

ACCOMMODATION APPLICATION FORM

All sections must be completed unless marked with an asterix* and should then only be completed if applicable.

Arneway Housing Co-operative, Limited,

The Designworks,
Park Parade,
Harlesden,
London. NW10 4HT
Tel: 020 8965 5537

Before you complete this Application Form please refer to the Legal Declaration at Item number 36 on Page 8. You should be aware that making a false declaration is illegal and your application will be automatically invalid. If the Co-op find that you have mis-led the Allocations Committee then, you will be asked to leave the Co-op immediately & you will be EVICTED from your property without any appeal, Also, It is a legal offence to make a false statement on a legal document, and may result in a CRIMINAL CONVICTION, which will cause you severe problems.

You should only complete this Application Form if you are single and homeless; and you are residing in within the London Borough of Brent. You must also be registered with Brent Council's Waiting List - you will not be considered under any other basis. I have read this note and my signature here confirms that I understand this declaration:

Sign here:.....

Witnessed:.....

Same as last page Witness.

Note: All applications require a passport sized photograph of you, signed on the back.

1. Name: _____

2. Present Address: _____

3. Telephone:* _____ Mobile:* _____

Email:* _____

4.a) Age _____ 4.b) Date of Birth ____/____/____

4.c) Passport No _____ 4.d) Permit to stay _____

5.a) Male

Female

5.b) I have NO dependents who rely on me:

Yes:

No:

PLEASE NOTE THE FOLLOWING: 5.b) The question includes those who are expecting a baby or have knowledge that they may be expecting or caring for a baby at the time of their application; or at any time during the period they are on the Co-op's waiting list). Please note that Arneway Housing can only accept single homeless applicants).

IF THE CO-OP FIND THAT QUESTION 5.B) IS FALSE OR UNTRUE, EVEN AFTER YOU HAVE BEEN ALLOCATED ACCOMMODATION YOUR APPLICATION WILL BE REJECTED & YOU WILL BE EVICTED. IT IS A LEGAL OFFENCE TO MAKE A FALSE STATEMENT, AND MAY RESULT IN A CRIMINAL CONVICTION, WHICH WILL CAUSE YOU SEVERE PROBLEMS. FURTHERMORE, IF YOU SHOULD EITHER BRING IN PARTNER OR SPOUSE AND/OR HAVE A BABY DURING YOUR TENANCY THE CO-OPERATIVE HAS THE RIGHT TO EVICT YOU FROM YOUR PROPERTY BY GIVING YOU A NOTICE TO QUIT. DO YOU UNDERSTAND THIS CONDITION?

Yes:

No:

Confirm you understand this section by signing here:

6) What is your present or previous occupation? _____

7.a) Name, address & telephone number of your (previous) employer:

Name: _____

Address: _____

Telephone No: _____

7.b) Can we obtain a reference from your (previous) employer:

Yes:

No:

8.a) Total net income per month: _____

8.b) National Insurance Number: _____

10) If you are currently unemployed, how do you propose to pay your rent:

Your present accommodation:

11.a) Please state your type of housing accommodation you are living in at present:

- | | | | |
|------------------------|--------------------------|--------------|--------------------------|
| House | <input type="checkbox"/> | Caravan | <input type="checkbox"/> |
| Bungalow | <input type="checkbox"/> | Hostel | <input type="checkbox"/> |
| Flat | <input type="checkbox"/> | Is it shared | <input type="checkbox"/> |
| Other, please explain: | <input type="checkbox"/> | | |
-

12.a) Who is the landlord?

- | | | | |
|-----------------------|--------------------------|----------------------|--------------------------|
| Private Landlord | <input type="checkbox"/> | Housing Association | <input type="checkbox"/> |
| Council | <input type="checkbox"/> | Housing Co-operative | <input type="checkbox"/> |
| Other, please explain | <input type="checkbox"/> | | |
-

12.b) Is this application being made under the Homeswapper Scheme?

- Yes:
- No:

13) How much do you pay in rent at present?

14) Are you owed a deposit?

- Yes:
- No:

15) What is your current tenancy status where you live at present?

Full Tenant Private Arrangement

Sub-let Sleeping Rough

Other: please explain

16) Name, address & telephone number of your (previous) employer:

Name: _____

Address: _____

Telephone No: _____

17.a) How long have you lived at this address:

17.b) Are you in rent arrears?:

Yes:

No:

Please explain

18.a) The Co-op will require a Reference from your Landlord. Can you provide one?

Yes:

No:

18.b) **If YES to 18.a)** Attach an original copy reference from your landlord (no photocopies):
Please include a telephone number for your landlord so we can contact them.

19) Please give a brief outline of your present housing situation. Please use separate sheet if necessary:

20) Please give a brief outline of your housing situation over the last three years. Please use separate sheet if necessary:

Accommodation provided with

- | | | | |
|----------------------|--------------------------|-------------------|--------------------------|
| Employment | <input type="checkbox"/> | No fixed abode | <input type="checkbox"/> |
| Bed & breakfast | <input type="checkbox"/> | No fixed place | <input type="checkbox"/> |
| Council Tenant | <input type="checkbox"/> | Owner of property | <input type="checkbox"/> |
| Friends | <input type="checkbox"/> | Parents | <input type="checkbox"/> |
| HM Forces | <input type="checkbox"/> | Partner | <input type="checkbox"/> |
| Homeless | <input type="checkbox"/> | Prison | <input type="checkbox"/> |
| Hospital | <input type="checkbox"/> | Private renting | <input type="checkbox"/> |
| Housing Association | <input type="checkbox"/> | Refugee | <input type="checkbox"/> |
| Housing Co-operative | <input type="checkbox"/> | Relatives | <input type="checkbox"/> |
| Joint Owner | <input type="checkbox"/> | Shared ownership | <input type="checkbox"/> |
| Medical Institution | <input type="checkbox"/> | Supported housing | <input type="checkbox"/> |

21) Are you on a Council List or any other Housing list? Please detail:

22) Have you applied to any other Council or other Housing Association? Please detail:

23) Have you applied to any other Housing Associations or Housing Co-operatives?

Yes:

No:

[PLEASE NOTE, The Allocations Committee will be expecting you to have contacted other Co-operatives & Housing Associations to demonstrate that you are seriously seeking social housing accommodation; if the answer is NO then you may expect your application to be placed at the lower end of the waiting list and you may not even be considered].

- 24) Name of other Co-operatives or Housing Associations that you have completed an application form seeking accommodation so far: (Please provide letters of confirmation).

- 25) Please give your Council Housing list number if you are registered with the Council: **(You must have a number for this Application Form if not your Application will not be considered).**

- 26) Have you registered with LOCATA Brent: <http://www.locata.org.uk/brent>
(Your application will not be considered without registration at LOCATA Brent).

Yes:

No:

- 27) How and where did you find out about Arneway Housing Co-operative?

- 28.a) Do you have a relative friend or some one you know at Arneway?

Yes:

No:

If yes provide the name:

- 28.b) What work, family or interests do you have in the local area?

29) Please outline those skills or talents that you believe would help us in the running a Housing Co-operative?

30) Please state the reasons why you would like to live in a housing Co-operative in preference to other types of accommodation:

31) Do you have a Bank or Building Society Account?

Yes:

No:

32.a) Bank _____ 32.b) Type of Account _____

32.c) Account No _____ 32.d) Sort Code _____

33) Can you pay 4 weeks rent?

Yes:

No:

34) Has the applicant's first payment been received in Co-op Bank Account?

Question 34 to be completed if accommodation is offered & accepted.

Yes:

No:

All payments should be made to **Arneway Housing Co-op Limited**
Housing Services Manager to attach receipt as evidence:

IMPORTANT NOTES:

Every applicant will be required to make good any damage to the property on departure the Co-op will inspected by a Co-op's representative and any damage or decoration that has

not been carried out in line with the conditions of your Tenancy Agreement the Co-op will expect you to re-pay to the Co-op the estimated repairs of the damage and/or decoration. If you sign this Form you will be agreeing to this condition. Failure to re-pay the estimated cost and the Co-op may then pursue the outstanding sums via the Courts including the Court costs that will be added to the outstanding debt.

Every applicant will be required to sign a Bank or Building Society Standing Order to pay weekly or, monthly rent. [If you do not have a Bank or Building Society you will be required to open an Account. If you are not prepared to accept this condition your application will not be considered].

- 35) As a new Member you will be required to attend 4 Management Committee meetings after you have completed your 6 months probation. Then you will be asked to join the Management Committee as a Member for one year.

Will you be able to attend as required?

Yes:

No:

If you feel you cannot meet this requirement it will mean that you failing to appreciate the core values of a Housing Co-operative.

Note: All applications require a passport sized photograph of you, signed on the back.

36) **LEGAL DECLARATION**

I declare that to the best of my knowledge the replies in this application form are correct and I have not wilfully omitted any information. I understand fully and accept that if the Co-operative discovers any false or misleading statements or replies after I have been allocated accommodation then my application will be invalid and I will asked to leave the Co-operative immediately.

Every applicant should be aware that It is a legal offence to make a false statement on a legal document, and may result in a CRIMINAL CONVICTION, which will cause you severe problems.

Housing is provided for SINGLE HOMELESS PEOPLE – JOINT OCCUPANCY IS PROHIBITED, SUB-LETTING ID PROHIBITED AND ANY SUCH OCCURANCE WILL RESULT IN EVICTION and/or CRIMINAL PROSECUTION.

You will be EVICTED from your property via the Courts if necessary. By signing this declaration I understand perfectly all the conditions and terms in this application form and abide by the terms and conditions.

Do not sign the form unless you accept all the conditions as stated.

Applicant:

First Name: _____

Middle Name(s): _____

Last Name: _____

D.O.B: ____/____/____

Signed:

Dated: ____/____/____

Witnessed by:

Name: (Capitals)

Dated: ____/____/____

Telephone Address & email* address of witness:

Telephone: _____

Address: _____

If the form is not witnessed with a name, address & postcode, Arneway Housing Co-operative Limited will not accept the application.

Continued/.

EQUAL OPPORTUNITIES MONITORING FORM

Please complete the Equal Opportunities Monitoring Form, which is separate form and will not be used to assess your suitability for accommodation; but it is required for the Arneway Housing Co-operatives Limited records.

Please fill out this form. It will not be used to assess your application, but helps us to make sure that we are reaching all sections of the community. Any information you give will remain anonymous and strictly confidential. Please feel free to leave out any questions if you wish.

1) **GENDER:**

Male:

Female:

Other, please elaborate:

2) **ETHNIC ORIGIN:**

We appreciate that some people, including those of mixed race, may not be happy with the classification used in monitoring forms. The classifications we have used are those currently recommended by the Commission for Racial Equality. If you wish to describe yourself in some other way please use the space provided to do so.

Bangladeshi

European:

Black – African:

Indian:

Black – Caribbean:

Irish:

Black – Other:

Pakistani:

Chinese:

White:

Other, please elaborate:

Continued/.

3) **DISABILITY:**

3.a) **Do you have a disability?**

Yes:

No:

If yes please give details

3.b) **Are you registered disabled?**

Yes:

No:

4) **SEXUAL ORIENTATION:**

I would describe myself as:

Heterosexual:

Bisexual:

Lesbian:

Gay:

Other, please elaborate:

Thank you for taking the time to fill out this form. If you have any comments on improving this document please use the reverse of this sheet. Make sure you sign and return to Arneway Housing Co-op in sealed envelope at the address at the top of the Application Form.

Data Protection Act:

The information provided on this Application Form is required for the proper conduct of the Co-op's Housing Management function and may be held on a computer file to which the Applicant has the right of access.

This Housing Association is under duty to protect public funds it administers and to this end may use information you have provided on this Form within this Association for the prevention and detection of fraud. It may also share this information with other bodies and agencies administering public funds such as Brent Council, DWP and Social Services agencies solely for these purposes.