

Change of circumstances

Housing Register form

Applicant name:

Applicant address:

Post code:

Staff use

Iworld number:

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 If you accept a property offered on the basis of inaccurate or incomplete information, the offer will be withdrawn and you may be prosecuted.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 of all people included in the application

Question 1

Personal details:

Surname	Title	Mr	Mrs	Miss	Ms
Other names					
Date of birth					
National Insurance number					
Home telephone number					
Work telephone number					
Mobile					
Email					

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:

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Question 4

What is your current home address?

Flat / Street number:

Block name / Street / Road:

Post code:

When did you move here? ___ years ___ months

Who owns this property? (Please place an X in 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)
<input type="checkbox"/>		<input type="checkbox"/>	

Question 5

Your current housing.

Are you: (please insert an X in a box)	Yes	No
An Islington Council tenant?	<input type="checkbox"/>	<input type="checkbox"/>
A housing Association tenant?	<input type="checkbox"/>	<input type="checkbox"/>
A private tenant?	<input type="checkbox"/>	<input type="checkbox"/>
Living with parents?	<input type="checkbox"/>	<input type="checkbox"/>
Living with other relatives?	<input type="checkbox"/>	<input type="checkbox"/>
Living with friends?	<input type="checkbox"/>	<input type="checkbox"/>
An owner occupier?	<input type="checkbox"/>	<input type="checkbox"/>
In shared ownership?	<input type="checkbox"/>	<input type="checkbox"/>
In tied accommodation (provided with job)?	<input type="checkbox"/>	<input type="checkbox"/>
In prison?	<input type="checkbox"/>	<input type="checkbox"/>
In HM Forces?	<input type="checkbox"/>	<input type="checkbox"/>
In supported housing?	<input type="checkbox"/>	<input type="checkbox"/>
Other? (Please give details below)	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

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

Name	
Address	
Postcode	

Question 6

Please give us the address you would like us to send all letters to, if different from the address given in Question 4:

Address:

Post code:

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	From	To	Type of tenancy	Borough
Landlord's name and address				
Reason for leaving			Contact number	

Address	From	To	Type of tenancy	Borough

Landlord's name and address

--

Reason for leaving

Contact number

--	--

Address

From

To

Type of tenancy

Borough

--	--	--	--	--

Landlord's name and address

--

Reason for leaving

Contact number

--	--

Address

From

To

Type of tenancy

Borough

--	--	--	--	--

Landlord's name and address

--

Reason for leaving

Contact number

--	--

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					
Date of birth					
National Insurance number					
What is the person's relationship to you?					
Will he/she be a joint tenant?	Yes	No			

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 14

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

Yes **No**

If yes, what is their current immigration status?

Please enclose copies of relevant Home Office papers.

Question 15

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

Yes **No**

Question 16

Are you working in the UK? **Yes** **No**

Question 17

What is your total monthly household income? **£**

Question 18

Do you receive any benefits? **Yes** **No**

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)?

Yes **No**

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

Yes **No**

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

Name:

Address of property:

Do you have a mortgage?	Yes	No
What are your monthly mortgage payments?	£	
Are you in arrears with your mortgage payments?	Yes	No
What is the purchase price of your 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?

Yes **No**

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? ___ Double

How many single bedrooms are there in this property? ___ Single

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?

Section 4 – General details

Question 1

Are you or is anyone else listed on this form employed by Islington Council? **Yes No**

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? **Yes No**

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

Yes No

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.sharetobuy.com/london

Are you interested in shared ownership schemes? **Yes No**

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? **Yes No**

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.co.uk

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 phone number or email address:

Relationship to you:

Question 2

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

(For example, arranging translation or signing services)

Yes No

If **yes**, what arrangements are required?

Question 3

Do you have a history of violent or aggressive behaviour? **Yes No**

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

Question 4

Do you have any pets? **Yes** **No**

If **yes**, please give details:

Question 5

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

Yes **No**

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

Name:

Address:

Telephone:

Email (if known):

Please return this form to:

Housing Options Team

PO Box 34750

London, N7 9WF

T 020 7527 4140

F 020 7527 4136

@ rehousing@islington.gov.uk

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

Equalities Monitoring Information Form

The information you provide us with will be used to improve our services. These are standard questions we ask but if you do not wish to answer, that's fine. The information which you provide on this form will be kept in accordance with the Data Protection Act 1998.

Gender:

Female Male Non-binary Prefer not to say

I use another term, please provide this here.....

Do you consider yourself to be trans or to have a trans history?

Trans is an umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex and/or gender / that which they were assigned at birth.

No Yes Prefer not to say

Age:

Under 16 16-24 25-44 45-64 65+ Prefer not to say

Disability:

Do you have any physical or mental health conditions, impairments or illnesses lasting or expected to last for 12 months or more?

No Yes Don't know Prefer not to say

If yes, are your day-to-day activities limited because of your condition, impairment or illness?

Yes, a lot Yes, a little No Prefer not to say

If yes, please select all that apply:

- | | | | |
|--|--------------------------|--|--------------------------|
| Vision (e.g. blindness or partial sight) | <input type="checkbox"/> | Mental health condition | <input type="checkbox"/> |
| Deaf / British Sign Language User | <input type="checkbox"/> | Non visible health condition/ impairment (i.e. cancer, HIV) | <input type="checkbox"/> |
| Hearing (e.g. deafness or partial hearing) | <input type="checkbox"/> | Socially or behaviourally (e.g. associated with autism spectrum disorder, or attention deficit hyperactivity disorder) | <input type="checkbox"/> |
| Physical (e.g. mobility or dexterity) | <input type="checkbox"/> | Other, please specify..... | |
| Learning, understanding or concentrating | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |
| Memory | <input type="checkbox"/> | | |

Religion or Belief:

- | | | | |
|-----------|--------------------------|-------------------|--------------------------|
| Buddhist | <input type="checkbox"/> | No religion | <input type="checkbox"/> |
| Christian | <input type="checkbox"/> | Rastafarian | <input type="checkbox"/> |
| Hindu | <input type="checkbox"/> | Sikh | <input type="checkbox"/> |
| Jewish | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Muslim | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |

Sexual Orientation:

- Bisexual Heterosexual/Straight Gay Lesbian Prefer not to say
- I use another term, please provide this here.....

Ethnicity:

Please tick the appropriate box to indicate your ethnic background.

A White

- British
- Irish
- Turkish/Turkish Cypriot
- Greek/Greek Cypriot
- Kurdish
- Gypsy/Traveller
- Prefer not to say
- Any other White background:

B Mixed

- White and black Caribbean
- White and black African
- White and Asian
- Prefer not to say
- Any other Mixed background:
- C Asian or Asian British
- Indian
- Pakistani
- Bangladeshi
- Chinese

Prefer not to say

Any other Asian background:

D Black or Black British

- Caribbean
- Somali
- Eritrean
- Nigerian
- Ghanaian
- Other African
- Prefer not to say
- Any other Black background:

E Other Ethnic Groups

- Arab
- Latin American
- Prefer not to say
- Any other background: