

Change of address

Housing Register Form

Applicant name:

Applicant address:

Post code:

Application/Reference number:

Please return this form to:

Housing Options Team

✉ PO Box 34750,
London N7 9WF

☎ 020 7527 4140

☎ 020 7527 4136

@rehousing@islington.gov.uk

How should I complete this application?

Please read the form carefully before you fill it in.

Please ensure that you complete all parts of the form that are relevant to you. If you do not, the form will be returned to you and this will delay your application.

If English is not your first language, you can ask for help from a translator – please see the back of this form

How can I get more information on housing?

Leaflets about the waiting list, our housing allocations policy, housing associations, the Home Connections Choice Based Lettings Scheme, and other connected subjects are available. They may be on display in your local Area Housing Office. If not, please ask.

For more information on housing, visit www.islington.gov.uk/findingahome or call the Housing Options Team on **020 7527 4140**.

Am I eligible for housing?

If you do not currently live in Islington or have recently moved here, it is unlikely you will be eligible to join the housing list. If you are eligible for housing, you will be given details of how to bid for properties using our Home Connections lettings scheme.

Unfortunately, we are unable to provide Council housing for most people on the housing register. If you have a low priority for rehousing, you may wish to consider alternative housing options.

More information on your housing options is available at

www.islington.gov.uk/findingahome

What should I do if my situation changes?

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.

It is best for you that we consider your application on the basis of accurate and up-to-date information. If you accept a property offered on the basis of inaccurate or incomplete information, the offer will be withdrawn and you may be prosecuted.

What happens next?

We will assess your application and write to you to let you know the result. If we consider you for housing, we will ask you to provide 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 need to make sure that your immigration status does not prevent us from giving you a tenancy.

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

We will register you and your details on our computerised housing list.

Confidentiality and Declaration

Confidentiality

The information you provide on this form is confidential. However, to process your application we may share and request information with other agencies (for example other councils, Registered Social Landlords, your landlord, 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 consider legal action against you if you (or anyone acting on your behalf) knowingly provides false information.
4. 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 housing 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.

Applicant 1

Name.....

Signature.....

Date.....

Signature of joint applicant (if applicable)

Name.....

Signature.....

Date.....

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

Question 1

Surname		Title	Mr	Mrs	Miss	Ms
Other names			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of Birth		Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Transgender <input type="checkbox"/>	
National Insurance Number						
Telephone number						
Email address						

Question 2

What is your first language?

Do you require an interpreter?

Y N

Question 3

Do you use or are you known by any other name?

Y N

If **yes**, please give details

Question 4

Your current home address.

Flat / Street No:

Block name / Street / Road:

.....

Postcode:

When did you move here?

..... yrsmths

Who owns this property? (Please tick a box)	<input type="checkbox"/> You	<input type="checkbox"/> Private Landlord
	<input type="checkbox"/> Local Authority	<input type="checkbox"/> Parent or relative
	<input type="checkbox"/> Housing Association	<input type="checkbox"/> Other (please state below)

Question 5

Your current housing.

Are you: (please tick a box)		
An Islington Council tenant?	<input type="checkbox"/> Y	<input type="checkbox"/> N
A tenant of another local authority?	<input type="checkbox"/> Y	<input type="checkbox"/> N
A housing Association tenant?	<input type="checkbox"/> Y	<input type="checkbox"/> N
A private tenant?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Living with parents?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Living with other relatives?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Living with friends?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Owner occupier?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Shared ownership?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Tied accommodation (provided with job)	<input type="checkbox"/> Y	<input type="checkbox"/> N
Prison	<input type="checkbox"/> Y	<input type="checkbox"/> N
HM Forces	<input type="checkbox"/> Y	<input type="checkbox"/> N
Supported housing	<input type="checkbox"/> Y	<input type="checkbox"/> N
Other (please give details)	<input type="checkbox"/> Y	<input type="checkbox"/> N

If you are the tenant of the property, please give the name and address of your landlord

Name:

Address:

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

Postcode:

Question 6

The address you would like us to send all letters to, if different from the address given in Question 4.

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Question 7

If you have given an address other than your home address for us to write to, please tell us why?

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Question 8

Please give details of your previous addresses for the past five years.

Address	Dates from	Dates to	Type of landlord – for example Council or private	Type of tenure – For example tenant or lodger	Reason for leaving
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			

Question 9

Please give the following details for your spouse, partner or other joint applicant.
If you are not applying with a joint applicant, please go to question 11

Surname				Title	Mr	Mrs	Miss	Ms	
Other names					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date of Birth			Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Transgender	<input type="checkbox"/>
National Insurance Number									
What is the person's relationship to you?									
Will he/she be a joint tenant?				<input type="checkbox"/>	<input type="checkbox"/>				

Question 10

Please tell us where this person has lived for the past five years.

Address	Dates from	Dates to	Type of landlord – for example Council or private	Type of tenure – For example tenant or lodger	Reason for leaving
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			

Question 11

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

Surname	First name	Gender	Date of birth	Relationship to you	Is this person pregnant? Expected date
		M / F	/ /	APPLICANT	
		M / F	/ /		
		M / F	/ /		
		M / F	/ /		
		M / F	/ /		
		M / F	/ /		
		M / F	/ /		
		M / F	/ /		

Question 12

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

Name	Address	Reason they do not live with you

Question 13

Are you or anyone on your application subject to immigration control?

Y N

If yes please give details

Question 14

Has anyone on your application form lived outside of the European Economic Area in the last five years?

Y N

If yes, what is their current immigration status?

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.....
.....

Please enclose copies of relevant Home Office papers.

Question 15

If you are a citizen of the European Economic Area, are you seeking work?

Y N

Question 16

Are you working in the UK?

Y N

Question 17

What is your total monthly household income?

£

Question 18

Do you receive any benefits ?

Y N

If yes, please state which:

Question 19

What is the total amount of your savings?

£

Question 20

Do you or someone moving with you own or jointly own a home (including shared ownership)?

Y N

Did you or someone moving with you previously own or jointly own a home (including shared ownership)?

Y N

If yes to either question, please answer the following questions:

Name :

Address of property:

.....

.....

Do you have a mortgage?	<input type="checkbox"/> Y <input type="checkbox"/> N
What are your monthly mortgage payments?	£
Are you in arrears with your mortgage payments?	<input type="checkbox"/> Y <input type="checkbox"/> N
What was the purchase price of the property?	£
What is the current market value of your home?	£

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

If you have sold your property, please provide details of the amount the property was sold for and the amount of equity released.

Question 21

Are you or anyone on your application form currently registered on another Council or Housing Association housing list?

Y N

If **yes**, please give the following details:

Name of applicant:

Name of Council/Housing Association:

.....

Address of applicant:

.....

.....

.....

.....

Section 2 – About where you live now

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

Please give details of all people living in the property:

	Name of person who sleeps in this room	Size of room
Bedroom 1		Double / single
Bedroom 2		Double / single
Bedroom 3		Double / single
Bedroom 4		Double/single

Question 3

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

Name of person	Where do they usually sleep?

Question 4

Do you owe rent on your current tenancy?

Y

N

If **yes** how much?

If you are an Islington Council tenant please go to section 3

Question 5

Do you currently not have any of the following facilities or share them with anyone who will not be moving with you as part of your household? (Please delete.)

Cooking facilities	Share/lack/sole use	Bathroom	Share/lack/sole use
Hot water supply	Share/lack/sole use	Toilet	Share/lack/sole use
Cold water supply	Share/lack/sole use		

Question 6

Were you placed into your current accommodation by:

Another Council?

 Y

 N

A Housing Association or Co-Op?

 Y

 N

National Asylum Support Service?

 Y

 N

Social Services?

 Y

 N

If **yes**, please give details:

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Question 7

Are you required to leave your property?

 Y

 N

If **yes**, please state why and on what date:

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Date:/...../.....

You will need to give us a copy of your notice to quit or written notice to leave with this form.

3. Your housing requirements

Question 1

Why do you want to be rehoused?

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Medical conditions

If you or someone moving with you has a disability or medical condition made worse by your current housing, please give details:

Name of person	Medical condition

Question 2

What floor do you live on?

(If you live on more than one level, please tell us what level your front door is on)

.....

.....

Is your property on more than one level?

Y	N
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Is there a lift?

Y	N
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If we need to make a medical assessment, we will ask you to complete a more detailed medical form. We will then consider the information you give in relation to your current housing and your housing needs.

Section 4 – General Details

Question 1

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

 Y N

If you have answered **yes**, please give details:

Name:

Job Title:

Service area:

Office address:

.....

.....

Question 2

Are you or is anyone on this form an elected councillor?

 Y N

Are you or is anyone on this form related to an elected councillor or Islington Housing Department employee?

 Y N

If you have answered **yes**, please give details:

Related to:

Their position:

Section 5 - Other housing options

Shared Ownership

Shared ownership schemes involve a part-buy, part-rent arrangement which can make home ownership more affordable if you cannot afford to buy a property outright. More information is available on www.shareto-buy.com/london

Are you interested in shared ownership schemes?

 Y N

Seaside and Country homes

This scheme assists council or housing association tenants who are aged 60 or over to move to one or two bedroom accommodation in coastal or inland rural areas. You can apply online at www.housingmoves.org

Housing Moves

For social housing tenants only. If you are interested in moving out of the borough but within the greater London Area, you can register under the Housing Moves scheme at www.housingmoves.org. Priority is given to tenants who are downsizing, who need to move for career or education reasons, or to be nearer their family.

Are you interested in moving out of Islington?

 Y N

Home swap or mutual exchange

If you are a council or housing association tenant, you can register to swap your home with another council or housing association tenant. You can register online at www.homeswapper.org.

Further information for all these schemes is available on our website at: www.islington.gov.uk/housing

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.

If you are interested in being considered for sheltered housing, please complete the following questions:

Question 1

Do you have anyone who provides you with support and who you would want us to contact when visiting you to carry out an assessment?

Name

Address

.....

Contact telephone number or email address

.....

Relationship to you

Question 2

Do we need to make any special arrangements to carry out a sheltered housing assessment?

 Y N

For example, arranging translation or signing services

.....
Question 3

Y N

Do you have a history of violent or aggressive behaviour?

If **yes**, please give details of any contact with police or social services

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Question 4

Y N

Do you have any pets?

If **yes**, please give details:

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Question 5

Y N

Please indicate if you receive support from a social worker, GP or other other service?

If **yes**, please provide contact details:

Name:

Address:

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

Tel:

Email (if known):

Housing Options Team

@rehousing@islington.gov.uk

020 7527 4140

020 7527 4136

Minicom 0800 073 0536

www.islington.gov.uk/housing

If you would like this document in large print or Braille, audiotape or in another language, please contact 020 7527 2000.

Greek

Εάν θέλετε αυτές τις πληροφορίες στη δική σας γλώσσα παρακαλώ τηλεφωνήστε στο 020 7527 2000.

Italian

Se desidera queste informazioni nella sua lingua, è pregato di contattare 020 7527 2000

Somali

Haddii aad jeclaan lahayd macluumaadkan oo ku qoran luqadaada fadlan la xidhiidh 020 7527 2000

Spanish

Si desea esta información en su idioma, llame al 020 7527 2000.

Turkish

Buradaki bilgilerin Türkçesini istiyorsanız, lütfen 020 7527 2000 numaraya telefon edin.

Albanian

Nëse dëshironi ta keni këtë informacion në gjuhën tuaj, ju lutemi telefononi në numrin 020 7527 2000

French

Si vous voulez recevoir ces informations dans votre langue veuillez appeler le 0207527 2000.

Chinese (Traditional)

如果你想要這資料的中文本, 請致電 020 7527 2000 聯繫。

Arabic

إذا أردتم الحصول على هذه المعلومات بلغتكم الرجاء الاتصال ب 02075272000.

Bengali

যদি আপনি এই তথ্য গুলো আ পনার নিজ ভাষায় পেতে চান, তা হলে দয়া করে 020 7527 2000 নম্বরে যোগাযোগ করুন।

Persian

در صورتیکه مایل به دریافت این اطلاعات به زبان خود هستید، خواهشمند است با تلفن ۰۲۰ ۷۵۲۷ ۲۰۰۰ تماس حاصل فرمائید.

Kurdish Sorani

بێنو نه م ناگاداریه تان به زبانی خوتان پویست بیت تکایه پیوه ندی بکه نه نه م ره قه مه: ۰۲۰ ۷۵۲۷ ۲۰۰۰

Urdu

اگر آپ یہ معلومات اپنی زبان میں چاہتے ہیں تو برائے مہربانی اس نمبر پر فون کیجئے: 020 7527 2000