

Application to Join the Housing Register

Please complete this form in black ink

If you have any queries or need help with completing this form, please contact the **Housing Needs Department** on **01306 879213**

The information you provide on this form is needed to assess your need and priority for housing. It is important that you answer **every** question and provide any documentation requested. Failure to do so will result in our returning the form to you and delaying the assessment process.

The information on this form will be stored on computer and dealt with in accordance with the Data Protection Act. All information given will be treated by the Council as confidential and only disclosed to other agencies on a need to know basis.

- Please ensure that you have completed the form as fully as possible.
- Please remember to enclose any documentation.

PLEASE NOTE: ANY INCOMPLETE APPLICATIONS WILL BE RETURNED

When you have completed this form please return it to:

Housing Department
Mole Valley District Council
Pippbrook
Dorking
Surrey
RH4 1SJ



ABOUT YOU, YOUR FAMILY & YOUR PRESENT ACCOMMODATION

Please give details of yourself, your partner and/or children that require housing with you. This is your household.

TITLE	SURNAME	FIRST NAMES	D.O.B.	NATIONAL INS NO.	NATIONALITY	RELATIONSHIP TO APPLICANT
						APPLICANT

Is any member of your household pregnant?

Name	Expected Date of Delivery

Has anyone named above ever used a different surname? If so give details here.

Present Name	Previous Name

Please give details of your current housing.

	Your Details	Your Partners Details (if different)
Address		
Telephone Numbers (Home/Work/Mobile)		
E-mail address		
What type of property do you currently occupy (eg house, flat)		
How many bedrooms in the property		

If you are currently a tenant with this Council please tick this box.

Please indicate your current status.

	You	Your partner (if different)
Owner		
Joint Owner		
In Tied Property		
Tenant		
Lodger		
Living with parents or other family		
Living with friends		
Hostel accommodation		
No fixed abode		

If you are a tenant give details of your landlord.

	You	Your partner (if different)
Name and address		
Type of tenancy		
Are you under Notice/Court Order		

ABOUT YOUR EMPLOYMENT, INCOME & HOUSEHOLD EXPENSES

	Your details		Your partner details	
Employers Name & Address				
Your Job Title				
How long have you worked there				
Gross earnings (before stoppages)	£	Per week/month/year*	£	Per week/month/year*
Income Support/ Job Seekers Allowance	£	Per week/month/year*	£	Per week/month/year*
Other benefits (please state which benefits you receive eg. Incapacity/Disability/Mobility allowance)	£	Per week/month/year*	£	Per week/month/year*
	£	Per week/month/year*	£	Per week/month/year*
	£	Per week/month/year*	£	Per week/month/year*
Family Tax Credits	£	Per week/month/year*	£	Per week/month/year*
Child Benefit	£	Per week/month/year*	£	Per week/month/year*
Pensions	£	Per week/month/year*	£	Per week/month/year*
Other income	£	Per week/month/year*	£	Per week/month/year*

* Please delete those that don't apply.

If you are currently in receipt of benefits, please supply proof – COPIES of the front 3 pages of your benefit book or COPIES of letters from the Social Security Office (Benefits Agency) or Housing Benefit service.

If you are in receipt of earnings, pensions or other income, please supply COPIES of your payslips, pension payments, pension book or other proof. If you are self-employed, please supply COPIES of bank statements or recent tax returns.

Please give details of any capital you have eg. Bank/Building Society accounts etc.

	Your details	Your partners details
Accounts held with		
Total capital held	£	£

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

	You	Your partner (if different)
Rent/Mortgage payments	£	
Credit card payments	£	
Loan repayments	£	Date due to end
Child support payments	£	Age(s) of child(ren)
HP payments	£	Date due to end

ABOUT YOUR MEDICAL HISTORY

Please give details of your doctor's name and surgery address. He/she will only be contacted by the Council's contracted Occupational Therapist if it is necessary to help assess your application. It is not necessary for you to ask your doctor to support your application.

You	Your partner (if different)
Name of Doctor	Name of Doctor
Address	Address
Telephone number	Telephone number

Please give details of any other agencies who are providing you or a member of your household with support and who could be contacted by the Council in connection with your application.

Health Visitor Name	Address	Tel No.
Social Worker Name	Address	Tel No.
Case Manager Name	Address	Tel No.
CPN Name	Address	Tel No.
Consultant Name	Address	Tel No.
Other	Address	Tel No.

If any member of your household has a medical or welfare problem, this will be considered when we assess your application. Please tick any of the boxes that apply.

Physical disability	<input type="checkbox"/>	Wheelchair user	<input type="checkbox"/>	Mental health problem	<input type="checkbox"/>
Sensory impairment	<input type="checkbox"/>	Learning difficulties	<input type="checkbox"/>	HIV or AIDS	<input type="checkbox"/>
Ex-offender	<input type="checkbox"/>	Care leaver	<input type="checkbox"/>	Drug/alcohol dependence	<input type="checkbox"/>
Any other (please explain)					

If any medical or welfare problems are made worse by your present housing, please describe the situation below. All information supplied will be treated by the Council in the strictest confidence.

ABOUT YOUR PAST HOUSING

Please list here ALL the addresses you and/or your partner have lived in during the last five years (please continue on a separate sheet if necessary).

FULL ADDRESS	FROM	UNTIL	WHICH OF YOU LIVED THERE

YOUR DETAILS	YOUR PARTNERS DETAILS (if different)
Do you have an interest in any other property? (eg Sole Owner, Joint Owner, Tenant etc) If yes, describe and give address.	
Have you ever held a tenancy with this or any other Council or Housing Association? If yes, give details of landlord and address and dates of tenancy.	

LOCAL CONNECTION

Residence

If you do not live in Mole Valley now but have done in the past, please tell us the addresses and for how long you lived there.

Address	Date moved there

Close relatives

If you have not lived in the Mole Valley district, but have close relatives living here, please give us their details here.

Names	Address	How long have they lived there	Their relationship to you

ABOUT YOUR HOME

Please tell us the size of the bedrooms (in metres or feet and inches) and who sleeps in each bedroom.

	Who sleeps here	size	Who sleeps here	size
Bedroom 1			Bedroom 2	
Bedroom 3			Bedroom 4	
Others (please state which room)				

Do you share bathroom or kitchen facilities with anyone not included in your application?

Yes		No	
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Does your home need a lot of repairs?

Yes		No	
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If yes please tell us what is wrong.

Is there anything else you would like us to consider when we assess your application.

YOUR HOUSING CHOICES

Please give details below of the types of property for which you would like to be considered. Remember that the wider your area of choice and the more flexible you are in the types of property you will consider, the easier it will be for the Council to help you when vacant properties arise.

Which type of property do you require? Please tick your preferences below.

House	<input type="checkbox"/>	Maisonette	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>
Flat	<input type="checkbox"/>	Studio Flat	<input type="checkbox"/>	Sheltered accommodation*	<input type="checkbox"/>
Supported accommodation**	<input type="checkbox"/>	Any type	<input type="checkbox"/>		<input type="checkbox"/>

*Sheltered accommodation is available only for persons over 60 years of age.

**Nominations to Supported accommodation may be offered where the applicant or their supporting agencies feel it appropriate.

If you have any special requirements please indicate by ticking the boxes below.

Garden	<input type="checkbox"/>	No Garden	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>
For Flats Only					
Lift	<input type="checkbox"/>	Maximum Level	<input type="checkbox"/>	Controlled Entry	<input type="checkbox"/>

Please indicate below the areas of the district that you would prefer to live in.

Ashted	<input type="checkbox"/>	Leatherhead (South)	<input type="checkbox"/>	Leatherhead (North)	<input type="checkbox"/>
Bookham	<input type="checkbox"/>	Mickleham area	<input type="checkbox"/>	Fetcham	<input type="checkbox"/>
Dorking	<input type="checkbox"/>	North Holmwood	<input type="checkbox"/>	South East Parishes (e.g. Leigh, Brockham)	<input type="checkbox"/>
South West Parishes (e.g. Ockley, Westcott)	<input type="checkbox"/>		<input type="checkbox"/>	Anywhere	<input type="checkbox"/>

If you are applying for sheltered housing and have a preference for a particular scheme, please state that preference here.

1	<input type="text"/>	2	<input type="text"/>
3	<input type="text"/>	4	<input type="text"/>

Would you consider accommodation in another borough or district? If so please tell us which areas you would consider.

1	<input type="text"/>	2	<input type="text"/>
3	<input type="text"/>	4	<input type="text"/>

The Council works in partnership with other Housing providers. Please indicate if you would like to be considered for.

Shared Ownership Schemes
(details will be sent to you separately)

Private Sector Leasing
(details will be sent to you separately)

Housing Association Nominations
(the Council will forward your details to partner Registered Social Landlords as vacancies arise if your application qualifies)

(Please make sure that you tick all boxes that apply, even if you have applied or noted an interest previously, as failure to do so may result in you missing out on future opportunities).

PERSONAL INFORMATION & DECLARATION

If you are related to a Council officer or member (Councillor) please give details.

If you have been convicted of, or have prosecutions pending for, a criminal offence other than driving offences, please give details below.

Have you or your partner ever been accepted by this, or any other, Council as homeless?

You		Your partner	
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If yes please give details.

Are you a British Citizen?

You		Your partner	
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If no, under which country's passport do you travel, and what is your immigration status?

Please give details of your next of kin, or a contact name if you are unavailable, and indicate whether you will be happy for us to discuss your application with them.

Name	<input type="text"/>	Address	<input type="text"/>
I am happy for the Council to discuss my application with the above named person		Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
Daytime Tel No.	<input type="text"/>	What is your relationship to them	<input type="text"/>
Evening Tel No.	<input type="text"/>		

INFORMATION PROVIDED ON THIS FORM MAY BE CROSS CHECKED WITH OTHER DEPARTMENTS WITHIN THE COUNCIL, THE RENT OFFICER, OTHER COUNCILS, OTHER BENEFIT AUTHORITIES AND OTHER GOVERNMENT AGENCIES FOR THE PURPOSES OF PREVENTING FRAUD.

I/we authorise the Council to make reasonable enquiries necessary to assess my application.

I/we declare that the information given in this application is true.

I/we understand that if I/we knowingly make a fraudulent application either by giving false information or failing to include relevant facts, my/our application may be cancelled, or it may result in my/our eviction from any accommodation which may have been offered.

Signed	<input type="text"/>	Dated	<input type="text"/>
Signed	<input type="text"/>	Dated	<input type="text"/>

MOLE VALLEY DISTRICT COUNCIL EQUAL OPPORTUNITIES MONITORING

Mole Valley District Council aims to ensure that all applicants receive equal treatment regardless of their race, colour, ethnic or national origin.

To enable us to monitor whether our aim is fully met, would you please provide the following information.

To which of these groups do you consider you belong?		Tick one box only	
White			
British	<input type="checkbox"/>		
Irish	<input type="checkbox"/>		
Any other white background (please tick and write in)	<input type="checkbox"/>		<input type="text"/>
Mixed			
White and Black Caribbean	<input type="checkbox"/>		
White and Black African	<input type="checkbox"/>		
White and Asian	<input type="checkbox"/>		
Any other mixed background (please tick and write in)	<input type="checkbox"/>		<input type="text"/>
Asian or Asian British			
Indian	<input type="checkbox"/>		
Pakistani	<input type="checkbox"/>		
Bangladeshi	<input type="checkbox"/>		
Any other Asian background (please tick and write in)	<input type="checkbox"/>		<input type="text"/>
Black or Black British			
Caribbean	<input type="checkbox"/>		
African	<input type="checkbox"/>		
Any other Black background (please tick and write in)	<input type="checkbox"/>		<input type="text"/>
Chinese	<input type="checkbox"/>		
Other (please tick and write in)	<input type="checkbox"/>		<input type="text"/>

OFFICE USE ONLY

KW		LIC1		LIC2		NFA	
NTQ1		NTQ2		RES1		ROOF	
SFF		SFS		SFU		WEL3	
	UNITS		UNITS		UNITS		UNITS
BDEF		DIS		HLTH		WEL4	
	DATE		DATE		DATE		DATE
EMPL		INS1		LICX		RESX	

If you are a tenant of Mole Valley Council, or a Housing Association within the district, and would like to join the Mutual Exchange Register, please complete the following section. Your details will be displayed in a folder at the Council Offices at Pippbrook and the Help Shop in Leatherhead.

MUTUAL EXCHANGE DETAILS

Section One		Your property details	
ADDRESS			
CONTACT NAME			
Contact number daytime		Evening	

PROPERTY TYPE (tick as applicable)

House Bungalow Studio bungalow
Flat Studio flat Maisonette

FLOOR LEVEL (tick as applicable)

Ground First Second Third

Other (please state)

NUMBER OF BEDROOMS

ROOM SIZES (sizes in feet)

Kitchen	<input type="text"/>	Living room	<input type="text"/>
Dining room	<input type="text"/>	First bedroom	<input type="text"/>
Second bedroom	<input type="text"/>	Third bedroom	<input type="text"/>
Fourth bedroom	<input type="text"/>		

HEATING TYPE (Please state e.g. storage heating)

DO YOU HAVE EXCLUSIVE USE OF YOUR OWN GARDEN? (tick as applicable)

Yes No

Approximate size of garden (in feet):

DOES THE PROPERTY HAVE A DRIVEWAY? (Circle as applicable)

Yes No

ADDITIONAL INFORMATION

You are invited to include extra information about your home, for example fitted kitchen, newly decorated, dining room, tiled bathroom, patio, south facing garden etc.

AREAS YOU WOULD CONSIDER (You can be as specific as individual roads if you wish)

PROPERTY TYPES (e.g. house, flat, maisonette etc)

FOR FLATS, WHAT IS THE HIGHEST FLOOR YOU WOULD CONSIDER?

WITH OR WITHOUT A LIFT?

NUMBER OF BEDROOMS

ANY SPECIFIC REQUIREMENTS (e.g. driveway, small garden, central heating etc)

Mole Valley District Council welcomes feedback on the way it delivers its services. If you would like to give us your views please either write to us direct, using the pre-paid Customer Comments cards available at all Council reception points or contact us on-line at our website www.molevalley.gov.uk

**Reception is staffed at Pippbrook
between 8:30 am – 5:00 pm
Monday to Friday.**

If you would like to receive a copy of this document in an alternative format such as large print or translated into a different language please contact the Housing department on 01306 885001



Mole Valley District Council
Pippbrook
Dorking
Surrey
RH4 1SJ

Tel: 01306 885001

Fax: 01306 876821

Email: housing@molevalley.gov.uk

www.molevalley.gov.uk