from your landlord before you can swap, and you should receive their decision within 42 days. Your tenancy will need to have been conducted satisfactorily and you should not owe any rent.

If you have found an exchange partner who is an Islington council tenant, then the council's forms to ask permission to swap are available on the council's website at www.islington.gov.uk. Select "Housing", then "Finding A Home" for downloadable forms. Forms are also available from local Islington area housing offices or from the Rehousing Team on **020 7527 4140**.

Are you interested in the Mutual Exchange scheme? Yes No

Sheltered housing

Sheltered housing is for people who are 55 years and over, who are independent, able to manage alone but prefer the added security of a warden and an alarm call system.

Application forms are available from the Rehousing Team on **020 7527 4140**.

Are you interested in sheltered housing? Yes No

Shared ownership schemes

Shared ownership schemes involve a part-buy, part-rent arrangement which can make home ownership more affordable for people who cannot afford to purchase a property outright. If you are interested we will send further information.

Are you interested in shared ownership schemes? Yes No

Moving out of Islington

If you are interested in moving out of the borough, you may be able to apply directly to the local authority where you want to move. Often you must have a connection with the area, such as a job or relative living in the area.

Housing opportunities are extremely limited, particularly in relation to family-sized accommodation in London and the Southeast of the country.

If you would like further information on the prospects of housing outside Islington you should contact your own landlord or if necessary the Rehousing Team on **020 7527 4140**.

Are you interested in moving out of Islington? Yes No

Further information for all these schemes is available on the Council's website at: www.islington.gov.uk/housing.

Section 5 – General Details

Question 1

Are you or is anyone else listed on this form employed by either Islington Council or Homes for Islington?

Yes

No

If you have answered “Yes”, please give details:

Name:

Job Title:

Service area:

Office address:

.....

.....

.....

Are you or is anyone on this form related to an elected councillor, board member, Islington Housing Department employee or Homes for Islington employee?

Yes

No

If you have answered “Yes”, please give details:

Related to:

Their position:

Confidentiality

The information you provide on this form is confidential. However, in order to process your application we may share the information with other agencies (eg other Islington council departments, other Councils, Registered Social Landlords, Social Services, doctors, Government Departments and the Police).

Please note :

- 1 You must tell us immediately if any of the details you have given on this form change.
- 2 We will check the information you provide.
- 3 We will check the details of your tenancy and rent account with your landlord. If you have rent arrears you should discuss these with your landlord as this may affect your housing application.
- 4 We will consider legal action against you if you (or anyone acting on your behalf) knowingly provides false information.
- 5 We may use the information you have provided to help detect and prevent fraud.

Declaration

Please be aware that it is a criminal offence to give false information. If you tell us something that we later find to be false we may prosecute you. If you have already obtained rehousing we may also institute possession proceedings and you may lose your new home.

I have read and accept the notes above concerning my responsibilities to provide accurate information and also the Council’s use of this information.

The information I have given on this form is true. I will tell you immediately about any changes to my household details, housing circumstances or any other information provided on this form.

Signature:

.....

Date:

Signature of joint applicant (if applicable):

.....

Date:

Communication

If you would like this document in large print or Braille, audiotape or in another language, please contact 020 7527 4140.

Bengali

যদি আপনি এই তথ্য গুলো আপনার নিজ ভাষায় চ পতে চান, তাহলে দয়া করে
020 7527 4140 নম্বরে চ যোগাযোগ করুন।

Chinese (Traditional)

如果你想受這資料的中文本, 請致電 020 7527 4140 聯繫。

Somali

Haddii aad jeclaan lahayd macluumaadkan oo ku qoran luqadaada fadlan la xidhiidh 020 7527 4140.

Turkish

Buradaki bilgilerin Türkçesini istiyorsanız, lütfen 020 7527 4140 numaraya telefon edin.

Spanish

Si desea recibir esta información en su propio idioma, póngase en contacto con el Departamento de realojamiento (Rehousing Team), quien organizará una traducción para usted.
Teléfono 020 7527 4140.



For further information on translation services, please contact the Rehousing Team on:

Tel: 020 7527 4140
Email: rehousing@islington.gov.uk
Web: www.islington.gov.uk
Minicom: 0800 0730536

Equalities Monitoring Information Form

The completion of this form, or any part of it is voluntary

The London Borough of Islington is committed to equality of opportunity, both in the provision of service and in our role as a major employer. We believe that all people have the right to be treated with dignity and respect. We are committed to the elimination of unfair discrimination and we are determined to ensure that all service users receive fair and equitable treatment.

We would be grateful if you would complete the monitoring information below. The purpose of this information is to assist in monitoring fair and effective service delivery and to develop our policies and practices. The information will be treated and maintained confidentially and will be used for monitoring and to identify service improvements only. No personal information, such as your name or address, will be released when reporting statistical data.

All information will be treated and maintained confidentially

	Applicant	Joint Applicant
Your full name		
Your date of birth		
Your gender (please show)	Male / Female / Transgender	Male / Female / Transgender
Your contact telephone number		
Your email address		

Question 1

Islington Council will usually contact its customers by telephone or letter. If you would like to be contacted in another way please let us know.

LBI aims to meet your request whenever we can. (tick only one)

	Applicant	Joint Applicant
Braille		
Email		
Easy read		
Home Visit		
Large Print		
Mobile Phone Texting		
Tape		
Text phone		
Text or sound CD		

Question 2

What is the main language you use? (tick only one)

	Applicant	Joint Applicant
Albanian	<input type="checkbox"/>	<input type="checkbox"/>
Arabic	<input type="checkbox"/>	<input type="checkbox"/>
Bengali	<input type="checkbox"/>	<input type="checkbox"/>
BSL	<input type="checkbox"/>	<input type="checkbox"/>
Cantonese	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>
Greek	<input type="checkbox"/>	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>	<input type="checkbox"/>
Somali	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>
Turkish	<input type="checkbox"/>	<input type="checkbox"/>
Other (please say)	<input type="checkbox"/>	<input type="checkbox"/>
Do you need an interpreter when contacting LBI? (please show)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Question 3

Do you consider yourself to have an impairment or be disabled? (tick any that apply)

	Applicant	Joint Applicant
No disability	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>
I am blind or visually impaired	<input type="checkbox"/>	<input type="checkbox"/>
I have experience of mental health distress	<input type="checkbox"/>	<input type="checkbox"/>
I have a learning difficulty	<input type="checkbox"/>	<input type="checkbox"/>
I use a hearing aid or communicate using BSL – “hearing impairment”	<input type="checkbox"/>	<input type="checkbox"/>
I have a physical impairment	<input type="checkbox"/>	<input type="checkbox"/>
I use a wheelchair	<input type="checkbox"/>	<input type="checkbox"/>
Other impairment (e.g. diabetes, epilepsy, multiple sclerosis, back problem etc.) (please say)	<input type="checkbox"/>	<input type="checkbox"/>

Question 4

Is there someone living with you (other than applicant) that has an impairment or disability?
Please tick

Yes No Prefer not to say

If Yes, please give their full name

Please let us know about their impairment or disability. Tick any that apply

They are blind or visually impaired	<input type="checkbox"/>
They have experience of mental health distress	<input type="checkbox"/>
They have a learning difficulty	<input type="checkbox"/>
They use a hearing aid or communicate using BSL	<input type="checkbox"/>
They use a wheelchair	<input type="checkbox"/>
They have a physical Impairment	<input type="checkbox"/>
Other impairment (e.g. diabetes, epilepsy, multiple sclerosis, back problem etc.) (please say)	

.....

Question 5

What is your religion or belief? (tick only one)

	Applicant	Joint Applicant
Buddhist	<input type="checkbox"/>	<input type="checkbox"/>
Christian	<input type="checkbox"/>	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	<input type="checkbox"/>
Humanist	<input type="checkbox"/>	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	<input type="checkbox"/>
Rastafarian	<input type="checkbox"/>	<input type="checkbox"/>
Sikh	<input type="checkbox"/>	<input type="checkbox"/>
No religion or belief	<input type="checkbox"/>	<input type="checkbox"/>
Other religion or belief (please say)	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

Question 6

How would you describe your ethnic origin? (tick only one)

	Applicant	Joint Applicant
Asian or Asian British		
Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
Indian	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	<input type="checkbox"/>
Other Asian background	<input type="checkbox"/>	<input type="checkbox"/>
Black or Black British		
Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
Other Black background	<input type="checkbox"/>	<input type="checkbox"/>
African		
Eritrean	<input type="checkbox"/>	<input type="checkbox"/>
Ghanaian	<input type="checkbox"/>	<input type="checkbox"/>
Nigerian	<input type="checkbox"/>	<input type="checkbox"/>
Somali	<input type="checkbox"/>	<input type="checkbox"/>
Other African background	<input type="checkbox"/>	<input type="checkbox"/>
Chinese or other ethnic group		
Chinese	<input type="checkbox"/>	<input type="checkbox"/>
Filipino	<input type="checkbox"/>	<input type="checkbox"/>
Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>
Other ethnic background	<input type="checkbox"/>	<input type="checkbox"/>
Mixed Heritage		
White and Asian	<input type="checkbox"/>	<input type="checkbox"/>
White & Black African	<input type="checkbox"/>	<input type="checkbox"/>
White & Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
Other Mixed background	<input type="checkbox"/>	<input type="checkbox"/>
White		
British	<input type="checkbox"/>	<input type="checkbox"/>
Greek/Greek Cypriot	<input type="checkbox"/>	<input type="checkbox"/>
Irish	<input type="checkbox"/>	<input type="checkbox"/>
Kurdish	<input type="checkbox"/>	<input type="checkbox"/>
Turkish/Turkish Cypriot	<input type="checkbox"/>	<input type="checkbox"/>
Other White background	<input type="checkbox"/>	<input type="checkbox"/>

If your ethnic origin is not included above, please say

.....

Question 7

How do you describe your sexual orientation? (tick only one)

	Applicant	Joint Applicant
Bisexual	<input type="checkbox"/>	<input type="checkbox"/>
Gay man	<input type="checkbox"/>	<input type="checkbox"/>
Heterosexual	<input type="checkbox"/>	<input type="checkbox"/>
Lesbian	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

Question 8

Do you consider yourself to be a Gypsy or Traveller (tick only one)

	Applicant	Joint Applicant
Gypsy	<input type="checkbox"/>	<input type="checkbox"/>
Traveller	<input type="checkbox"/>	<input type="checkbox"/>

Please sign

	Applicant	Joint Applicant
Signed		
Date		

Staff use

Form completed by: